Plus Drug Formulary

January 2026

Blue Shield of California

This formulary corresponds with the following plans:
Shield Savings℠ 2400/4800-G, Shield Spectrum PPO℠ Plan 2000-G

This formulary was last updated on 01/01/2026 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary,* visit **www.blueshieldca.com/pharmacy**.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits* and *Evidence of Coverage.* For plan and coverage documents, visit **https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies**. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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Informational Section

The *Blue Shield Plus Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Definitions

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

Term
"Brand-name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
"Drug tier" is a group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber 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.

Term
"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***.
"Non-formulary drug" is a prescription drug that is not listed on the health plan's formulary.
"Out-of-pocket costs" are copayments, coinsurance, and the applicable deductible, plus all costs for healthcare services that are not covered by the health plan.
"Prescribing provider" is a healthcare 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.
"Preventive health drugs" are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.
"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.

Term
"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.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

How do I find a drug on this list?
Each drug is listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

Using the brand-name or the generic name for the drug, you can search this list in one of two ways:

- Search for the category or class to which the drug belongs and search for the name of the drug in alphabetical order
- Search the Alphabetical Index of Drugs by the name of the drug

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How do I know if the drug listed is a brand or generic drug?

- A generic name for a brand-name drug is listed after the brand name of the drug in all ***lowercase bold italics***
  - If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all ***lowercase bold italics***
  - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses with the first letter capitalized.
- A brand-name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

Example

Drug Type	How the drug name will appear in the formulary drug list
generic drug	***atorvastatin calcium***
generic drug marketed with a brand name	oxycodone/acetaminophen (Endocet)
brand drug	LIPITOR **(*atorvastatin calcium)***

What are drug tiers?
Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue Shield *Evidence of Coverage* (EOC).

The column titled "Drug tier" is the cost level you pay for a drug.

Drug Tier†	Tier name	Description
1	Formulary generic	Formulary generic drugs
2	Formulary brand	Formulary brand drugs
3	Non-formulary brand	Non-formulary brand drugs
4	Specialty or home self-injectable	Specialty drugs or self-administered injectables*

† Preventive health drugs, including contraceptive drugs and devices, are covered at $0 when specific criteria are met. See your Evidence of Coverage (EOC) for further details about your benefit.
** See your Evidence of Coverage for further details about coverage of specialty or self-administered injectables in your benefit.*

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See "What if my drug requires a prior authorization or step therapy?" below for more information.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

Note: Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

How to read the formulary
The column titled "Coverage Requirements and Limits" identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits		Description
AL1	Age limit	An exception may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
BL	Benefit limit	Coverage for this drug may be limited by your plan. Please see your *Evidence of Coverage (EOC)* for more detailed information.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your *Evidence of Coverage (EOC)* for more detailed information.
GL	Gender limit	An exception may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral anti-cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your *Summary of Benefits* for more detailed information.
PA	Prior authorization	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.
PH	Preventive health drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at $0 when specific criteria are met.*

QLC	Quantity limit	The prescription quantity covered is limited. An exception is required for amounts greater than the limit.
RO	Retail only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.
SF	Starter fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step therapy	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 are met.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010. See your Evidence of Coverage (EOC) for further details about your benefit.

How often will the formulary change?

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected

enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.
    - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary, and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Plus Drug Formulary, visit **blueshieldca.com/pharmacy.**

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?
A medical benefit drug is a drug that is not generally self-administered and administered by a healthcare professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

What are preventive health drugs?
Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit **blueshieldca.com/pharmacy**.

What drugs have their cost waived?
Select drugs are required by state or federal legislation to be covered with no out-of-pocket cost for members. Certain benefit limitations may apply. For more details about drugs with waived copays, see your Blue Shield Evidence of Coverage.

What is a contraceptive drug or device?
Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exception of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.

Brand contraceptives with a generic equivalent generally require a copayment. If your doctor or health care provider determines that a brand contraceptive with a generic equivalent is medically necessary for you, it will be covered without a copayment upon submission of an exception request. You, your representative, or your doctor may submit the request to Blue Shield. You can submit a request by calling the customer service number on your Blue Shield member ID card.

Members have coverage for over the counter (OTC) contraceptive drugs and devices with no out-of-pocket costs through their health plan. Members must have a pharmacy benefit with Blue Shield of California and process their OTC contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Evidence of Coverage (EOC) for further details about their benefit.

Over the counter (OTC) Contraceptives
Condoms (Female)
Condoms (Male)
Daily Oral Contraceptives (Opill)
Emergency Oral Contraceptives
Spermicides (cream, film, foam, gel, suppository)

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?
FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, continuous glucose monitors, urine test strips, lancets, and insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if my drug requires a prior authorization or step therapy?
Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require a review of the patient's prescription and medical history to determine coverage.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

How do I request a prior authorization or step therapy exception?
To request prior authorization or a step therapy exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the duration of the exigency, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the “Grievance Process” section of the EOC.

What if my drug is non-formulary or not listed?
The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service

number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the duration of the exigency, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

Participating retail pharmacies
You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit **blueshieldca.com/pharmacy.**

What are specialty drugs?
Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit **blueshieldca.com/pharmacy** if you have questions about specialty drugs.

Home delivery pharmacy

Blue Shield offers an easy-to-use home delivery prescription drug program through our contracted home delivery provider. You can save time and money using the home delivery service. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the home delivery service, visit **amazon.com/blueshieldca**.

Categorical List of Prescription Drugs

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
ANALGESICS, OTHER		
JOURNAVX (*suzetrigine*) 50 MG TAB	tier 3	QLC (29 tabs/14 days, 1 fill/90 days)
TONMYA (*cyclobenzaprine hcl (fibromyalgia)*) 2.8 MG SL TAB	tier 3	PA, QLC (2 tabs/day)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
ARTHROTEC (*diclofenac w/ misoprostol*) (50-0.2 MG TAB DR, 75-0.2 MG TAB DR)	tier 3	
butalbital-aspirin-caffeine cap 50-325-40 mg	tier 1	QLC (6 caps/day; max 48 caps/30 days)
CAMBIA (*diclofenac potassium (migraine)*) 50 MG PACKET	tier 3	PA, QLC (9 packets/month)
CELEBREX (*celecoxib*) (50 MG CAP, 100 MG CAP, 200 MG CAP)	tier 3	QLC (2 caps/day)
CELEBREX (*celecoxib*) 400 MG CAP	tier 3	QLC (1 cap/day)
celecoxib cap 100 mg	tier 1	QLC (2 caps/day)
celecoxib cap 200 mg	tier 1	QLC (2 caps/day)
celecoxib cap 400 mg	tier 1	QLC (1 cap/day)
celecoxib cap 50 mg	tier 1	QLC (2 caps/day)
DAYPRO (*oxaprozin*) 600 MG TAB	tier 3	
DICLOFENAC EPOLAMINE 1.3 % PATCH	tier 1	PA, QLC (2 patches/day; max 30 patches/30 days)
diclofenac potassium (migraine) packet 50 mg (DICLOFENAC POTASSIUM(MIGRAINE))	tier 1	PA, QLC (9 packets/month)
diclofenac potassium cap 25 mg	tier 1	PA, QLC (4 caps/day)
diclofenac potassium tab 25 mg	tier 1	PA, QLC (4 tabs/day)
diclofenac potassium tab 50 mg	tier 1	
diclofenac potassium tab 50 mg (Cataflam)	tier 1	
diclofenac sodium (actinic keratoses) gel 3%	tier 1	PA, QLC (1 tube/month; max 3 tubes/year)
diclofenac sodium soln 1.5%	tier 1	QLC (1 bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diclofenac sodium soln 2%	tier 1	PA, QLC (1 bottle/month)
diclofenac sodium tab delayed release 25 mg	tier 1	
diclofenac sodium tab delayed release 50 mg	tier 1	
diclofenac sodium tab delayed release 75 mg	tier 1	
diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER)	tier 1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (DICLOFENAC-MISOPROSTOL)	tier 1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (DICLOFENAC-MISOPROSTOL)	tier 1	
diflunisal tab 500 mg	tier 1	
DOLOBID (*diflunisal*) 250 MG TAB	tier 3	PA, QLC (3 tabs/day)
DOLOBID (*diflunisal*) 375 MG TAB	tier 3	PA, QLC (3 tabs/day)
DUEXIS (*ibuprofen-famotidine*) 800-26.6 MG TAB	tier 3	PA, QLC (3 tabs/day)
ELYXYB (*celecoxib (migraine)*) 120 MG/4.8ML SOLUTION	tier 3	PA, QLC (4.8 ml/day)
etodolac cap 200 mg	tier 1	
etodolac cap 300 mg	tier 1	
etodolac tab 400 mg	tier 1	
etodolac tab 500 mg	tier 1	
etodolac tab er 24hr 400 mg (ETODOLAC ER)	tier 1	
etodolac tab er 24hr 500 mg (ETODOLAC ER)	tier 1	
etodolac tab er 24hr 600 mg (ETODOLAC ER)	tier 1	
FELDENE (*piroxicam*) (10 MG CAP, 20 MG CAP)	tier 3	
FENOPROFEN CALCIUM 400 MG CAP	tier 1	PA, QLC (8 caps/day)
FENOPROFEN CALCIUM 600 MG TAB	tier 1	PA, QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fenoprofen calcium cap 400 mg	tier 1	PA, QLC (8 caps/day)
FENOPRON (*fenoprofen calcium*) 300 MG CAP	tier 1	PA, QLC (4 caps/day)
FLECTOR (*diclofenac epolamine*) 1.3 % PATCH	tier 3	PA, QLC (2 patches/day; max 30 patches/30 days)
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	tier 1	
flurbiprofen tab 100 mg	tier 1	
IBUPROFEN 300 MG TAB	tier 1	PA, QLC (4 tabs/day)
ibuprofen tab 400 mg	tier 1	
ibuprofen tab 600 mg	tier 1	
ibuprofen tab 800 mg	tier 1	
ibuprofen-famotidine tab 800-26.6 mg	tier 1	PA, QLC (3 tabs/day)
INDOCIN (*indomethacin*) 25 MG/5ML SUSPENSION	tier 3	PA
indomethacin cap 25 mg	tier 1	
indomethacin cap 50 mg	tier 1	
indomethacin cap er 75 mg (INDOMETHACIN ER)	tier 1	
indomethacin suppos 50 mg	tier 1	PA, QLC (4 suppositories/day)
indomethacin suppos 50 mg (Indocin)	tier 1	PA, QLC (4 suppositories/day)
indomethacin susp 25 mg/5ml	tier 1	PA
KETOPROFEN (25 MG CAP, 75 MG CAP)	tier 1	PA, QLC (4 caps/day)
KETOPROFEN 50 MG CAP	tier 1	PA, QLC (6 caps/day)
KETOPROFEN ER 200 MG CAP 24H	tier 1	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	tier 4	PA, LA, QLC (5 bottles/month)
ketorolac tromethamine tab 10 mg	tier 1	QLC (20 tabs/30 days)
KIPROFEN (*ketoprofen*) 25 MG CAP	tier 1	PA, QLC (4 caps/day)
LICART (*diclofenac epolamine*) 1.3 % PATCH 24HR	tier 3	PA, QLC (1 patch/day; max 15 patches/30 days)
LODINE (*etodolac*) 400 MG TAB	tier 3	
LURBIPR (*flurbiprofen*) 100 MG TAB	tier 1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LURBIRO (*flurbiprofen*) 100 MG TAB	tier 1	PA
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	tier 1	PA
mefenamic acid cap 250 mg	tier 1	PA
meloxicam cap 10 mg	tier 1	PA, QLC (1 cap/day)
meloxicam cap 5 mg	tier 1	PA, QLC (1 cap/day)
meloxicam tab 15 mg	tier 1	
meloxicam tab 7.5 mg	tier 1	
MOBIC (*meloxicam*) (7.5 MG TAB, 15 MG TAB)	tier 3	
nabumetone tab 500 mg	tier 1	
nabumetone tab 500 mg (Relafen)	tier 3	
nabumetone tab 750 mg	tier 1	
nabumetone tab 750 mg (Relafen)	tier 3	
NALFON (*fenoprofen calcium*) 400 MG CAP	tier 3	PA, QLC (8 caps/day)
NALFON (*fenoprofen calcium*) 600 MG TAB	tier 3	PA, QLC (4 tabs/day)
NAPRELAN (*naproxen sodium*) (500 MG TAB ER 24H, 750 MG TAB ER 24H)	tier 3	PA, QLC (2 tabs/day)
NAPRELAN (*naproxen sodium*) 375 MG TAB ER 24H	tier 3	PA, QLC (1 tab/day)
NAPROSYN (*naproxen*) 125 MG/5ML SUSPENSION	tier 3	PA
naproxen sodium tab 275 mg	tier 1	
naproxen sodium tab 550 mg	tier 1	
naproxen sodium tab er 24hr 375 mg (base equiv) (NAPROXEN SODIUM ER)	tier 1	PA, QLC (1 tab/day)
naproxen sodium tab er 24hr 500 mg (base equiv) (NAPROXEN SODIUM ER)	tier 1	PA, QLC (2 tabs/day)
naproxen sodium tab er 24hr 750 mg (base equiv) (NAPROXEN SODIUM ER)	tier 1	PA, QLC (2 tabs/day)
naproxen susp 125 mg/5ml	tier 1	PA
naproxen tab 250 mg	tier 1	
naproxen tab 375 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
naproxen tab 500 mg	tier 1	
naproxen tab ec 375 mg	tier 1	
naproxen tab ec 375 mg (EC-NAPROXEN)	tier 1	
naproxen tab ec 500 mg	tier 1	
naproxen tab ec 500 mg (EC-NAPROXEN)	tier 1	
naproxen tab ec 500 mg (NAPROXEN DR)	tier 1	
naproxen-esomeprazole magnesium tab dr 375-20 mg (NAPROXEN-ESOMEPRAZOLE MG)	tier 1	PA, QLC (2 tabs/day)
naproxen-esomeprazole magnesium tab dr 500-20 mg (NAPROXEN-ESOMEPRAZOLE MG)	tier 1	PA, QLC (2 tabs/day)
oxaprozin tab 600 mg	tier 1	
PENNSAID (*diclofenac sodium (topical)*) 2 % SOLUTION	tier 3	PA, QLC (1 bottle/month)
piroxicam cap 10 mg	tier 1	
piroxicam cap 20 mg	tier 1	
RELAFEN DS (*nabumetone*) 1000 MG TAB	tier 3	PA, QLC (2 tabs/day)
salsalate tab 500 mg	tier 1	
salsalate tab 750 mg	tier 1	
SPRIX (*ketorolac tromethamine*) 15.75 MG/SPRAY SOLUTION	tier 4	PA, LA, QLC (5 bottles/month)
sulindac tab 150 mg	tier 1	
sulindac tab 200 mg	tier 1	
TOLECTIN 600 (*tolmetin sodium*) MG TAB	tier 1	PA
TOLMETIN SODIUM (400 MG CAP, 600 MG TAB)	tier 1	PA
VIMOVO (*naproxen-esomeprazole magnesium*) 375-20 MG TAB DR	tier 3	PA, QLC (2 tabs/day)
VIMOVO (*naproxen-esomeprazole magnesium*) 500-20 MG TAB DR	tier 3	PA, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIVLODEX (*meloxicam*) (5 MG CAP, 10 MG CAP)	tier 3	PA, QLC (1 cap/day)
ZIPSOR (*diclofenac potassium*) 25 MG CAP	tier 3	PA, QLC (4 caps/day)
ZORVOLEX (*diclofenac*) 18 MG CAP	tier 3	PA, QLC (3 caps/day)
ZORVOLEX (*diclofenac*) 35 MG CAP	tier 3	PA, QLC (3 caps/day)
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
buprenorphine td patch weekly 10 mcg/hr	tier 1	QLC (4 patches/28 days)
buprenorphine td patch weekly 15 mcg/hr	tier 1	QLC (4 patches/28 days)
buprenorphine td patch weekly 20 mcg/hr	tier 1	QLC (4 patches/28 days)
buprenorphine td patch weekly 5 mcg/hr	tier 1	QLC (4 patches/28 days)
buprenorphine td patch weekly 7.5 mcg/hr	tier 1	QLC (4 patches/28 days)
BUTRANS (*buprenorphine*) (5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK)	tier 3	QLC (4 patches/28 days)
CONZIP (*tramadol hcl*) (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H)	tier 3	PA, QLC (1 cap/day)
fentanyl td patch 72hr 100 mcg/hr	tier 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 12 mcg/hr	tier 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 25 mcg/hr	tier 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 37.5 mcg/hr	tier 4	PA, QLC (10 patches/month)
fentanyl td patch 72hr 50 mcg/hr	tier 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 62.5 mcg/hr	tier 4	PA, QLC (10 patches/month)
fentanyl td patch 72hr 75 mcg/hr	tier 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 87.5 mcg/hr	tier 4	PA, QLC (10 patches/month)
HYDROCODONE BITARTRATE ER (ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H)	tier 1	PA, QLC (2 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYDROCODONE BITARTRATE ER 120 MG TB24 DET	tier 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 100 mg (HYDROCODONE BITARTRATE ER)	tier 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 20 mg (HYDROCODONE BITARTRATE ER)	tier 1	PA, QLC (1 cap/day)
hydrocodone bitartrate tab er 24hr deter 30 mg (HYDROCODONE BITARTRATE ER)	tier 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 40 mg (HYDROCODONE BITARTRATE ER)	tier 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 60 mg (HYDROCODONE BITARTRATE ER)	tier 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 80 mg (HYDROCODONE BITARTRATE ER)	tier 1	PA, QLC (1 tab/day)
hydromorphone hcl tab er 24hr 12 mg (HYDROMORPHONE HCL ER)	tier 1	PA, QLC (2 tabs/day)
hydromorphone hcl tab er 24hr 16 mg (HYDROMORPHONE HCL ER)	tier 1	PA, QLC (1 tab/day)
hydromorphone hcl tab er 24hr 32 mg (HYDROMORPHONE HCL ER)	tier 1	PA, QLC (1 tab/day)
hydromorphone hcl tab er 24hr 8 mg (HYDROMORPHONE HCL ER)	tier 1	PA, QLC (1 tab/day)
HYSINGLA ER (*hydrocodone bitartrate*) (ER 30 MG TB24 DETER, ER 40 MG TB24 DETER, ER 60 MG TB24 DETER)	tier 3	PA, QLC (1 tab/day)
HYSINGLA ER (*hydrocodone bitartrate*) (ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER)	tier 4	PA, QLC (1 tab/day)
HYSINGLA ER (*hydrocodone bitartrate*) 20 MG TB24 DET	tier 3	PA, QLC (1 cap/day)
levorphanol tartrate tab 2 mg	tier 1	PA, QLC (9 tabs/day)
levorphanol tartrate tab 3 mg	tier 1	PA, QLC (4 tabs/day)
METHADONE HCL 10 MG/5ML SOLUTION	tier 1	PA, QLC (90 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHADONE HCL 5 MG/5ML SOLUTION	tier 1	PA, QLC (180 ml/day)
methadone hcl conc 10 mg/ml	tier 1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	tier 1	PA, QLC (18 ml/day)
methadone hcl soln 10 mg/5ml	tier 1	PA, QLC (90 ml/day)
methadone hcl soln 5 mg/5ml mg/ml	tier 1	PA, QLC (180 ml/day)
methadone hcl tab 10 mg	tier 1	PA, QLC (18 tabs/day)
methadone hcl tab 5 mg	tier 1	PA, QLC (36 tabs/day)
methadone hcl tab for oral susp 40 mg	tier 1	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	tier 1	PA, QLC (5 tabs/day)
METHADOSE (*methadone hcl*) 10 MG/ML CONC	tier 3	PA, QLC (18 ml/day)
METHADOSE SUGAR-FREE (*methadone hcl*) 10 MG/ML CONC	tier 3	PA, QLC (18 ml/day)
morphine sulfate cap er 24hr 10 mg (MORPHINE SULFATE ER)	tier 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 100 mg (MORPHINE SULFATE ER)	tier 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 20 mg (MORPHINE SULFATE ER)	tier 1	PA, QLC (4 caps/day)
morphine sulfate cap er 24hr 30 mg (MORPHINE SULFATE ER)	tier 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 50 mg (MORPHINE SULFATE ER)	tier 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 60 mg (MORPHINE SULFATE ER)	tier 1	PA, QLC (3 caps/day)
morphine sulfate cap er 24hr 80 mg (MORPHINE SULFATE ER)	tier 1	PA, QLC (3 caps/day)
MORPHINE SULFATE ER (ER 10 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 50 MG CAP ER 24H, ER 100 MG CAP ER 24H)	tier 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER (ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H)	tier 1	PA, QLC (3 caps/day)
MORPHINE SULFATE ER 20 MG CAP 24H	tier 1	PA, QLC (4 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MORPHINE SULFATE ER 40 MG CAP 24H	tier 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER BEADS (*morphine sulfate beads*) (ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H)	tier 1	PA, QLC (1 cap/day)
morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)	tier 1	QLC (3 tabs/day)
morphine sulfate tab er 15 mg (MORPHINE SULFATE ER)	tier 1	QLC (6 tabs/day)
morphine sulfate tab er 200 mg (MORPHINE SULFATE ER)	tier 1	QLC (3 tabs/day)
morphine sulfate tab er 30 mg (MORPHINE SULFATE ER)	tier 1	QLC (6 tabs/day)
morphine sulfate tab er 60 mg (MORPHINE SULFATE ER)	tier 1	QLC (5 tabs/day)
MS CONTIN (*morphine sulfate*) (100 MG TAB ER, 200 MG TAB ER)	tier 3	QLC (3 tabs/day)
MS CONTIN (*morphine sulfate*) (15 MG TAB ER, 30 MG TAB ER)	tier 3	QLC (6 tabs/day)
MS CONTIN (*morphine sulfate*) 60 MG TAB ER	tier 3	QLC (5 tabs/day)
NUCYNTA ER (*tapentadol hcl*) (ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H)	tier 3	PA, QLC (2 tabs/day)
OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER)	tier 1	PA, QLC (2 tabs/day)
OXYCONTIN (*oxycodone hcl*) (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	tier 3	PA, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H)	tier 1	PA, QLC (2 tabs/day)
OXYMORPHONE HCL ER 40 MG TAB 12H	tier 1	PA, QLC (4 tabs/day)
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	tier 1	PA, QLC (1 tab/day)
TRAMADOL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H)	tier 1	PA, QLC (1 cap/day)
tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER)	tier 1	QLC (3 tabs/day)
tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER)	tier 1	QLC (1 tab/day)
tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER)	tier 1	QLC (1 tab/day)
tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL (ER BIPHASIC))	tier 1	PA, QLC (1 tab/day)
tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL (ER BIPHASIC))	tier 1	PA, QLC (1 tab/day)
tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL (ER BIPHASIC))	tier 1	PA, QLC (1 tab/day)
XTAMPZA ER (*oxycodone*) (ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER)	tier 3	PA, QLC (2 caps/day)
OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)		
acetaminophen w/ codeine soln 120-12 mg/5ml (ACETAMINOPHEN-CODEINE)	tier 1	QLC (90 ml/day; max 1350 ml/month)
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/month)
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/month)
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE)	tier 1	QLC (6 tabs/day; max 90 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACETAMINOPHEN-CODEINE (*acetaminophen w/ codeine*) (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	tier 1	QLC (90 ml/day; max 1350 ml/month)
ACTIQ (*fentanyl citrate*) (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	tier 3	PA, QLC (4 lozenges/day; max 56 lozenges/month)
APADAZ (*benzhydrocodone hcl-acetaminophen*) (4.08-325 MG TAB, 6.12-325 MG TAB)	tier 3	PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days)
APADAZ (*benzhydrocodone hcl-acetaminophen*) 8.16-325 MG TAB	tier 3	PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)
APAP-CAFF-DIHYDROCODEINE (*acetaminophen-caff-dihydrocod*) 320.5-30-16 MG CAP	tier 1	PA, QLC (10 caps/day; max 140 caps/30 days)
APAP-CAFF-DIHYDROCODEINE (*acetaminophen-caff-dihydrocod*) 325-30-16 MG TAB	tier 1	PA, QLC (10 caps/day; max 150 caps/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (*benzhydrocodone hcl-acetaminophen*) (4.08-325 MG TAB, 6.12-325 MG TAB)	tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (*benzhydrocodone hcl-acetaminophen*) 8.16-325 MG TAB	tier 1	PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (BUTALBITAL-APAP-CAFF-COD)	tier 1	PA, QLC (6 caps/day; max 90 caps/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-COD)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
butorphanol tartrate nasal soln 10 mg/ml	tier 1	QLC (4 canisters/month at 2 canisters/fill)
CARISOPRODOL-ASPIRIN-CODEINE (*carisoprodol w/ aspirin & codeine*) 200-325-16 MG TAB	tier 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CODEINE SULFATE 15 MG TAB	tier 1	QLC (24 tabs/day; max 360 tabs/month)
CODEINE SULFATE 30 MG TAB	tier 1	QLC (12 tabs/day; max 180 tabs/month)
CODEINE SULFATE 60 MG TAB	tier 1	QLC (6 tabs/day; max 90 tabs/month)
codeine sulfate tab 30 mg	tier 1	QLC (12 tabs/day; max 180 tabs/month)
DILAUDID (*hydromorphone hcl*) 1 MG/ML LIQUID	tier 3	QLC (4 ml/day; max 60 ml/month)
DILAUDID (*hydromorphone hcl*) 2 MG TAB	tier 3	QLC (11 tabs/day; max 165 tabs/month)
DILAUDID (*hydromorphone hcl*) 4 MG TAB	tier 3	QLC (6 tabs/day; max 90 tabs/month)
DILAUDID (*hydromorphone hcl*) 8 MG TAB	tier 3	QLC (3 tabs/day; max 45 tabs/month)
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTANYL CITRATE 100 MCG TAB	tier 3	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTANYL CITRATE 200 MCG TAB	tier 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTANYL CITRATE 400 MCG TAB	tier 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTANYL CITRATE 600 MCG TAB	tier 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTANYL CITRATE 800 MCG TAB	tier 3	PA, QLC (1 tab/day; max 14 tabs/month)
fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle	tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle	tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle	tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle	tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle	tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle	tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTORA (*fentanyl citrate*) 100 MCG TAB	tier 3	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTORA (*fentanyl citrate*) 200 MCG TAB	tier 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTORA (*fentanyl citrate*) 400 MCG TAB	tier 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTORA (*fentanyl citrate*) 600 MCG TAB	tier 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTORA (*fentanyl citrate*) 800 MCG TAB	tier 3	PA, QLC (1 tab/day; max 14 tabs/month)
FIORICET/CODEINE (*butalbital-acetaminophen-caffeine w/ codeine*) 50-300-40-30 MG CAP	tier 3	PA, QLC (6 caps/day; max 90 caps/30 days)
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	tier 3	QLC (70 ml/day; max 1050 ml/month)
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION	tier 1	PA, QLC (90 ml/day; max 1350 ml/month)
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	tier 1	QLC (8 tabs/day, max 120 tabs/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	tier 1	QLC (90 ml/day; max 1350 ml/30 days)
hydrocodone-acetaminophen tab 10-300 mg	tier 1	PA, QLC (6 tabs/day; max 90 tabs/30 days)
hydrocodone-acetaminophen tab 10-325 mg	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
hydrocodone-acetaminophen tab 5-300 mg	tier 1	PA, QLC (8 tabs/day; max 120 tabs/30 days)
hydrocodone-acetaminophen tab 5-325 mg	tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	tier 1	PA, QLC (6 tabs/day; max 90 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
HYDROCODONE-IBUPROFEN 10-200 MG TAB	tier 1	QLC (5 tabs/day; max 75 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYDROCODONE-IBUPROFEN 5-200 MG TAB	tier 1	QLC (8 tabs/day; max 120 tabs/month)
hydrocodone-ibuprofen tab 10-200 mg	tier 1	QLC (5 tabs/day; max 75 tabs/month)
hydrocodone-ibuprofen tab 7.5-200 mg	tier 1	QLC (5 tabs/day; max 75 tabs/month)
HYDROMORPHONE HCL 3 MG SUPPOS	tier 1	QLC (8 suppositories/day; max 120 suppositories/month)
hydromorphone hcl liqd 1 mg/ml	tier 1	QLC (4 ml/day; max 60 ml/month)
hydromorphone hcl tab 2 mg	tier 1	QLC (11 tabs/day; max 165 tabs/month)
hydromorphone hcl tab 4 mg	tier 1	QLC (6 tabs/day; max 90 tabs/month)
hydromorphone hcl tab 8 mg	tier 1	QLC (3 tabs/day; max 45 tabs/month)
LAZANDA (*fentanyl citrate*) (100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION)	tier 3	PA, QLC (14 bottles/month)
LORTAB (*hydrocodone-acetaminophen*) 10-300 MG/15ML ELIXIR	tier 3	QLC (70 ml/day; max 1050 ml/month)
MEPERIDINE HCL 50 MG/5ML SOLUTION	tier 1	AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1350 ml/month)
meperidine hcl tab 50 mg	tier 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/month)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	tier 1	QLC (5ml/day; max 75 ml/month)
MORPHINE SULFATE 10 MG SUPPOS	tier 1	QLC (9 suppositories/day; max 135 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	tier 1	QLC (45 ml/day; max 675 ml/month)
MORPHINE SULFATE 15 MG TAB	tier 1	QLC (6 tabs/day; max 90 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	tier 1	QLC (5 suppositories/day; max 75 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	tier 1	QLC (25 ml/day; max 375 ml/month)
MORPHINE SULFATE 30 MG SUPPOS	tier 1	QLC (3 suppositories/day; max 45 suppositories/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MORPHINE SULFATE 30 MG TAB	tier 1	QLC (3 tabs/day; max 45 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	tier 1	QLC (12 suppositories/day; max 180 suppositories/month)
morphine sulfate oral soln 10 mg/5ml	tier 1	QLC (45 ml/day; max 675 ml/month)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE))	tier 1	QLC (5ml/day; max 75 ml/month)
morphine sulfate oral soln 20 mg/5ml	tier 1	QLC (25 ml/day; max 375 ml/month)
morphine sulfate tab 15 mg	tier 1	QLC (6 tabs/day; max 90 tabs/month)
morphine sulfate tab 30 mg	tier 1	QLC (3 tabs/day; max 45 tabs/month)
NALOCET (*oxycodone w/ acetaminophen*) 2.5-300 MG TAB	tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/month)
NUCYNTA (*tapentadol hcl*) (75 MG TAB, 100 MG TAB)	tier 3	PA, QLC (4 tabs/day; max 60 tabs/month)
NUCYNTA (*tapentadol hcl*) 50 MG TAB	tier 3	PA, QLC (5 tabs/day; max 75 tabs/month)
OXAYDO (*oxycodone hcl*) 5 MG TAB	tier 3	PA, QLC (12 tabs/day; max 180 tabs/month)
OXAYDO (*oxycodone hcl*) 7.5 MG TAB	tier 3	PA, QLC (8 tabs/day; max 120 tabs/month)
OXYCODONE HCL 10 MG TAB DETER	tier 3	PA, QLC (6 tabs/day; max 90 tabs/30 days)
OXYCODONE HCL 15 MG TAB DETER	tier 3	PA, QLC (4 tabs/day; max 60 tabs/month)
OXYCODONE HCL 30 MG TAB DETER	tier 3	PA, QLC (2 tabs/day; max 30 tabs/30 days)
OXYCODONE HCL 5 MG TAB DETER	tier 3	PA, QLC (12 tabs/day; max 180 tabs/30 days)
oxycodone hcl cap 5 mg	tier 1	QLC (12 caps/day; max 180 caps/month)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	tier 1	QLC (3 ml/day; max 45 ml/month)
oxycodone hcl soln 5 mg/5ml mg/ml	tier 1	QLC (60 ml/day; max 900 ml/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone hcl tab 10 mg	tier 1	QLC (84 tabs/month)
oxycodone hcl tab 15 mg	tier 1	QLC (4 tabs/day; max 60 tabs/month)
oxycodone hcl tab 20 mg	tier 1	QLC (3 tabs/day; max 45 tabs/month)
oxycodone hcl tab 30 mg	tier 1	QLC (2 tabs/day; max 30 tabs/month)
oxycodone hcl tab 5 mg	tier 1	QLC (12 tabs/day; max 180 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 2.5-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) (2.5-300 MG TAB, 5-300 MG TAB)	tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/month)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 10-300 MG TAB	tier 1	PA, QLC (6 tabs/day; max 90 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 10-300 MG/5ML SOLUTION	tier 3	PA, QLC (30 ml/day; max 450 ml/30 days)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 5-325 MG/5ML SOLUTION	tier 1	QLC (840 ml/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 7.5-300 MG TAB	tier 1	PA, QLC (8 tabs/day; max 120 tabs/30 days)
oxymorphone hcl tab 10 mg	tier 1	PA, QLC (4 tabs/day; max 60 tabs/month)
oxymorphone hcl tab 5 mg	tier 1	PA, QLC (6 tabs/day; max 90 tabs/month)
pentazocine w/ naloxone tab 50-0.5 mg (PENTAZOCINE-NALOXONE HCL)	tier 1	AL1 (Up to 64 yrs old), QLC (12 tabs/day)
PERCOCET (*oxycodone w/ acetaminophen*) (2.5-325 MG TAB, 5-325 MG TAB)	tier 3	QLC (12 tabs/day; not to exceed 180 tabs/month)
PERCOCET (*oxycodone w/ acetaminophen*) 10-325 MG TAB	tier 3	QLC (6 tabs/day; max 90 tabs/30 days)
PERCOCET (*oxycodone w/ acetaminophen*) 7.5-325 MG TAB	tier 3	QLC (8 tabs/day; max 120 tabs/30 days)
PROLATE (*oxycodone w/ acetaminophen*) 10-300 MG TAB	tier 1	PA, QLC (6 tabs/day; max 90 tabs/30 days)
PROLATE (*oxycodone w/ acetaminophen*) 10-300 MG/5ML SOLUTION	tier 3	PA, QLC (30 ml/day; max 450 ml/30 days)
PROLATE (*oxycodone w/ acetaminophen*) 5-300 MG TAB	tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/month)
PROLATE (*oxycodone w/ acetaminophen*) 7.5-300 MG TAB	tier 1	PA, QLC (8 tabs/day; max 120 tabs/30 days)
QDOLO (*tramadol hcl*) 5 MG/ML SOLUTION	tier 3	PA, QLC (80 ml/day)
ROXICODONE (*oxycodone hcl*) 15 MG TAB	tier 3	QLC (4 tabs/day; max 60 tabs/month)
ROXICODONE (*oxycodone hcl*) 30 MG TAB	tier 3	QLC (2 tabs/day; max 30 tabs/month)
ROXICODONE (*oxycodone hcl*) 5 MG TAB	tier 3	QLC (12 tabs/day; max 180 tabs/month)
ROXYBOND (*oxycodone hcl*) 10 MG TAB DETER	tier 3	PA, QLC (6 tabs/day; max 90 tabs/30 days)
ROXYBOND (*oxycodone hcl*) 15 MG TAB DETER	tier 3	PA, QLC (4 tabs/day; max 60 tabs/month)
ROXYBOND (*oxycodone hcl*) 30 MG TAB DETER	tier 3	PA, QLC (2 tabs/day; max 30 tabs/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROXYBOND (*oxycodone hcl*) 5 MG TAB DETER	tier 3	PA, QLC (12 tabs/day; max 180 tabs/30 days)
SEGLENTIS (*celecoxib-tramadol hcl*) 56-44 MG TAB	tier 3	PA, QLC (56 tabs/30 days)
SUBSYS (*fentanyl*) (100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID)	tier 3	PA, QLC (4 doses/day; max 56 doses/month)
SUBSYS (*fentanyl*) (400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID)	tier 3	PA, QLC (1 dose/day; max 14 doses/month)
SUBSYS (*fentanyl*) 200 MCG LIQUID	tier 3	PA, QLC (3 doses/day; max 42 doses/month)
TRAMADOL HCL (25 MG TAB, 75 MG TAB)	tier 1	PA, QLC (4 tabs/day)
TRAMADOL HCL 5 MG/ML SOLUTION	tier 3	PA, QLC (80 ml/day)
tramadol hcl tab 100 mg	tier 1	QLC (4 tabs/day)
tramadol hcl tab 50 mg	tier 1	QLC (8 tabs/day)
tramadol-acetaminophen tab 37.5-325 mg	tier 1	QLC (8 tabs/day; max 112 tabs/30 days)
TREZIX (*acetaminophen-caff-dihydrocod*) 320.5-30-16 MG CAP	tier 3	PA, QLC (10 caps/day; max 140 caps/30 days)
ULTRACET (*tramadol-acetaminophen*) 37.5-325 MG TAB	tier 3	QLC (8 tabs/day; max 112 tabs/30 days)
ULTRAM (*tramadol hcl*) 50 MG TAB	tier 3	QLC (8 tabs/day)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

lidocaine hcl soln 4%	tier 1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	tier 1	
lidocaine hcl viscous soln 2% (LIDOCAINE VISCOUS HCL)	tier 1	
lidocaine oint 5%	tier 1	QLC (50 gm/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lidocaine oint 5% (PREMIUM LIDOCAINE)	tier 1	QLC (50 gm/month)
lidocaine patch 5%	tier 1	QLC (90 patches/month)
lidocaine patch 5% (LIDOCAN)	tier 1	QLC (90 patches/month)
lidocaine patch 5% (Lidocan)	tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine Ii)	tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine Iii)	tier 1	QLC (90 patches/month)
lidocaine-prilocaine cream 2.5-2.5%	tier 1	QLC (30 gm/month)
LIDODERM (*lidocaine*) 5 % PATCH	tier 3	QLC (90 patches/month)
SYNERA (*lidocaine-tetracaine*) 70-70 MG PATCH	tier 3	PA, QLC (1 patch/month)
ZTLIDO (*lidocaine*) 1.8 % PATCH	tier 3	PA, QLC (3 patches/day)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)		
ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)		
acamprosate calcium tab delayed release 333 mg	tier 1	
disulfiram tab 250 mg	tier 1	
disulfiram tab 500 mg	tier 1	
OPIOID DEPENDENCE (Drugs for Opioid Dependence)		
BELBUCA (*buprenorphine hcl*) (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM)	tier 3	PA, QLC (2 films/day)
BUNAVAIL (*buprenorphine hcl-naloxone hcl dihydrate*) (4.2-0.7 MG FILM, 6.3-1 MG FILM)	tier 3	QLC (2 films/day)
buprenorphine hcl sl tab 2 mg (base equiv)	tier 1	QLC (12 tabs/day)
buprenorphine hcl sl tab 8 mg (base equiv)	tier 1	QLC (3 tabs/day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	tier 1	QLC (2 films/day)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	tier 1	QLC (5 films/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	tier 1	QLC (5 films/day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	tier 1	QLC (3 films/day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	tier 1	QLC (12 tabs/day)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	tier 1	QLC (3 tabs/day)
lofexidine hcl tab 0.18 mg (base equivalent)	tier 1	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
LUCEMYRA (*lofexidine hcl*) 0.18 MG TAB	tier 3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) (2-0.5 MG FILM, 4-1 MG FILM)	tier 3	QLC (5 films/day)
SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) 12-3 MG FILM	tier 3	QLC (2 films/day)
SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) 8-2 MG FILM	tier 3	QLC (3 films/day)
ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	tier 3	QLC (3 tabs/day)
ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB)	tier 3	QLC (1 tab/day)
ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) 8.6-2.1 MG SL TAB	tier 3	QLC (2 tabs/day)
OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)		
KLOXXADO (*naloxone hcl*) 8 MG/0.1ML LIQUID	tier 3	PA, QLC (2 nasal sprays/30 days)
naloxone hcl inj 0.4 mg/ml	tier 1	QLC (two 1 ml vials/month)
naloxone hcl inj 4 mg/10ml	tier 1	QLC (two 1 ml vials/month)
naloxone hcl nasal spray 4 mg/0.1ml	tier 1	QLC (2 doses/month)
naloxone hcl soln prefilled syringe 0.4 mg/ml	tier 1	QLC (2 syringes/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml	tier 1	QLC (2 syringes/month)
naltrexone hcl tab 50 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NARCAN (*naloxone hcl*) 4 MG/0.1ML LIQUID	tier 3	QLC (2 doses/month)
ZIMHI (*naloxone hcl*) 5 MG/0.5ML SOLN PRSYR	tier 3	PA, QLC (2 syringes/30 days)
SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)		
APO-VARENICLINE (*varenicline tartrate*) (0.5 MG TAB, 1 MG TAB)	tier 2	ACA (Preventive Health), QLC (2 tabs/day)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET))	tier 1	ACA (Preventive Health), QLC (3 tabs/day)
CHANTIX (*varenicline tartrate*) (0.5 MG TAB, 1 MG TAB)	tier 3	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX CONTINUING MONTH PAK (*varenicline tartrate*) 1 MG TAB	tier 3	ACA (Preventive Health), QLC (2 tabs/day)
NICOTROL (*nicotine*) 10 MG INHALER	tier 2	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (*nicotine*) 10 MG/ML SOLUTION	tier 2	ACA (Preventive Health), QLC (2 ml/day)
varenicline tartrate tab 0.5 mg (base equiv)	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
varenicline tartrate tab 1 mg (base equiv)	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
varenicline tartrate tab 1 mg (base equiv) (VARENICLINE TARTRATE(CONTINUE))	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (VARENICLINE TARTRATE (STARTER))	tier 1	ACA (Preventive Health), QLC (1 starting month box/28 days)
ANTIBACTERIALS (Drugs for Bacterial Infections)		
AMINOGLYCOSIDES		
ARIKAYCE (*amikacin sulfate liposome*) 590 MG/8.4ML SUSPENSION	tier 4	PA, LA, QLC (1 vial/day)
gentamicin sulfate cream 0.1%	tier 1	
gentamicin sulfate oint 0.1%	tier 1	
HUMATIN (*paromomycin sulfate*) 250 MG CAP	tier 3	PA
neomycin sulfate tab 500 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
paromomycin sulfate cap 250 mg	tier 1	PA
ANTIBACTERIALS, OTHER		
BLUJEPA (*gepotidacin mesylate*) 750 MG TAB	tier 3	PA, QLC (20 tabs/30 days)
CAYSTON (*aztreonam lysine*) 75 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
CLEOCIN (*clindamycin hcl*) (75 MG CAP, 150 MG CAP, 300 MG CAP)	tier 3	
CLEOCIN (*clindamycin palmitate hydrochloride*) 75 MG/5ML RECON SOLN	tier 3	
CLEOCIN (*clindamycin phosphate vaginal*) 100 MG SUPPOS	tier 2	QLC (3 suppositories/30 days)
CLEOCIN (*clindamycin phosphate vaginal*) 2 % CREAM	tier 3	
clindamycin hcl cap 150 mg	tier 1	
clindamycin hcl cap 300 mg	tier 1	
clindamycin hcl cap 75 mg	tier 1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	tier 1	
clindamycin phosphate vaginal cream 2%	tier 1	
CLINDESSE (*clindamycin phosphate (one dose)*) 2 % CREAM	tier 2	
FIRVANQ (*vancomycin hcl*) 25 MG/ML RECON SOLN	tier 3	PA, QLC (300 ml/month)
FIRVANQ (*vancomycin hcl*) 50 MG/ML RECON SOLN	tier 3	PA, QLC (450 ml/30 days)
FLAGYL (*metronidazole*) 375 MG CAP	tier 3	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	tier 1	QLC (1 packet/30 days)
HIPREX (*methenamine hippurate*) 1 GM TAB	tier 3	
linezolid for susp 100 mg/5ml	tier 1	PA
linezolid tab 600 mg	tier 1	PA
MACROBID (*nitrofurantoin monohyd macro*) 100 MG CAP	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MACRODANTIN (*nitrofurantoin macrocrystal*) (25 MG CAP, 50 MG CAP, 100 MG CAP)	tier 3	
methenamine hippurate tab 1 gm	tier 1	
METROCREAM (*metronidazole (topical)*) METRO0.75 %	tier 3	
METROGEL (*metronidazole (topical)*) 1 %	tier 3	
METROLOTION (*metronidazole (topical)*) 0.75 %	tier 3	
METRONIDAZOLE 125 MG TAB	tier 1	PA, QLC (4 tabs/day)
metronidazole cap 375 mg	tier 1	
metronidazole cream 0.75%	tier 1	
metronidazole cream 0.75% (Rosadan)	tier 1	
metronidazole gel 0.75%	tier 1	
metronidazole gel 0.75% (Rosadan)	tier 1	
metronidazole gel 1%	tier 1	
metronidazole lotion 0.75%	tier 1	
metronidazole tab 250 mg	tier 1	
metronidazole tab 500 mg	tier 1	
metronidazole vaginal gel 0.75%	tier 1	
MONUROL (*fosfomycin tromethamine*) 3 GM PACKET	tier 3	QLC (1 packet/30 days)
NITROFURANTOIN 50 MG/5ML SUSPENSION	tier 3	PA, QLC (180 ml/30 days)
nitrofurantoin macrocrystalline cap 100 mg	tier 1	
nitrofurantoin macrocrystalline cap 25 mg	tier 1	
nitrofurantoin macrocrystalline cap 50 mg	tier 1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHYD MACRO)	tier 1	
nitrofurantoin susp 25 mg/5ml	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NORITATE (*metronidazole (topical)*) 1 % CREAM	tier 3	PA
NUVESSA (*metronidazole vaginal*) 1.3 % GEL	tier 3	QLC (2 tubes/month)
PRIMSOL (*trimethoprim hcl*) 50 MG/5ML SOLUTION	tier 3	
SIVEXTRO (*tedizolid phosphate*) 200 MG TAB	tier 3	PA, QLC (6 tabs/month)
SOLOSEC (*secnidazole*) 2 GM PACKET	tier 3	PA, QLC (1 pack/month)
tinidazole tab 250 mg	tier 1	QLC (40 tabs/fill)
tinidazole tab 500 mg	tier 1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	tier 1	
trimethoprim tab 100 mg	tier 1	
VANCOCIN (*vancomycin hcl*) (125 MG CAP, 250 MG CAP)	tier 3	
vancomycin hcl cap 125 mg (base equivalent)	tier 1	
vancomycin hcl cap 250 mg (base equivalent)	tier 1	
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	tier 1	PA, QLC (300 ml/month)
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	tier 1	PA, QLC (450 ml/30 days)
VANDAZOLE (*metronidazole vaginal*) 0.75 % GEL	tier 3	
XACIATO (*clindamycin phosphate vaginal*) 2 % GEL	tier 3	QLC (1 tube (8gm)/ 30 days)
XIFAXAN (*rifaximin*) 200 MG TAB	tier 3	PA, QLC (8 tabs/day)
XIFAXAN (*rifaximin*) 550 MG TAB	tier 3	PA, QLC (3 tabs/day)
ZYVOX (*linezolid*) (100 MG/5ML RECON SUSP, 600 MG TAB)	tier 3	PA
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEFACLOR ER (*cefaclor monohydrate*) 500 MG TAB 12H	tier 1	
CEFADROXIL 1 GM TAB	tier 1	
cefadroxil cap 500 mg	tier 1	
cefadroxil for susp 250 mg/5ml	tier 1	
cefadroxil for susp 500 mg/5ml	tier 1	
cefdinir cap 300 mg	tier 1	
cefdinir for susp 125 mg/5ml	tier 1	
cefdinir for susp 250 mg/5ml	tier 1	
cefixime cap 400 mg	tier 1	
cefixime for susp 100 mg/5ml	tier 1	
cefixime for susp 200 mg/5ml	tier 1	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG/5ML RECON SUSP)	tier 1	
cefpodoxime proxetil tab 100 mg	tier 1	
cefpodoxime proxetil tab 200 mg	tier 1	
cefprozil for susp 125 mg/5ml	tier 1	
cefprozil for susp 250 mg/5ml	tier 1	
cefprozil tab 250 mg	tier 1	
cefprozil tab 500 mg	tier 1	
cefuroxime axetil tab 250 mg	tier 1	
cefuroxime axetil tab 500 mg	tier 1	
cephalexin cap 250 mg	tier 1	
cephalexin cap 500 mg	tier 1	
cephalexin cap 750 mg	tier 1	
cephalexin for susp 125 mg/5ml	tier 1	
cephalexin for susp 250 mg/5ml	tier 1	
cephalexin tab 250 mg	tier 1	
cephalexin tab 500 mg	tier 1	
SUPRAX (*cefixime*) (100 MG/5ML RECON SUSP, 400 MG CAP)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETA-LACTAM, PENICILLINS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	tier 1	
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE)	tier 1	
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE)	tier 1	
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE)	tier 1	QLC (2 tabs/day)
AMOXICILLIN (125 MG CHEW TAB, 250 MG CHEW TAB)	tier 1	
amoxicillin (trihydrate) cap 250 mg	tier 1	
amoxicillin (trihydrate) cap 500 mg	tier 1	
amoxicillin (trihydrate) for susp 125 mg/5ml	tier 1	
amoxicillin (trihydrate) for susp 200 mg/5ml	tier 1	
amoxicillin (trihydrate) for susp 250 mg/5ml	tier 1	
amoxicillin (trihydrate) for susp 400 mg/5ml	tier 1	
amoxicillin (trihydrate) tab 500 mg	tier 1	
amoxicillin (trihydrate) tab 875 mg	tier 1	
AMOXICILLIN-POT CLAVULANATE (*amoxicillin & pot clavulanate*) (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	tier 1	
AMOXICILLIN-POT CLAVULANATE ER (*amoxicillin & pot clavulanate*) 1000-62.5 MG TAB 12H	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ampicillin cap 500 mg	tier 1	
AUGMENTIN (*amoxicillin & pot clavulanate*) 125-31.25 MG/5ML RECON SUSP	tier 2	
AUGMENTIN (*amoxicillin & pot clavulanate*) 500-125 MG TAB	tier 3	
AUGMENTIN ES-600 (*amoxicillin & pot clavulanate*) 600-42.9 MG/5ML RECON SUSP	tier 3	
dicloxacillin sodium cap 250 mg	tier 1	
dicloxacillin sodium cap 500 mg	tier 1	
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN)	tier 1	
penicillin v potassium tab 250 mg	tier 1	
penicillin v potassium tab 500 mg	tier 1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	tier 1	
azithromycin for susp 100 mg/5ml	tier 1	
azithromycin for susp 200 mg/5ml	tier 1	
azithromycin tab 250 mg	tier 1	QLC (12 tabs/30 days)
azithromycin tab 500 mg	tier 1	
azithromycin tab 600 mg	tier 1	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	tier 1	
clarithromycin tab 250 mg	tier 1	QLC (42 tabs/fill)
clarithromycin tab 500 mg	tier 1	QLC (42 tabs/fill)
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	tier 1	QLC (28 tabs/30 days)
DIFICID (*fidaxomicin*) 200 MG TAB	tier 3	PA, QLC (20 tabs/month)
DIFICID (*fidaxomicin*) 40 MG/ML RECON SUSP	tier 3	PA, QLC (136 ml/30 days)
E.E.S. 400 (*erythromycin ethylsuccinate*) MG TAB	tier 2	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
E.E.S. GRANULES (*erythromycin ethylsuccinate*) 200 MG/5ML RECON SUSP	tier 3	PA
ERYPED 200 (*erythromycin ethylsuccinate*) MG/5ML RECON SUSP	tier 3	PA
ERYPED 400 (*erythromycin ethylsuccinate*) MG/5ML RECON SUSP	tier 3	PA
ERYTHROCIN STEARATE (*erythromycin stearate*) 250 MG TAB	tier 2	PA
ERYTHROMYCIN BASE 250 MG CP DR PART	tier 3	PA
erythromycin ethylsuccinate for susp 200 mg/5ml	tier 1	PA
erythromycin ethylsuccinate for susp 400 mg/5ml	tier 1	PA
erythromycin ethylsuccinate tab 400 mg	tier 2	PA
erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)	tier 2	PA
erythromycin tab 250 mg (ERYTHROMYCIN BASE)	tier 1	
erythromycin tab 500 mg (ERYTHROMYCIN BASE)	tier 1	
erythromycin tab delayed release 250 mg	tier 1	
erythromycin tab delayed release 250 mg (Ery-Tab)	tier 1	
erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE)	tier 1	
erythromycin tab delayed release 333 mg	tier 1	
erythromycin tab delayed release 333 mg (Ery-Tab)	tier 1	
erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE)	tier 1	
erythromycin tab delayed release 500 mg	tier 1	
erythromycin tab delayed release 500 mg (Ery-Tab)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE)	tier 1	
fidaxomicin tab 200 mg	tier 1	PA, QLC (20 tabs/month)
ZITHROMAX (*azithromycin*) (1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB)	tier 3	
ZITHROMAX (*azithromycin*) 250 MG TAB	tier 3	QLC (12 tabs/30 days)
ZITHROMAX TRI-PAK (*azithromycin*) 500 MG TAB	tier 3	
ZITHROMAX Z-PAK (*azithromycin*) 250 MG TAB	tier 3	QLC (2 packs(12 tabs)/30 days)
QUINOLONES		
BAXDELA (*delafloxacin meglumine*) 450 MG TAB	tier 3	PA, QLC (28 tabs/month)
BESIVANCE (*besifloxacin hcl*) 0.6 % SUSPENSION	tier 3	QLC (5 ml/month)
CILOXAN (*ciprofloxacin hcl (ophth)*) 0.3 % OINTMENT	tier 2	
CILOXAN (*ciprofloxacin hcl (ophth)*) 0.3 % SOLUTION	tier 3	
CIPRO (*ciprofloxacin hcl*) (250 MG TAB, 500 MG TAB)	tier 3	QLC (2 tabs/day)
CIPRO (*ciprofloxacin*) 250 MG/5ML (5%) RECON SUSP	tier 3	QLC (2 bottles/fill)
CIPRO (*ciprofloxacin*) 500 MG/5ML (10%) RECON SUSP	tier 3	QLC (3 bottles/fill)
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	tier 1	QLC (2 bottles/fill)
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	tier 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	tier 1	QLC (2 tabs/day)
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	tier 1	
ciprofloxacin hcl tab 250 mg (base equiv)	tier 1	QLC (2 tabs/day)
ciprofloxacin hcl tab 500 mg (base equiv)	tier 1	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ciprofloxacin hcl tab 750 mg (base equiv)	tier 1	QLC (2 tabs/day)
levofloxacin oral soln 25 mg/ml	tier 1	QLC (300 ml/30 days)
levofloxacin tab 250 mg	tier 1	QLC (14 tabs/30 days)
levofloxacin tab 500 mg	tier 1	QLC (1 tab/day)
levofloxacin tab 750 mg	tier 1	QLC (14 tabs/30 days)
moxifloxacin hcl tab 400 mg (base equiv)	tier 1	QLC (21 tabs/30 days)
OFLOXACIN (300 MG TAB, 400 MG TAB)	tier 1	
ofloxacin tab 400 mg	tier 1	
SULFONAMIDES		
BACTRIM (*sulfamethoxazole-trimethoprim*) 400-80 MG TAB	tier 3	
BACTRIM DS (*sulfamethoxazole-trimethoprim*) 800-160 MG TAB	tier 3	
sulfadiazine tab 500 mg	tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	tier 1	
TETRACYCLINES		
ACTICLATE (*doxycycline hyclate*) (75 MG TAB, 150 MG TAB)	tier 3	PA, QLC (1 tab/day)
demeclocycline hcl tab 150 mg	tier 1	
demeclocycline hcl tab 300 mg	tier 1	
DORYX (*doxycycline hyclate*) (50 MG TAB DR, 80 MG TAB DR)	tier 3	PA, QLC (2 tabs/day)
DORYX (*doxycycline hyclate*) 200 MG TAB DR	tier 3	PA, QLC (1 tab/day)
DORYX MPC (*doxycycline hyclate*) (60 MG TAB DR, 120 MG TAB DR)	tier 3	PA, QLC (2 tabs/day)
doxycycline (rosacea) cap delayed release 40 mg	tier 1	PA, QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DOXYCYCLINE HYCLATE 80 MG TAB DR	tier 3	PA, QLC (2 tabs/day)
doxycycline hyclate cap 100 mg	tier 1	
doxycycline hyclate cap 50 mg	tier 1	
doxycycline hyclate tab 100 mg	tier 1	
doxycycline hyclate tab 150 mg	tier 1	PA, QLC (1 tab/day)
doxycycline hyclate tab 20 mg	tier 1	QLC (2 tabs/day)
doxycycline hyclate tab 50 mg	tier 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab 50 mg (Targadox)	tier 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab 75 mg	tier 1	PA, QLC (1 tab/day)
doxycycline hyclate tab delayed release 100 mg	tier 1	PA
doxycycline hyclate tab delayed release 150 mg	tier 1	PA, QLC (1 tab/day)
doxycycline hyclate tab delayed release 200 mg	tier 1	PA, QLC (1 tab/day)
doxycycline hyclate tab delayed release 50 mg	tier 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab delayed release 75 mg	tier 1	PA
doxycycline monohydrate cap 100 mg	tier 1	
doxycycline monohydrate cap 100 mg (Mondoxyne Nl)	tier 1	
doxycycline monohydrate cap 150 mg	tier 1	PA
doxycycline monohydrate cap 50 mg	tier 1	
doxycycline monohydrate cap 75 mg	tier 1	PA
doxycycline monohydrate cap 75 mg (Mondoxyne Nl)	tier 1	PA
doxycycline monohydrate for susp 25 mg/5ml	tier 1	
doxycycline monohydrate tab 100 mg	tier 1	
doxycycline monohydrate tab 100 mg (Avidoxy)	tier 1	
doxycycline monohydrate tab 150 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxycycline monohydrate tab 50 mg	tier 1	
doxycycline monohydrate tab 75 mg	tier 1	
EMROSI (*minocycline hcl micronized (rosacea)*) 40 MG CAP ER 24H	tier 3	PA, QLC (1 cap/day)
minocycline hcl cap 100 mg	tier 1	
minocycline hcl cap 50 mg	tier 1	
minocycline hcl cap 75 mg	tier 1	
MINOCYCLINE HCL ER (ER 45 MG TAB ER 24H, ER 90 MG TAB ER 24H, ER 135 MG TAB ER 24H)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab 100 mg	tier 1	
minocycline hcl tab 50 mg	tier 1	
minocycline hcl tab 75 mg	tier 1	
minocycline hcl tab er 24hr 105 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 115 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 135 mg (Coremino)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 135 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 45 mg (Coremino)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 45 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 55 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 65 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 80 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 90 mg (Coremino)	tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 90 mg (MINOCYCLINE HCL ER)	tier 1	PA, QLC (1 tab/day)
NUZYRA (*omadacycline tosylate*) 150 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (30 caps/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORACEA (*doxycycline (rosacea)*) 40 MG CAP DR	tier 3	PA, QLC (1 cap/day)
SEYSARA (*sarecycline hcl*) (60 MG TAB, 100 MG TAB, 150 MG TAB)	tier 4	PA, QLC (1 tab/day)
SOLODYN (*minocycline hcl*) (55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
tetracycline hcl cap 250 mg	tier 1	
tetracycline hcl cap 500 mg	tier 1	
VIBRAMYCIN (*doxycycline (monohydrate)*) 25 MG/5ML RECON SUSP	tier 3	
VIBRAMYCIN (*doxycycline calcium*) 50 MG/5ML SYRUP	tier 2	
VIBRAMYCIN (*doxycycline hyclate*) 100 MG CAP	tier 3	
XIMINO (*minocycline hcl*) (45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H)	tier 3	PA, QLC (1 cap/day)
ANTICONVULSANTS (Drugs for Seizures)		
ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)		
BRIVIACT (*brivaracetam*) (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	tier 3	ST, QLC (2 tabs/day)
BRIVIACT (*brivaracetam*) 10 MG/ML SOLUTION	tier 3	ST, QLC (20 ml/day)
DEPAKOTE (*divalproex sodium*) (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	tier 3	
DEPAKOTE ER (*divalproex sodium*) (ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H)	tier 3	
DEPAKOTE SPRINKLES (*divalproex sodium*) 125 MG CAP DR	tier 3	
DIACOMIT (*stiripentol*) 250 MG CAP	tier 4	PA, LA, QLC (3 caps/day)
DIACOMIT (*stiripentol*) 250 MG PACKET	tier 4	PA, LA, QLC (3 packets/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIACOMIT (*stiripentol*) 500 MG CAP	tier 4	PA, LA, QLC (6 caps/day)
DIACOMIT (*stiripentol*) 500 MG PACKET	tier 4	PA, LA, QLC (6 packets/day)
divalproex sodium cap delayed release sprinkle 125 mg	tier 1	
divalproex sodium tab delayed release 125 mg	tier 1	
divalproex sodium tab delayed release 250 mg	tier 1	
divalproex sodium tab delayed release 500 mg	tier 1	
divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER)	tier 1	
divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER)	tier 1	
EPIDIOLEX (*cannabidiol*) 100 MG/ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (4 bottles/28 days)
EPRONTIA (*topiramate*) 25 MG/ML SOLUTION	tier 3	PA, QLC (16 ml/day)
felbamate susp 600 mg/5ml	tier 1	
felbamate tab 400 mg	tier 1	
felbamate tab 600 mg	tier 1	
FELBATOL (*felbamate*) (400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION)	tier 3	
FINTEPLA (*fenfluramine hcl (anticonvulsant)*) 2.2 MG/ML SOLUTION	tier 4	PA, LA, QLC (12 ml/day)
FYCOMPA (*perampanel*) (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	tier 3	ST, QLC (1 tab/day)
FYCOMPA (*perampanel*) 0.5 MG/ML SUSPENSION	tier 3	ST, QLC (24 ml/day)
FYCOMPA (*perampanel*) 2 MG TAB	tier 3	ST, QLC (3 tabs/day)
KEPPRA (*levetiracetam*) (100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	tier 3	
KEPPRA XR (*levetiracetam*) 500 MG TAB ER 24H	tier 3	QLC (6 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KEPPRA XR (*levetiracetam*) 750 MG TAB ER 24H	tier 3	QLC (4 tabs/day)
LAMICTAL (*lamotrigine*) (5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	tier 3	
LAMICTAL ODT (*lamotrigine*) (ODT 21 25 MG 7 50 MG KIT, ODT 25 50 100 MG KIT, ODT 42 50 MG 14100 MG KIT)	tier 3	PA, QLC (1 starter kit/month)
LAMICTAL ODT (*lamotrigine*) (ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP)	tier 3	PA
LAMICTAL STARTER (*lamotrigine*) (35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT)	tier 3	
LAMICTAL XR (*lamotrigine*) (21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT)	tier 3	ST, QLC (1 kit/month)
LAMICTAL XR (*lamotrigine*) (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H)	tier 3	ST, QLC (1 tab/day)
LAMICTAL XR (*lamotrigine*) (250 MG TAB ER 24H, 300 MG TAB ER 24H)	tier 3	ST, QLC (2 tabs/day)
LAMICTAL XR (*lamotrigine*) 200 MG TAB ER 24H	tier 3	ST, QLC (3 tabs/day)
lamotrigine orally disintegrating tab 100 mg	tier 1	PA
lamotrigine orally disintegrating tab 200 mg	tier 1	PA
lamotrigine orally disintegrating tab 25 mg	tier 1	PA
lamotrigine orally disintegrating tab 50 mg	tier 1	PA
lamotrigine tab 100 mg	tier 1	
lamotrigine tab 100 mg (Subvenite)	tier 1	
lamotrigine tab 150 mg	tier 1	
lamotrigine tab 150 mg (Subvenite)	tier 1	
lamotrigine tab 200 mg	tier 1	
lamotrigine tab 200 mg (Subvenite)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lamotrigine tab 25 mg	tier 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (LAMOTRIGINE STARTER KIT-ORANGE)	tier 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange)	tier 1	
lamotrigine tab 25 mg (Subvenite)	tier 1	
lamotrigine tab 35 x 25 mg starter kit (LAMOTRIGINE STARTER KIT-BLUE)	tier 1	
lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue)	tier 1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (LAMOTRIGINE STARTER KIT-GREEN)	tier 1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green)	tier 1	
lamotrigine tab chewable dispersible 25 mg	tier 1	
lamotrigine tab chewable dispersible 5 mg	tier 1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	tier 1	PA, QLC (1 starter pack/month)
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	tier 1	PA, QLC (1 starter pack/month)
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	tier 1	PA, QLC (1 starter pack/month)
lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER)	tier 1	ST, QLC (1 tab/day)
lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER)	tier 1	ST, QLC (3 tabs/day)
lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER)	tier 1	ST, QLC (1 tab/day)
lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER)	tier 1	ST, QLC (2 tabs/day)
lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER)	tier 1	ST, QLC (2 tabs/day)
lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER)	tier 1	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVETIRACETAM 250 MG TAB	tier 3	PA, QLC (6 tabs/day)
levetiracetam oral soln 100 mg/ml	tier 1	
levetiracetam tab 1000 mg	tier 1	
levetiracetam tab 250 mg	tier 1	
levetiracetam tab 500 mg	tier 1	
levetiracetam tab 500 mg (Roweepra)	tier 1	
levetiracetam tab 750 mg	tier 1	
levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER)	tier 1	QLC (6 tabs/day)
levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER)	tier 1	QLC (4 tabs/day)
MOTPOLY XR (*lacosamide*) (150 MG CAP ER 24H, 200 MG CAP ER 24H)	tier 3	PA, QLC (2 caps/day)
MOTPOLY XR (*lacosamide*) 100 MG CAP ER 24H	tier 3	PA, QLC (1 cap/day)
perampanel tab 10 mg	tier 1	ST, QLC (1 tab/day)
perampanel tab 12 mg	tier 1	ST, QLC (1 tab/day)
perampanel tab 2 mg	tier 1	ST, QLC (3 tabs/day)
perampanel tab 4 mg	tier 1	ST, QLC (1 tab/day)
perampanel tab 6 mg	tier 1	ST, QLC (1 tab/day)
perampanel tab 8 mg	tier 1	ST, QLC (1 tab/day)
QUDEXY XR (*topiramate*) (150 MG CP24 SPRNK, 200 MG CP24 SPRNK)	tier 3	PA, QLC (2 caps/day)
QUDEXY XR (*topiramate*) (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK)	tier 3	PA, QLC (1 cap/day)
SPRITAM (*levetiracetam*) 1000 MG TAB	tier 3	PA, QLC (3 tabs/day)
SPRITAM (*levetiracetam*) 250 MG TAB	tier 3	PA, QLC (6 tabs/day)
SPRITAM (*levetiracetam*) 500 MG TAB	tier 3	PA, QLC (6 tabs/day)
SPRITAM (*levetiracetam*) 750 MG TAB	tier 3	PA, QLC (4 tabs/day)
TOPAMAX (*topiramate*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB)	tier 3	
TOPAMAX SPRINKLE (*topiramate*) (15 MG CAP SPRINK, 25 MG CAP SPRINK)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
topiramate cap er 24hr 100 mg (TOPIRAMATE ER)	tier 1	PA, QLC (3 caps/day)
topiramate cap er 24hr 200 mg (TOPIRAMATE ER)	tier 1	PA, QLC (2 caps/day)
topiramate cap er 24hr 25 mg (TOPIRAMATE ER)	tier 1	PA, QLC (3 caps/day)
topiramate cap er 24hr 50 mg (TOPIRAMATE ER)	tier 1	PA, QLC (7 caps/day)
topiramate cap er 24hr sprinkle 100 mg (TOPIRAMATE ER)	tier 1	PA, QLC (1 cap/day)
topiramate cap er 24hr sprinkle 150 mg (TOPIRAMATE ER)	tier 1	PA, QLC (2 caps/day)
topiramate cap er 24hr sprinkle 200 mg (TOPIRAMATE ER)	tier 1	PA, QLC (2 caps/day)
topiramate cap er 24hr sprinkle 25 mg (TOPIRAMATE ER)	tier 1	PA, QLC (1 cap/day)
topiramate cap er 24hr sprinkle 50 mg (TOPIRAMATE ER)	tier 1	PA, QLC (1 cap/day)
topiramate oral soln 25 mg/ml	tier 1	PA, QLC (16 ml/day)
topiramate sprinkle cap 15 mg	tier 1	
topiramate sprinkle cap 25 mg	tier 1	
topiramate sprinkle cap 50 mg	tier 1	PA
topiramate tab 100 mg	tier 1	
topiramate tab 200 mg	tier 1	
topiramate tab 25 mg	tier 1	
topiramate tab 50 mg	tier 1	
TROKENDI XR (*topiramate*) (25 MG CAP ER 24H, 100 MG CAP ER 24H)	tier 3	PA, QLC (3 caps/day)
TROKENDI XR (*topiramate*) 200 MG CAP ER 24H	tier 3	PA, QLC (2 caps/day)
TROKENDI XR (*topiramate*) 50 MG CAP ER 24H	tier 3	PA, QLC (7 caps/day)
valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID)	tier 1	
valproic acid cap 250 mg	tier 1	
XCOPRI (*cenobamate*) (150 MG TAB, 200 MG TAB)	tier 3	PA, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XCOPRI (*cenobamate*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	PA, QLC (1 tab/day)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN (*methsuximide*) 300 MG CAP	tier 3	
ethosuximide cap 250 mg	tier 1	
ethosuximide soln 250 mg/5ml	tier 1	
methsuximide cap 300 mg	tier 1	
ZARONTIN (*ethosuximide*) (250 MG CAP, 250 MG/5ML SOLUTION)	tier 3	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam suspension 2.5 mg/ml	tier 1	ST, QLC (16 ml/day)
clobazam tab 10 mg	tier 1	ST, QLC (4 tabs/day)
clobazam tab 20 mg	tier 1	ST, QLC (2 tabs/day)
DIASTAT ACUDIAL (*diazepam (anticonvulsant)*) (10 MG GEL, 20 MG GEL)	tier 3	QLC (1 kit [2 doses]/fill)
DIASTAT PEDIATRIC (*diazepam (anticonvulsant)*) 2.5 MG GEL	tier 3	QLC (1 kit [2 doses]/fill)
DIAZEPAM (*diazepam (anticonvulsant)*) 2.5 MG GEL	tier 1	QLC (1 kit [2 doses]/fill)
diazepam rectal gel delivery system 10 mg	tier 1	QLC (1 kit [2 doses]/fill)
diazepam rectal gel delivery system 20 mg	tier 1	QLC (1 kit [2 doses]/fill)
gabapentin cap 100 mg	tier 1	
gabapentin cap 300 mg	tier 1	
gabapentin cap 400 mg	tier 1	
gabapentin oral soln 250 mg/5ml	tier 1	
gabapentin tab 600 mg	tier 1	
gabapentin tab 800 mg	tier 1	
GABARONE (*gabapentin*) 100 MG TAB	tier 1	PA, QLC (6 tabs/day)
GABARONE (*gabapentin*) 400 MG TAB	tier 1	PA, QLC (9 tabs/day)
GABITRIL (*tiagabine hcl*) (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LIBERVANT (*diazepam (anticonvulsant)*) (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	tier 3	PA, QLC (5 fills/30 days)
MYSOLINE (*primidone*) (50 MG TAB, 250 MG TAB)	tier 3	
NAYZILAM (*midazolam (anticonvulsant)*) 5 MG/0.1ML SOLUTION	tier 3	PA, QLC (5 fills/30 days)
NEURONTIN (*gabapentin*) (100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB)	tier 3	
ONFI (*clobazam*) 10 MG TAB	tier 3	ST, QLC (4 tabs/day)
ONFI (*clobazam*) 2.5 MG/ML SUSPENSION	tier 3	ST, QLC (16 ml/day)
ONFI (*clobazam*) 20 MG TAB	tier 3	ST, QLC (2 tabs/day)
phenobarbital elixir 20 mg/5ml	tier 1	
phenobarbital tab 100 mg	tier 1	
phenobarbital tab 15 mg	tier 1	
phenobarbital tab 16.2 mg	tier 1	
phenobarbital tab 30 mg	tier 1	
phenobarbital tab 32.4 mg	tier 1	
phenobarbital tab 60 mg	tier 1	
phenobarbital tab 64.8 mg	tier 1	
phenobarbital tab 97.2 mg	tier 1	
PRIMIDONE 125 MG TAB	tier 1	
primidone tab 250 mg	tier 1	
primidone tab 50 mg	tier 1	
SABRIL (*vigabatrin*) 500 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (6 packs/day)
SABRIL (*vigabatrin*) 500 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day)
SYMPAZAN (*clobazam*) (5 MG FILM, 10 MG FILM, 20 MG FILM)	tier 3	PA, QLC (2 films/day)
tiagabine hcl tab 12 mg	tier 1	
tiagabine hcl tab 16 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tiagabine hcl tab 2 mg	tier 1	
tiagabine hcl tab 4 mg	tier 1	
VALTOCO 10 MG DOSE (*diazepam (anticonvulsant)*) /0.1ML LIQUID	tier 3	PA, QLC (10 sprays/30 days)
VALTOCO 15 MG DOSE (*diazepam (anticonvulsant)*) 2 X 7.5 /0.1ML LIQD THPK	tier 3	PA, QLC (10 sprays/30 days)
VALTOCO 20 MG DOSE (*diazepam (anticonvulsant)*) 0 X 10 /0.1ML LIQD THPK	tier 3	PA, QLC (10 sprays/30 days)
VALTOCO 5 MG DOSE (*diazepam (anticonvulsant)*) /0.1ML LIQUID	tier 3	PA, QLC (10 sprays/30 days)
vigabatrin powd pack 500 mg	tier 4	PA, S (Specialty Drug), QLC (6 packs/day)
vigabatrin powd pack 500 mg (Vigadrone)	tier 4	PA, LA, QLC (6 packs/day)
vigabatrin powd pack 500 mg (Vigpoder)	tier 4	PA, LA, QLC (6 packs/day)
vigabatrin tab 500 mg	tier 4	PA, S (Specialty Drug), QLC (6 tabs/day)
vigabatrin tab 500 mg (Vigadrone)	tier 4	PA, LA, QLC (6 tabs/day)
VIGAFYDE (*vigabatrin*) 100 MG/ML SOLUTION	tier 4	PA, LA, QLC (750 ml/30 days)
ZTALMY (*ganaxolone*) 50 MG/ML SUSPENSION	tier 4	PA, LA, QLC (36 ml/day)
SODIUM CHANNEL AGENTS		
APTIOM (*eslicarbazepine acetate*) (200 MG TAB, 400 MG TAB)	tier 3	ST, QLC (1 tab/day)
APTIOM (*eslicarbazepine acetate*) (600 MG TAB, 800 MG TAB)	tier 3	ST, QLC (2 tabs/day)
BANZEL (*rufinamide*) 200 MG TAB	tier 3	ST, QLC (16 tabs/day)
BANZEL (*rufinamide*) 40 MG/ML SUSPENSION	tier 3	ST, QLC (80 ml/day)
BANZEL (*rufinamide*) 400 MG TAB	tier 3	ST, QLC (8 tabs/day)
CARBAMAZEPINE 200 MG CHEW TAB	tier 1	PA
carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER)	tier 1	
carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER)	tier 1	
carbamazepine chew tab 100 mg	tier 1	
carbamazepine susp 100 mg/5ml	tier 1	
carbamazepine tab 200 mg	tier 1	
carbamazepine tab 200 mg (Epitol)	tier 1	
carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER)	tier 1	
carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER)	tier 1	
carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER)	tier 1	
CARBATROL (*carbamazepine*) (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	tier 3	
DILANTIN (*phenytoin sodium extended*) (30 MG CAP, 100 MG CAP)	tier 2	
DILANTIN (*phenytoin*) 125 MG/5ML SUSPENSION	tier 2	
DILANTIN INFATABS (*phenytoin*) 50 MG CHEW	tier 2	
DILANTIN-125 (*phenytoin*) MG/5ML SUSPENSION	tier 2	
eslicarbazepine acetate tab 200 mg	tier 1	ST, QLC (1 tab/day)
eslicarbazepine acetate tab 400 mg	tier 1	ST, QLC (1 tab/day)
eslicarbazepine acetate tab 600 mg	tier 1	ST, QLC (2 tabs/day)
eslicarbazepine acetate tab 800 mg	tier 1	ST, QLC (2 tabs/day)
lacosamide oral solution 10 mg/ml	tier 1	QLC (40 ml/day)
lacosamide tab 100 mg	tier 1	QLC (2 tabs/day)
lacosamide tab 150 mg	tier 1	QLC (2 tabs/day)
lacosamide tab 200 mg	tier 1	QLC (2 tabs/day)
lacosamide tab 50 mg	tier 1	QLC (2 tabs/day)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	tier 1	QLC (40 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxcarbazepine tab 150 mg	tier 1	QLC (16 tabs/day)
oxcarbazepine tab 300 mg	tier 1	QLC (8 tabs/day)
oxcarbazepine tab 600 mg	tier 1	QLC (4 tabs/day)
oxcarbazepine tab er 24hr 150 mg (OXCARBAZEPINE ER)	tier 1	ST, QLC (1 tab/day)
oxcarbazepine tab er 24hr 300 mg (OXCARBAZEPINE ER)	tier 1	ST, QLC (1 tab/day)
oxcarbazepine tab er 24hr 600 mg (OXCARBAZEPINE ER)	tier 1	ST, QLC (4 tabs/day)
OXTELLAR XR (*oxcarbazepine*) (150 MG TAB ER 24H, 300 MG TAB ER 24H)	tier 3	ST, QLC (1 tab/day)
OXTELLAR XR (*oxcarbazepine*) 600 MG TAB ER 24H	tier 3	ST, QLC (4 tabs/day)
phenytoin chew tab 50 mg	tier 1	
phenytoin chew tab 50 mg (PHENYTOIN INFATABS)	tier 1	
phenytoin sodium extended cap 100 mg	tier 1	
phenytoin sodium extended cap 200 mg	tier 1	
phenytoin sodium extended cap 200 mg (Phenytek)	tier 1	
phenytoin sodium extended cap 300 mg	tier 1	
phenytoin sodium extended cap 300 mg (Phenytek)	tier 1	
phenytoin susp 125 mg/5ml	tier 1	
rufinamide susp 40 mg/ml	tier 1	ST, QLC (80 ml/day)
rufinamide tab 200 mg	tier 1	ST, QLC (16 tabs/day)
rufinamide tab 400 mg	tier 1	ST, QLC (8 tabs/day)
TEGRETOL (*carbamazepine*) (100 MG/5ML SUSPENSION, 200 MG TAB)	tier 3	
TEGRETOL-XR (*carbamazepine*) (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	tier 3	
TRILEPTAL (*oxcarbazepine*) 150 MG TAB	tier 3	QLC (16 tabs/day)
TRILEPTAL (*oxcarbazepine*) 300 MG TAB	tier 3	QLC (8 tabs/day)
TRILEPTAL (*oxcarbazepine*) 300 MG/5ML SUSPENSION	tier 3	QLC (40 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRILEPTAL (*oxcarbazepine*) 600 MG TAB	tier 3	QLC (4 tabs/day)
VIMPAT (*lacosamide*) (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	tier 3	QLC (2 tabs/day)
VIMPAT (*lacosamide*) 10 MG/ML SOLUTION	tier 3	QLC (40 ml/day)
XCOPRI (250 MG DAILY DOSE) (*cenobamate*) 100 & 150 TAB THPK	tier 3	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (*cenobamate*) 150 & 200 TAB THPK	tier 3	PA, QLC (2 tabs/day)
XCOPRI (*cenobamate*) (COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	tier 3	PA, QLC (28 tabs/84 days)
ZONEGRAN (*zonisamide*) (25 MG CAP, 100 MG CAP)	tier 3	
ZONISADE (*zonisamide*) 100 MG/5ML SUSPENSION	tier 3	PA, QLC (30 ml/day)
zonisamide cap 100 mg	tier 1	
zonisamide cap 25 mg	tier 1	
zonisamide cap 50 mg	tier 1	

ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	tier 1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	tier 1	QLC (1 cap/day)
memantine hcl-donepezil hcl cap er 24hr 14-10 mg (MEMANTINE HCL-DONEPEZIL HCL ER)	tier 1	QLC (1 cap/day)
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	tier 1	QLC (1 cap/day)
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	tier 1	QLC (1 cap/day)
memantine hcl-donepezil hcl cap er 24hr 28-10 mg (MEMANTINE HCL-DONEPEZIL HCL ER)	tier 1	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NAMZARIC (*memantine hcl-donepezil hcl*) (14-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	tier 3	QLC (1 cap/day)
NAMZARIC (*memantine hcl-donepezil hcl*) 21-10 MG CAP ER 24H	tier 3	QLC (1 cap/day)
NAMZARIC (*memantine hcl-donepezil hcl*) 7 & 14 & 21 &28 -10 MG CP24 THPK	tier 2	QLC (1 dose-pack/6 months)
NAMZARIC (*memantine hcl-donepezil hcl*) 7-10 MG CAP ER 24H	tier 2	QLC (1 cap/day)
CHOLINESTERASE INHIBITORS		
ADLARITY (*donepezil hydrochloride*) (5 MG/DAY PATCH WK, 10 MG/DAY PATCH WK)	tier 3	PA, QLC (4 patches/28 days)
ARICEPT (*donepezil hydrochloride*) (5 MG TAB, 10 MG TAB)	tier 3	
ARICEPT (*donepezil hydrochloride*) 23 MG TAB	tier 3	ST, QLC (1 tab/day)
donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL)	tier 1	
donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL)	tier 1	
donepezil hydrochloride tab 10 mg (DONEPEZIL HCL)	tier 1	
donepezil hydrochloride tab 23 mg (DONEPEZIL HCL)	tier 1	ST, QLC (1 tab/day)
donepezil hydrochloride tab 5 mg (DONEPEZIL HCL)	tier 1	
EXELON (*rivastigmine*) (4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR)	tier 3	QLC (1 patch/day)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	tier 1	
galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER)	tier 1	
galantamine hydrobromide cap er 24hr 24 mg (GALANTAMINE HYDROBROMIDE ER) *hr*	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER)	tier 1	
galantamine hydrobromide tab 12 mg	tier 1	
galantamine hydrobromide tab 4 mg	tier 1	
galantamine hydrobromide tab 8 mg	tier 1	
RAZADYNE ER (*galantamine hydrobromide*) (ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H)	tier 3	
rivastigmine tartrate cap 1.5 mg (base equivalent)	tier 1	
rivastigmine tartrate cap 3 mg (base equivalent)	tier 1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	tier 1	
rivastigmine tartrate cap 6 mg (base equivalent)	tier 1	
rivastigmine td patch 24hr 13.3 mg/24hr	tier 1	QLC (1 patch/day)
rivastigmine td patch 24hr 4.6 mg/24hr	tier 1	QLC (1 patch/day)
rivastigmine td patch 24hr 9.5 mg/24hr	tier 1	QLC (1 patch/day)
ZUNVEYL (*benzgalantamine gluconate*) (5 MG TAB DR, 10 MG TAB DR, 15 MG TAB DR)	tier 3	PA, QLC (2 tabs/day)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	tier 1	
memantine hcl cap er 24hr 14 mg (MEMANTINE HCL ER)	tier 1	QLC (1 cap/day)
memantine hcl cap er 24hr 21 mg (MEMANTINE HCL ER)	tier 1	QLC (1 cap/day)
memantine hcl cap er 24hr 28 mg (MEMANTINE HCL ER)	tier 1	QLC (1 cap/day)
memantine hcl cap er 24hr 7 mg (MEMANTINE HCL ER)	tier 1	QLC (1 cap/day)
memantine hcl oral solution 2 mg/ml	tier 1	
memantine hcl tab 10 mg	tier 1	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
memantine hcl tab 5 mg	tier 1	QLC (2 tabs/day)
NAMENDA (*memantine hcl*) (5 MG TAB, 10 MG TAB)	tier 3	QLC (2 tabs/day)
NAMENDA TITRATION PAK (*memantine hcl*) 28 X 5 MG & 21 X 10 MG TAB	tier 3	
NAMENDA XR (*memantine hcl*) (7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H)	tier 3	QLC (1 cap/day)
NAMENDA XR TITRATION PACK (*memantine hcl*) 7 & 14 & 21 &28 MG CAP ER 24H	tier 2	QLC (1 pack (28 caps)/28 days; 2 fills/year)
ANTIDEPRESSANTS (Drugs for Depression)		
ANTIDEPRESSANTS, OTHER		
APLENZIN (*bupropion hydrobromide*) (174 MG TAB ER 24H, 522 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
APLENZIN (*bupropion hydrobromide*) 348 MG TAB ER 24H	tier 3	PA, QLC (1 tab/day)
AUVELITY (*dextromethorphan hydrobromide-bupropion hydrochloride*) 45-105 MG TAB ER	tier 3	PA, QLC (2 tabs/day)
BUPROPION HCL ER (XL) 450 MG TAB 24H	tier 1	PA, QLC (1 tab/day)
bupropion hcl tab 100 mg	tier 1	QLC (4 tabs/day)
bupropion hcl tab 75 mg	tier 1	QLC (6 tabs/day)
bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))	tier 1	QLC (4 tabs/day)
bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))	tier 1	QLC (3 tabs/day)
bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))	tier 1	QLC (2 tabs/day)
bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))	tier 1	QLC (3 tabs/day)
bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))	tier 1	QLC (1 tab/day)
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXXUA (*gepirone hcl*) (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
EXXUA TITRATION PACK (*gepirone hcl*) 18.2 MG TAB ER 24H	tier 3	PA, QLC (1 tab/day)
FORFIVO XL (*bupropion hcl*) 450 MG TAB ER 24H	tier 3	PA, QLC (1 tab/day)
LYBALVI (*olanzapine-samidorphan l-malate*) (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	tier 3	PA, QLC (1 tab/day)
mirtazapine orally disintegrating tab 15 mg	tier 1	
mirtazapine orally disintegrating tab 30 mg	tier 1	
mirtazapine orally disintegrating tab 45 mg	tier 1	
mirtazapine tab 15 mg	tier 1	
mirtazapine tab 30 mg	tier 1	
mirtazapine tab 45 mg	tier 1	
mirtazapine tab 7.5 mg	tier 1	
olanzapine-fluoxetine hcl cap 12-25 mg	tier 1	
olanzapine-fluoxetine hcl cap 12-50 mg	tier 1	
olanzapine-fluoxetine hcl cap 3-25 mg	tier 1	
olanzapine-fluoxetine hcl cap 6-25 mg	tier 1	
olanzapine-fluoxetine hcl cap 6-50 mg	tier 1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	tier 1	
REMERON (*mirtazapine*) (15 MG TAB, 30 MG TAB)	tier 3	
REMERON SOLTAB (*mirtazapine*) (15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP)	tier 3	
SYMBYAX (*olanzapine-fluoxetine hcl*) (3-25 MG CAP, 6-25 MG CAP, 6-50 MG CAP, 12-50 MG CAP)	tier 3	
WELLBUTRIN SR (*bupropion hcl*) 100 MG TAB ER 12H	tier 3	QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WELLBUTRIN SR (*bupropion hcl*) 150 MG TAB ER 12H	tier 3	QLC (3 tabs/day)
WELLBUTRIN SR (*bupropion hcl*) 200 MG TAB ER 12H	tier 3	QLC (2 tabs/day)
WELLBUTRIN XL (*bupropion hcl*) 150 MG TAB ER 24H	tier 3	QLC (3 tabs/day)
WELLBUTRIN XL (*bupropion hcl*) 300 MG TAB ER 24H	tier 3	QLC (1 tab/day)
ZURZUVAE (*zuranolone*) (20 MG CAP, 25 MG CAP)	tier 3	PA, LA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (*zuranolone*) 30 MG CAP	tier 3	PA, LA, QLC (1 cap/day; max 14 caps/365 days)
MONOAMINE OXIDASE INHIBITORS		
EMSAM (*selegiline*) (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	tier 3	
MARPLAN (*isocarboxazid*) 10 MG TAB	tier 3	
NARDIL (*phenelzine sulfate*) 15 MG TAB	tier 3	
PARNATE (*tranylcypromine sulfate*) 10 MG TAB	tier 3	
PHENELZINE SULFATE 15 MG TAB	tier 1	
phenelzine sulfate tab 15 mg	tier 1	
tranylcypromine sulfate tab 10 mg	tier 1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
BRISDELLE (*paroxetine mesylate (vasomotor)*) 7.5 MG CAP	tier 3	QLC (1 cap/day)
CELEXA (*citalopram hydrobromide*) 10 MG TAB	tier 3	QLC (4 tabs/day)
CELEXA (*citalopram hydrobromide*) 20 MG TAB	tier 3	QLC (2 tabs/day)
CELEXA (*citalopram hydrobromide*) 40 MG TAB	tier 3	QLC (1 tab/day)
CITALOPRAM HYDROBROMIDE 30 MG CAP	tier 3	ST, QLC (1 cap/day)
citalopram hydrobromide oral soln 10 mg/5ml	tier 1	QLC (40 mg/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
citalopram hydrobromide tab 10 mg (base equiv)	tier 1	QLC (4 tabs/day)
citalopram hydrobromide tab 20 mg (base equiv)	tier 1	QLC (2 tabs/day)
citalopram hydrobromide tab 40 mg (base equiv)	tier 1	QLC (1 tab/day)
DESVENLAFAXINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	tier 1	QLC (1 tab/day)
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	tier 1	QLC (1 tab/day)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	tier 1	QLC (1 tab/day)
EFFEXOR XR (*venlafaxine hcl*) (37.5 MG CAP ER 24H, 150 MG CAP ER 24H)	tier 3	QLC (2 caps/day)
EFFEXOR XR (*venlafaxine hcl*) 75 MG CAP ER 24H	tier 3	QLC (3 caps/day)
ESCITALOPRAM OXALATE 15 MG CAP	tier 3	QLC (1 cap/day)
escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml	tier 1	QLC (24 ml/day)
escitalopram oxalate tab 10 mg (base equiv)	tier 1	QLC (4 tabs/day)
escitalopram oxalate tab 20 mg (base equiv)	tier 1	QLC (2 tabs/day)
escitalopram oxalate tab 5 mg (base equiv)	tier 1	QLC (8 tabs/day)
FETZIMA (*levomilnacipran hcl*) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	tier 3	PA, QLC (1 cap/day)
FETZIMA TITRATION (*levomilnacipran hcl*) 20 & 40 MG CP24 THPK	tier 3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	tier 1	QLC (1 tab/day)
FLUOXETINE HCL 60 MG TAB	tier 3	
FLUOXETINE HCL 90 MG CAP DR	tier 1	QLC (4 caps/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluoxetine hcl cap 10 mg	tier 1	
fluoxetine hcl cap 20 mg	tier 1	
fluoxetine hcl cap 40 mg	tier 1	
fluoxetine hcl solution 20 mg/5ml	tier 1	
fluoxetine hcl tab 10 mg	tier 1	
fluoxetine hcl tab 20 mg	tier 1	
fluoxetine hcl tab 60 mg	tier 3	
fluvoxamine maleate cap er 24hr 100 mg (FLUVOXAMINE MALEATE ER)	tier 1	ST, QLC (3 caps/day)
fluvoxamine maleate cap er 24hr 150 mg (FLUVOXAMINE MALEATE ER)	tier 1	ST, QLC (2 caps/day)
fluvoxamine maleate tab 100 mg	tier 1	QLC (3 tabs/day)
fluvoxamine maleate tab 25 mg	tier 1	QLC (12 tabs/day)
fluvoxamine maleate tab 50 mg	tier 1	QLC (6 tabs/day)
LEXAPRO (*escitalopram oxalate*) 10 MG TAB	tier 3	QLC (4 tabs/day)
LEXAPRO (*escitalopram oxalate*) 20 MG TAB	tier 3	QLC (2 tabs/day)
LEXAPRO (*escitalopram oxalate*) 5 MG TAB	tier 3	QLC (8 tabs/day)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	tier 1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	tier 1	QLC (30 ml/day)
paroxetine hcl tab 10 mg	tier 1	
paroxetine hcl tab 20 mg	tier 1	
paroxetine hcl tab 30 mg	tier 1	
paroxetine hcl tab 40 mg	tier 1	
paroxetine hcl tab er 24hr 12.5 mg (PAROXETINE HCL ER)	tier 1	
paroxetine hcl tab er 24hr 25 mg (PAROXETINE HCL ER)	tier 1	
paroxetine hcl tab er 24hr 37.5 mg (PAROXETINE HCL ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
paroxetine mesylate cap 7.5 mg (base equiv)	tier 1	QLC (1 cap/day)
PAXIL (*paroxetine hcl*) (10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB)	tier 3	
PAXIL (*paroxetine hcl*) 10 MG/5ML SUSPENSION	tier 3	QLC (30 ml/day)
PAXIL CR (*paroxetine hcl*) (12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H)	tier 3	
PEXEVA (*paroxetine mesylate*) (10 MG TAB, 20 MG TAB, 40 MG TAB)	tier 3	PA, QLC (1 tab/day)
PEXEVA (*paroxetine mesylate*) 30 MG TAB	tier 3	PA, QLC (2 tabs/day)
PRISTIQ (*desvenlafaxine succinate*) (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H)	tier 3	QLC (1 tab/day)
PROZAC (*fluoxetine hcl*) (10 MG CAP, 20 MG CAP, 40 MG CAP)	tier 3	
RALDESY (*trazodone hcl*) 10 MG/ML SOLUTION	tier 3	PA, QLC (40ml/day)
SERTRALINE HCL (150 MG CAP, 200 MG CAP)	tier 3	QLC (1 cap/day)
sertraline hcl cap 150 mg	tier 1	QLC (1 cap/day)
sertraline hcl cap 200 mg	tier 1	QLC (1 cap/day)
sertraline hcl oral concentrate for solution 20 mg/ml	tier 1	
sertraline hcl tab 100 mg	tier 1	
sertraline hcl tab 25 mg	tier 1	
sertraline hcl tab 50 mg	tier 1	
trazodone hcl tab 100 mg	tier 1	
trazodone hcl tab 150 mg	tier 1	
trazodone hcl tab 300 mg	tier 1	
trazodone hcl tab 50 mg	tier 1	
TRINTELLIX (*vortioxetine hbr*) (5 MG TAB, 10 MG TAB, 20 MG TAB)	tier 3	ST, QLC (1 tab/day)
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	tier 3	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	tier 1	QLC (2 caps/day)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	tier 1	QLC (2 caps/day)
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	tier 1	QLC (3 caps/day)
venlafaxine hcl tab 100 mg (base equivalent)	tier 1	
venlafaxine hcl tab 25 mg (base equivalent)	tier 1	
venlafaxine hcl tab 37.5 mg (base equivalent)	tier 1	
venlafaxine hcl tab 50 mg (base equivalent)	tier 1	
venlafaxine hcl tab 75 mg (base equivalent)	tier 1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	tier 1	QLC (1 tab/day)
venlafaxine hcl tab er 24hr 225 mg (base equivalent) (VENLAFAXINE HCL ER)	tier 3	QLC (1 tab/day)
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	tier 1	QLC (1 tab/day)
venlafaxine hcl tab er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	tier 1	QLC (1 tab/day)
VIIBRYD (*vilazodone hcl*) (10 MG TAB, 20 MG TAB, 40 MG TAB)	tier 3	ST, QLC (1 tab/day)
VIIBRYD STARTER PACK (*vilazodone hcl*) 10 & 20 MG KIT	tier 3	ST, QLC (1 pack (30 tabs)/30 days; 2 fills/year)
vilazodone hcl tab 10 mg	tier 1	ST, QLC (1 tab/day)
vilazodone hcl tab 20 mg	tier 1	ST, QLC (1 tab/day)
vilazodone hcl tab 40 mg	tier 1	ST, QLC (1 tab/day)
ZOLOFT (*sertraline hcl*) (20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	

TRICYCLICS

amitriptyline hcl tab 10 mg	tier 1	
amitriptyline hcl tab 100 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amitriptyline hcl tab 150 mg	tier 1	
amitriptyline hcl tab 25 mg	tier 1	
amitriptyline hcl tab 50 mg	tier 1	
amitriptyline hcl tab 75 mg	tier 1	
amoxapine tab 100 mg	tier 1	
amoxapine tab 150 mg	tier 1	
amoxapine tab 25 mg	tier 1	
amoxapine tab 50 mg	tier 1	
ANAFRANIL (*clomipramine hcl*) (25 MG CAP, 50 MG CAP, 75 MG CAP)	tier 3	
clomipramine hcl cap 25 mg	tier 1	
clomipramine hcl cap 50 mg	tier 1	
clomipramine hcl cap 75 mg	tier 1	
desipramine hcl tab 10 mg	tier 1	
desipramine hcl tab 100 mg	tier 1	
desipramine hcl tab 150 mg	tier 1	
desipramine hcl tab 25 mg	tier 1	
desipramine hcl tab 50 mg	tier 1	
desipramine hcl tab 75 mg	tier 1	
DOXEPIN HCL 10 MG/ML CONC	tier 1	
doxepin hcl cap 10 mg	tier 1	
doxepin hcl cap 100 mg	tier 1	
doxepin hcl cap 150 mg	tier 1	
doxepin hcl cap 25 mg	tier 1	
doxepin hcl cap 50 mg	tier 1	
doxepin hcl cap 75 mg	tier 1	
doxepin hcl conc 10 mg/ml	tier 1	
imipramine hcl tab 10 mg	tier 1	
imipramine hcl tab 25 mg	tier 1	
imipramine hcl tab 50 mg	tier 1	
imipramine pamoate cap 100 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
imipramine pamoate cap 125 mg	tier 1	
imipramine pamoate cap 150 mg	tier 1	
imipramine pamoate cap 75 mg	tier 1	
NORPRAMIN (*desipramine hcl*) (10 MG TAB, 25 MG TAB)	tier 3	
nortriptyline hcl cap 10 mg	tier 1	
nortriptyline hcl cap 25 mg	tier 1	
nortriptyline hcl cap 50 mg	tier 1	
nortriptyline hcl cap 75 mg	tier 1	
nortriptyline hcl soln 10 mg/5ml	tier 1	
PAMELOR (*nortriptyline hcl*) (10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP)	tier 3	
protriptyline hcl tab 10 mg	tier 1	
protriptyline hcl tab 5 mg	tier 1	
trimipramine maleate cap 100 mg	tier 1	
trimipramine maleate cap 25 mg	tier 1	
trimipramine maleate cap 50 mg	tier 1	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

BONJESTA (*doxylamine-pyridoxine*) 20-20 MG TAB ER	tier 3	PA, QLC (2 tabs/day)
DICLEGIS (*doxylamine-pyridoxine*) 10-10 MG TAB DR	tier 3	QLC (4 tabs/day)
doxylamine-pyridoxine tab delayed release 10-10 mg	tier 1	QLC (4 tabs/day)
GIMOTI (*metoclopramide hcl*) 15 MG/ACT SOLUTION	tier 3	PA, QLC (19.6 ml (2 bottles)/ 84 days)
METOCLOPRAMIDE HCL (5 MG TAB DISP, 10 MG TAB DISP)	tier 1	PA, QLC (4 tabs/day)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml	tier 1	
metoclopramide hcl tab 10 mg (base equivalent)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metoclopramide hcl tab 5 mg (base equivalent)	tier 1	
perphenazine tab 16 mg	tier 1	
perphenazine tab 2 mg	tier 1	
perphenazine tab 4 mg	tier 1	
perphenazine tab 8 mg	tier 1	
prochlorperazine maleate tab 10 mg (base equivalent)	tier 1	
prochlorperazine maleate tab 5 mg (base equivalent)	tier 1	
prochlorperazine suppos 25 mg	tier 1	
prochlorperazine suppos 25 mg (Compro)	tier 1	
promethazine hcl suppos 12.5 mg	tier 1	
promethazine hcl suppos 12.5 mg (Promethegan)	tier 1	
promethazine hcl suppos 25 mg	tier 1	
promethazine hcl suppos 25 mg (Promethegan)	tier 1	
promethazine hcl tab 12.5 mg	tier 1	
promethazine hcl tab 25 mg	tier 1	
promethazine hcl tab 50 mg	tier 1	
PROMETHEGAN (*promethazine hcl*) 50 MG SUPPOS	tier 1	QLC (1 suppository/day)
REGLAN (*metoclopramide hcl*) (5 MG TAB, 10 MG TAB)	tier 3	
scopolamine td patch 72hr 1 mg/3days	tier 1	
TRANSDERM SCOP (*scopolamine*) 1 MG/3DAYS PATCH 72HR	tier 3	
TRANSDERM-SCOP (*scopolamine*) 1 MG/3DAYS PATCH 72HR	tier 3	
trimethobenzamide hcl cap 300 mg	tier 1	
EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)		
AKYNZEO (*netupitant-palonosetron*) 300-0.5 MG CAP	tier 3	QLC (4 caps/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANZEMET (*dolasetron mesylate*) 100 MG TAB	tier 2	QLC (1 tab/fill)
ANZEMET (*dolasetron mesylate*) 50 MG TAB	tier 2	QLC (2 tabs/fill)
aprepitant capsule 125 mg	tier 1	QLC (4 caps/28 days)
aprepitant capsule 40 mg	tier 1	QLC (1 cap/month)
aprepitant capsule 80 mg	tier 1	QLC (8 caps/28 days)
aprepitant capsule therapy pack 80 & 125 mg	tier 1	QLC (12 caps/28 days)
dronabinol cap 10 mg	tier 1	QLC (6 caps/day)
dronabinol cap 2.5 mg	tier 1	QLC (6 caps/day)
dronabinol cap 5 mg	tier 1	QLC (6 caps/day)
EMEND (*aprepitant*) 125 MG/5ML RECON SUSP	tier 3	PA, QLC (12 packets/28 days)
EMEND BIPACK (*aprepitant*) 80 MG CAP	tier 3	QLC (8 caps/28 days)
EMEND TRI-PACK (*aprepitant*) 80 & 125 MG CAP	tier 3	QLC (12 caps/28 days)
granisetron hcl tab 1 mg	tier 1	QLC (12 tabs/30 days)
MARINOL (*dronabinol*) (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	tier 3	QLC (6 caps/day)
ONDANSETRON 16 MG TAB DISP	tier 1	PA, QLC (1 tab/30 days)
ONDANSETRON HCL 24 MG TAB	tier 1	QLC (1 tab/30 days)
ondansetron hcl oral soln 4 mg/5ml	tier 1	QLC (1 bottle (50 ml)/ 30 days)
ondansetron hcl tab 4 mg	tier 1	QLC (6 tabs/day)
ondansetron hcl tab 8 mg	tier 1	QLC (3 tabs/day)
ondansetron orally disintegrating tab 4 mg	tier 1	QLC (6 tabs/day)
ondansetron orally disintegrating tab 8 mg	tier 1	QLC (3 tabs/day)
SANCUSO (*granisetron*) 3.1 MG/24HR PATCH	tier 3	PA, QLC (2 patches/28 days)
SYNDROS (*dronabinol*) 5 MG/ML SOLUTION	tier 4	PA, QLC (4 bottles/month)
VARUBI (180 MG DOSE) (*rolapitant hcl*) 2 X 90 TAB THPK	tier 3	LA, QLC (2 tabs/14 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOFRAN (*ondansetron hcl*) 4 MG TAB	tier 3	QLC (6 tabs/day)
ANTIFUNGALS (Drugs for Fungal Infections)		
ANTIFUNGALS		
ANCOBON (*flucytosine*) (250 MG CAP, 500 MG CAP)	tier 3	
clotrimazole troche 10 mg	tier 1	
CRESEMBA (*isavuconazonium sulfate*) 186 MG CAP	tier 4	PA, QLC (2 caps/day)
CRESEMBA (*isavuconazonium sulfate*) 74.5 MG CAP	tier 4	PA, QLC (5 caps/day)
DIFLUCAN (*fluconazole*) (10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	tier 3	
ECONAZOLE NITRATE 1 % FOAM	tier 3	ST, QLC (1 bottle(70g)/30 days)
econazole nitrate cream 1%	tier 1	
ERTACZO (*sertaconazole nitrate*) 2 % CREAM	tier 3	ST, QLC (1 tube/fill)
EXELDERM (*sulconazole nitrate*) (1 % CREAM, 1 % SOLUTION)	tier 3	
EXTINA (*ketoconazole (topical)*) 2 % FOAM	tier 3	ST
fluconazole for susp 10 mg/ml	tier 1	
fluconazole for susp 40 mg/ml	tier 1	
fluconazole tab 100 mg	tier 1	
fluconazole tab 150 mg	tier 1	
fluconazole tab 200 mg	tier 1	
fluconazole tab 50 mg	tier 1	
flucytosine cap 250 mg	tier 1	
flucytosine cap 500 mg	tier 1	
FULVICIN P/G 165 (*griseofulvin ultramicrosize*) MG TAB	tier 1	PA, QLC (2 tabs/day)
griseofulvin microsize susp 125 mg/5ml	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
griseofulvin microsize tab 500 mg	tier 1	
GRISEOFULVIN ULTRAMICROSIZE 165 MG TAB	tier 1	PA, QLC (2 tabs/day)
griseofulvin ultramicrosize tab 125 mg	tier 1	
griseofulvin ultramicrosize tab 250 mg	tier 1	
GYNAZOLE-1 (*butoconazole nitrate (one dose)*) 2 % CREAM	tier 1	
itraconazole cap 100 mg	tier 1	QLC (4 caps/day)
itraconazole oral soln 10 mg/ml	tier 1	PA
JUBLIA (*efinaconazole*) 10 % SOLUTION	tier 3	PA, QLC (1 bottle (4ml)/month)
KERYDIN (*tavaborole*) 5 % SOLUTION	tier 3	PA, QLC (10 ml/30 days)
ketoconazole cream 2%	tier 1	
ketoconazole foam 2%	tier 1	ST
ketoconazole foam 2% (Ketodan)	tier 1	ST
ketoconazole shampoo 2%	tier 1	
ketoconazole tab 200 mg	tier 1	
LULICONAZOLE 1 % CREAM	tier 1	ST, QLC (1 bottle/month)
LUZU (*luliconazole*) 1 % CREAM	tier 3	ST, QLC (1 bottle/month)
MICONAZOLE 3 (*miconazole nitrate vaginal*) 200 MG SUPPOS	tier 1	
MICONAZOLE-ZINC OXIDE-PETROLAT (*miconazole-zinc oxide-white petrolatum*) 0.25-15-81.35 % OINTMENT	tier 1	ST
NAFTIFINE HCL 1 % CREAM	tier 1	ST
naftifine hcl cream 2%	tier 1	ST
naftifine hcl gel 1%	tier 1	ST
naftifine hcl gel 2%	tier 1	ST
NAFTIN (*naftifine hcl*) (1 % GEL, 2 % GEL)	tier 3	ST
NOXAFIL (*posaconazole*) 100 MG TAB DR	tier 3	PA, QLC (3 tabs/day)
NOXAFIL (*posaconazole*) 300 MG PACKET	tier 3	PA, QLC (1 packet/day)
NOXAFIL (*posaconazole*) 40 MG/ML SUSPENSION	tier 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nystatin cream 100000 unit/gm	tier 1	
nystatin oint 100000 unit/gm	tier 1	
nystatin susp 100000 unit/ml	tier 1	
nystatin tab 500000 unit	tier 1	
nystatin topical powder 100000 unit/gm	tier 1	
nystatin topical powder 100000 unit/gm (Klayesta)	tier 1	
nystatin topical powder 100000 unit/gm (Nyamyc)	tier 1	
nystatin topical powder 100000 unit/gm (Nystop)	tier 1	
oxiconazole nitrate cream 1%	tier 1	ST
OXISTAT (*oxiconazole nitrate*) (1 % CREAM, 1 % LOTION)	tier 3	ST
posaconazole susp 40 mg/ml	tier 1	PA
posaconazole tab delayed release 100 mg	tier 1	PA, QLC (3 tabs/day)
SPORANOX (*itraconazole*) 10 MG/ML SOLUTION	tier 3	PA
SPORANOX (*itraconazole*) 100 MG CAP	tier 3	QLC (4 caps/day)
SPORANOX PULSEPAK (*itraconazole*) 100 MG CAP	tier 3	QLC (4 caps/day)
tavaborole soln 5%	tier 1	PA, QLC (10 ml/30 days)
terbinafine hcl tab 250 mg	tier 1	QLC (30 tabs/month)
terconazole vaginal cream 0.4%	tier 1	
terconazole vaginal cream 0.8%	tier 1	
terconazole vaginal suppos 80 mg	tier 1	
TOLSURA (*itraconazole*) 65 MG CAP	tier 4	PA, QLC (4 caps/day)
VFEND (*voriconazole*) (40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB)	tier 3	PA
VIVJOA (*oteseconazole*) 150 MG CAP THPK	tier 3	PA, LA, QLC (18 caps/84 days)
voriconazole for susp 40 mg/ml	tier 1	PA
voriconazole tab 200 mg	tier 1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
voriconazole tab 50 mg	tier 1	PA
VUSION (*miconazole-zinc oxide-white petrolatum*) 0.25-15-81.35 % OINTMENT	tier 3	ST
XOLEGEL (*ketoconazole (topical)*) 2 %	tier 3	ST

ANTIGOUT AGENTS (Drugs for Gout)

ANTIGOUT AGENTS

allopurinol tab 100 mg	tier 1	
allopurinol tab 200 mg	tier 1	PA, QLC (4 tabs/day)
allopurinol tab 300 mg	tier 1	
colchicine cap 0.6 mg	tier 1	QLC (2 caps/day)
colchicine tab 0.6 mg	tier 1	QLC (4 tabs/day)
colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID)	tier 1	
COLCRYS (*colchicine*) 0.6 MG TAB	tier 3	QLC (4 tabs/day)
febuxostat tab 40 mg	tier 1	ST, QLC (1 tab/day)
febuxostat tab 80 mg	tier 1	ST, QLC (1 tab/day)
GLOPERBA (*colchicine*) 0.6 MG/5ML SOLUTION	tier 3	PA, QLC (10 ml/day)
MITIGARE (*colchicine*) 0.6 MG CAP	tier 3	QLC (2 caps/day)
probenecid tab 500 mg	tier 1	
ULORIC (*febuxostat*) (40 MG TAB, 80 MG TAB)	tier 3	ST, QLC (1 tab/day)
ZYLOPRIM (*allopurinol*) (100 MG TAB, 300 MG TAB)	tier 3	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (*erenumab-aooe*) 140 MG/ML SOLN A-INJ	tier 2	PA, QLC (1 injection/28 days)
AIMOVIG (*erenumab-aooe*) 70 MG/ML SOLN A-INJ	tier 2	PA, QLC (1 injection/28 days)
AJOVY (*fremanezumab-vfrm*) 225 MG/1.5ML SOLN A-INJ	tier 3	PA, QLC (3 autoinjectors/84 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AJOVY (*fremanezumab-vfrm*) 225 MG/1.5ML SOLN PRSYR	tier 3	PA, QLC (3 syringes/84 days)
EMGALITY (300 MG DOSE) (*galcanezumab-gnlm*) 100 /ML SOLN PRSYR	tier 2	PA, QLC (3 syringes/30 days)
EMGALITY (*galcanezumab-gnlm*) 120 MG/ML SOLN A-INJ	tier 2	PA, QLC (1 pen injector/30 days)
EMGALITY (*galcanezumab-gnlm*) 120 MG/ML SOLN PRSYR	tier 2	PA, QLC (1 syringe/30 days)
NURTEC (*rimegepant sulfate*) 75 MG TAB DISP	tier 2	PA, QLC (16 tabs/30 days)
QULIPTA (*atogepant*) (10 MG TAB, 30 MG TAB, 60 MG TAB)	tier 3	PA, QLC (1 tab/day)
UBRELVY (*ubrogepant*) (50 MG TAB, 100 MG TAB)	tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)
ZAVZPRET (*zavegepant hcl*) 10 MG/ACT SOLUTION	tier 3	PA, QLC (6 sprayers/30 days)
ERGOT ALKALOIDS (Drugs for Acute Migraine)		
BREKIYA (*dihydroergotamine mesylate*) 1 MG/ML SOLN A-INJ	tier 4	PA, LA, QLC (24ml (24 doses)/28 days)
CAFERGOT (*ergotamine w/ caffeine*) 1-100 MG TAB	tier 3	QLC (10 tabs/week)
D.H.E. 45 (*dihydroergotamine mesylate*) 1 MG/ML SOLUTION	tier 3	PA, QLC (24 ml/28 days)
dihydroergotamine mesylate inj 1 mg/ml	tier 1	PA, QLC (24 ml/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml	tier 1	PA, QLC (8 vials/month)
ERGOMAR (*ergotamine tartrate*) 2 MG SL TAB	tier 3	QLC (20 tabs/28 days)
ERGOTAMINE-CAFFEINE (*ergotamine w/ caffeine*) 1-100 MG TAB	tier 1	QLC (10 tabs/week)
MIGERGOT (*ergotamine w/ caffeine*) 2-100 MG SUPPOS	tier 1	QLC (5 suppositories/week)
MIGRANAL (*dihydroergotamine mesylate*) 4 MG/ML SOLUTION	tier 3	PA, QLC (8 vials/month)
TRUDHESA (*dihydroergotamine mesylate hfa*) 0.725 MG/ACT AERO SOLN	tier 3	PA, QLC (12 ml/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)		
almotriptan malate tab 12.5 mg	tier 1	ST, QLC (24 tabs/month)
almotriptan malate tab 6.25 mg	tier 1	ST, QLC (24 tabs/month)
AMERGE (*naratriptan hcl*) (1 MG TAB, 2.5 MG TAB)	tier 3	QLC (18 tabs/month)
eletriptan hydrobromide tab 20 mg (base equivalent)	tier 1	QLC (18 tabs/month)
eletriptan hydrobromide tab 40 mg (base equivalent)	tier 1	QLC (18 tabs/month)
FROVA (*frovatriptan succinate*) 2.5 MG TAB	tier 3	ST, QLC (27 tabs/month)
frovatriptan succinate tab 2.5 mg (base equivalent)	tier 1	ST, QLC (27 tabs/month)
IMITREX (*sumatriptan succinate*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	QLC (18 tabs/month)
IMITREX (*sumatriptan succinate*) 6 MG/0.5ML SOLUTION	tier 3	QLC (8 injections/30 days)
IMITREX (*sumatriptan*) (5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION)	tier 3	QLC (18 doses/month)
IMITREX STATDOSE REFILL (*sumatriptan succinate*) 4 MG/0.5ML SOLN CART	tier 3	QLC (12 injections/30 days)
IMITREX STATDOSE REFILL (*sumatriptan succinate*) 6 MG/0.5ML SOLN CART	tier 3	QLC (8 injections/30 days)
IMITREX STATDOSE SYSTEM (*sumatriptan succinate*) 4 MG/0.5ML SOLN A-INJ	tier 3	QLC (12 injections/30 days)
IMITREX STATDOSE SYSTEM (*sumatriptan succinate*) 6 MG/0.5ML SOLN A-INJ	tier 3	QLC (8 injections/30 days)
MAXALT (*rizatriptan benzoate*) 10 MG TAB	tier 3	QLC (24 tabs/month)
MAXALT-MLT (*rizatriptan benzoate*) 10 MG TAB DISP	tier 3	QLC (24 tabs/month)
naratriptan hcl tab 1 mg (base equiv)	tier 1	QLC (18 tabs/month)
naratriptan hcl tab 2.5 mg (base equiv)	tier 1	QLC (18 tabs/month)
ONZETRA XSAIL (*sumatriptan succinate*) 11 MG/NOSEPC EXHP	tier 3	PA, QLC (1 box/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELPAX (*eletriptan hydrobromide*) (20 MG TAB, 40 MG TAB)	tier 3	QLC (18 tabs/month)
REYVOW (*lasmiditan succinate*) (50 MG TAB, 100 MG TAB)	tier 3	PA, QLC (8 tabs/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	tier 1	QLC (24 tabs/month)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	tier 1	QLC (24 tabs/month)
rizatriptan benzoate tab 10 mg (base equivalent)	tier 1	QLC (24 tabs/month)
rizatriptan benzoate tab 5 mg (base equivalent)	tier 1	QLC (24 tabs/month)
sumatriptan nasal spray 20 mg/act	tier 1	QLC (18 nasal sprays/month)
sumatriptan nasal spray 5 mg/act	tier 1	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	tier 1	QLC (8 injections/30 days)
sumatriptan succinate inj 6 mg/0.5ml	tier 1	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	tier 1	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	tier 1	QLC (8 injections/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	tier 1	QLC (12 injections/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	tier 1	QLC (8 injections/30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	tier 1	QLC (8 injections/30 days)
sumatriptan succinate tab 100 mg	tier 1	QLC (18 tabs/month)
sumatriptan succinate tab 25 mg	tier 1	QLC (18 tabs/month)
sumatriptan succinate tab 50 mg	tier 1	QLC (18 tabs/month)
sumatriptan-naproxen sodium tab 85-500 mg	tier 1	PA, QLC (9 tabs/month)
SYMBRAVO (*meloxicam-rizatriptan*) 20-10 MG TAB	tier 3	PA, QLC (9 tabs/30 days)
TOSYMRA (*sumatriptan*) 10 MG/ACT SOLUTION	tier 3	PA, QLC (12 bottles/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TREXIMET (*sumatriptan-naproxen sodium*) 85-500 MG TAB	tier 3	PA, QLC (9 tabs/month)
ZEMBRACE SYMTOUCH (*sumatriptan succinate*) 3 MG/0.5ML SOLN A-INJ	tier 3	ST, QLC (16 injections/30 days)
ZOLMITRIPTAN 2.5 MG SOLUTION	tier 3	ST, QLC (18 doses/month)
zolmitriptan nasal spray 5 mg/spray unit mg/	tier 1	ST, QLC (18 doses/month)
zolmitriptan orally disintegrating tab 2.5 mg	tier 1	QLC (18 tabs/month)
zolmitriptan orally disintegrating tab 5 mg	tier 1	QLC (18 tabs/month)
zolmitriptan tab 2.5 mg	tier 1	QLC (18 tabs/month)
zolmitriptan tab 2.5 mg (Zomig)	tier 3	QLC (18 tabs/month)
zolmitriptan tab 5 mg	tier 1	QLC (18 tabs/month)
zolmitriptan tab 5 mg (Zomig)	tier 3	QLC (18 tabs/month)
ZOMIG (*zolmitriptan*) (2.5 MG SOLUTION, 5 MG SOLUTION)	tier 3	ST, QLC (18 doses/month)
ZOMIG (*zolmitriptan*) (2.5 MG TAB, 5 MG TAB)	tier 3	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

MESTINON (*pyridostigmine bromide*) 180 MG TAB ER	tier 3	QLC (6 tabs/day)
MESTINON (*pyridostigmine bromide*) 60 MG TAB	tier 3	QLC (25 tabs/day)
MESTINON (*pyridostigmine bromide*) 60 MG/5ML SOLUTION	tier 3	QLC (50 ml/day)
PYRIDOSTIGMINE BROMIDE 30 MG TAB	tier 1	QLC (6 tabs/day)
pyridostigmine bromide oral soln 60 mg/5ml	tier 1	QLC (50 ml/day)
pyridostigmine bromide tab 60 mg	tier 1	QLC (25 tabs/day)
pyridostigmine bromide tab er 180 mg (PYRIDOSTIGMINE BROMIDE ER)	tier 1	QLC (6 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYVGART HYTRULO (*efgartigimod alfa and hyaluronidase-qvfc*) 1000-10000 MG-UNT/5ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week)
ZILBRYSQ (*zilucoplan sodium*) (16.6 MG/0.416ML SOLN PRSYR, 23 MG/0.574ML SOLN PRSYR, 32.4 MG/0.81ML SOLN PRSYR)	tier 4	PA, LA, QLC (one syringe/day)
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)		
ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)		
dapsone tab 100 mg	tier 1	
dapsone tab 25 mg	tier 1	
MYCOBUTIN (*rifabutin*) 150 MG CAP	tier 3	
rifabutin cap 150 mg	tier 1	
ANTITUBERCULARS (Drugs for Tuberculosis)		
CYCLOSERINE 250 MG CAP	tier 3	
ethambutol hcl tab 100 mg	tier 1	
ethambutol hcl tab 400 mg	tier 1	
isoniazid syrup 50 mg/5ml	tier 1	
isoniazid tab 100 mg	tier 1	
isoniazid tab 300 mg	tier 1	
MYAMBUTOL (*ethambutol hcl*) 400 MG TAB	tier 3	
PASER (*aminosalicylic acid*) 4 GM PACKET	tier 3	
PRETOMANID 200 MG TAB	tier 3	QLC (1 tab/day)
PRIFTIN (*rifapentine*) 150 MG TAB	tier 2	
pyrazinamide tab 500 mg	tier 1	
rifampin cap 150 mg	tier 1	
rifampin cap 300 mg	tier 1	
SIRTURO (*bedaquiline fumarate*) 100 MG TAB	tier 4	PA, LA, QLC (24 tabs/28 days, max 188 tabs/168 days)
SIRTURO (*bedaquiline fumarate*) 20 MG TAB	tier 4	PA, LA, QLC (120 tabs/28 days, max 940 tabs/168 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRECATOR (*ethionamide*) 250 MG TAB	tier 3	
ANTINEOPLASTICS (Drugs for Cancer)		
ALKYLATING AGENTS		
ALKERAN (*melphalan*) 2 MG TAB	tier 3	OAC
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	tier 2	OAC
cyclophosphamide cap 25 mg	tier 2	OAC
cyclophosphamide cap 50 mg	tier 2	OAC
GLEOSTINE (*lomustine*) (10 MG CAP, 40 MG CAP, 100 MG CAP)	tier 4	S (Specialty Drug), OAC
LEUKERAN (*chlorambucil*) 2 MG TAB	tier 2	OAC
lomustine cap 10 mg	tier 4	S (Specialty Drug), OAC
lomustine cap 100 mg	tier 4	S (Specialty Drug), OAC
lomustine cap 40 mg	tier 4	S (Specialty Drug), OAC
MATULANE (*procarbazine hcl*) 50 MG CAP	tier 2	LA, OAC
MELPHALAN 2 MG TAB	tier 1	OAC
MYLERAN (*busulfan*) 2 MG TAB	tier 2	OAC
TEMODAR (*temozolomide*) (100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP)	tier 4	S (Specialty Drug), OAC
temozolomide cap 100 mg	tier 4	S (Specialty Drug), OAC
temozolomide cap 140 mg	tier 4	S (Specialty Drug), OAC
temozolomide cap 180 mg	tier 4	S (Specialty Drug), OAC
temozolomide cap 20 mg	tier 4	S (Specialty Drug), OAC
temozolomide cap 250 mg	tier 4	S (Specialty Drug), OAC
temozolomide cap 5 mg	tier 4	S (Specialty Drug), OAC
ANTIANDROGENS		
abiraterone acetate tab 250 mg	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
abiraterone acetate tab 250 mg (Abirtega)	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
abiraterone acetate tab 500 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
bicalutamide tab 50 mg	tier 1	OAC
CASODEX (*bicalutamide*) 50 MG TAB	tier 3	OAC
ERLEADA (*apalutamide*) 240 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA (*apalutamide*) 60 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
EULEXIN (*flutamide*) 125 MG CAP	tier 4	OAC
FLUTAMIDE 125 MG CAP	tier 1	OAC
NILANDRON (*nilutamide*) 150 MG TAB	tier 4	QLC (1 tab/day), OAC
nilutamide tab 150 mg	tier 4	QLC (1 tab/day), OAC
NUBEQA (*darolutamide*) 300 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
ORSERDU (*elacestrant hydrochloride*) 345 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC, SF
ORSERDU (*elacestrant hydrochloride*) 86 MG TAB	tier 4	PA, LA, QLC (3 tabs/day), OAC, SF
XTANDI (*enzalutamide*) 40 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
XTANDI (*enzalutamide*) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
XTANDI (*enzalutamide*) 80 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
YONSA (*abiraterone acetate*) 125 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
ZYTIGA (*abiraterone acetate*) 250 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
ZYTIGA (*abiraterone acetate*) 500 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
ANTIANGIOGENIC AGENTS		
lenalidomide cap 10 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
lenalidomide cap 15 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
lenalidomide cap 20 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lenalidomide cap 25 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
lenalidomide cap 5 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
lenalidomide caps 2.5 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
POMALYST (*pomalidomide*) (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (*lenalidomide*) (2.5 MG CAP, 20 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (*lenalidomide*) (5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
THALOMID (*thalidomide*) (150 MG CAP, 200 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC
THALOMID (*thalidomide*) (50 MG CAP, 100 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
ANTIESTROGENS/MODIFIERS		
EMCYT (*estramustine phosphate sodium*) 140 MG CAP	tier 2	OAC
FARESTON (*toremifene citrate*) 60 MG TAB	tier 3	OAC
INLURIYO (*imlunestrant tosylate*) 200 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
SOLTAMOX (*tamoxifen citrate*) 10 MG/5ML SOLUTION	tier 3	OAC
tamoxifen citrate tab 10 mg (base equivalent)	tier 1	ACA (Preventive Health), OAC
tamoxifen citrate tab 20 mg (base equivalent)	tier 1	ACA (Preventive Health), OAC
toremifene citrate tab 60 mg (base equivalent)	tier 1	OAC
ANTIMETABOLITES		
capecitabine tab 150 mg	tier 4	S (Specialty Drug), OAC
capecitabine tab 500 mg	tier 4	S (Specialty Drug), OAC
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	tier 4	AL1 (Up to 10 yrs old), S (Specialty Drug), QLC (1 bottle/month), OAC
mercaptopurine tab 50 mg	tier 1	OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ONUREG (*azacitidine*) (200 MG TAB, 300 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (14 tabs/28 days), OAC
PURIXAN (*mercaptopurine*) 2000 MG/100ML SUSPENSION	tier 4	LA, AL1 (Up to 10 yrs old), S (Specialty Drug), QLC (1 bottle/month), OAC
TABLOID (*thioguanine*) LOID 40 MG	tier 2	OAC
XELODA (*capecitabine*) (150 MG TAB, 500 MG TAB)	tier 4	LA, S (Specialty Drug), OAC
ANTINEOPLASTICS, OTHER (Other Drugs for Cancer) (Other drugs for Cancer)		
AKEEGA (*niraparib tosylate-abiraterone acetate*) (50-500 MG TAB, 100-500 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
AUGTYRO (*repotrectinib*) 160 MG CAP	tier 4	PA, LA, QLC (2 caps/day), OAC, SF
AUGTYRO (*repotrectinib*) 40 MG CAP	tier 4	PA, LA, QLC (8 caps/day), OAC, SF
FRUZAQLA (*fruquintinib*) 1 MG CAP	tier 4	PA, LA, QLC (84 caps/28 days), OAC
FRUZAQLA (*fruquintinib*) 5 MG CAP	tier 4	PA, LA, QLC (21 caps/28 days), OAC
HYDREA (*hydroxyurea*) 500 MG CAP	tier 3	OAC
hydroxyurea cap 500 mg	tier 1	OAC
INQOVI (*decitabine-cedazuridine*) 35-100 MG	tier 4	PA, LA, S (Specialty Drug), QLC (5 tabs/28 days), OAC
IWILFIN (*eflornithine hydrochloride*) 192 MG TAB	tier 4	PA, LA, QLC (8 tabs/day), OAC
leucovorin calcium tab 10 mg	tier 1	OAC
leucovorin calcium tab 15 mg	tier 1	OAC
leucovorin calcium tab 25 mg	tier 1	OAC
leucovorin calcium tab 5 mg	tier 1	OAC
LONSURF (*trifluridine-tipiracil*) 15-6.14 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (100 tabs/28 days), OAC
LONSURF (*trifluridine-tipiracil*) 20-8.19 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (80 tabs/28 days), OAC
LYSODREN (*mitotane*) 500 MG TAB	tier 2	LA, OAC, SF
MODEYSO (*dordaviprone hcl*) 125 MG CAP	tier 4	PA, LA, QLC (20 caps/28 days), OAC
OJJAARA (*momelotinib dihydrochloride*) (100 MG TAB, 150 MG TAB, 200 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
QINLOCK (*ripretinib*) 50 MG TAB	tier 4	PA, LA, QLC (3 tabs/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WELIREG (*belzutifan*) 40 MG TAB	tier 4	PA, LA, QLC (3 tabs/day), OAC, SF
ZOLINZA (*vorinostat*) 100 MG CAP	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole tab 1 mg	tier 1	ACA (Preventive Health), OAC
ARIMIDEX (*anastrozole*) 1 MG TAB	tier 3	OAC
AROMASIN (*exemestane*) 25 MG TAB	tier 3	OAC
exemestane tab 25 mg	tier 1	OAC
FEMARA (*letrozole*) 2.5 MG TAB	tier 3	OAC
letrozole tab 2.5 mg	tier 1	OAC
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK (*avutometinib-defactinib*) 0.8 & 200 MG THER	tier 4	PA, LA, QLC (66 tabs/28 days), OAC
ENSACOVE (*ensartinib hcl*) 100 MG CAP	tier 4	PA, LA, QLC (2 caps/day), OAC
ENSACOVE (*ensartinib hcl*) 25 MG CAP	tier 4	PA, LA, QLC (1 cap/day), OAC
ETOPOSIDE 50 MG CAP	tier 4	OAC
HYCAMTIN (*topotecan hcl*) (0.25 MG CAP, 1 MG CAP)	tier 4	S (Specialty Drug), OAC
LAZCLUZE (*lazertinib mesylate*) 240 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC, SF
LAZCLUZE (*lazertinib mesylate*) 80 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
OJEMDA (*tovorafenib*) 100 MG TAB	tier 4	PA, LA, QLC (24 tabs/28 days), OAC
OJEMDA (*tovorafenib*) 25 MG/ML RECON SUSP	tier 4	PA, LA, QLC (96 ml/28 days), OAC
TRUQAP (*capivasertib*) (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	tier 4	PA, LA, QLC (64 tabs/28 days), OAC
MOLECULAR TARGET INHIBITORS		
AFINITOR (*everolimus*) (2.5 MG TAB, 5 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
AFINITOR (*everolimus*) (7.5 MG TAB, 10 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AFINITOR DISPERZ (*everolimus*) 2 MG TAB SOL	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
AFINITOR DISPERZ (*everolimus*) 3 MG TAB SOL	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
AFINITOR DISPERZ (*everolimus*) 5 MG TAB SOL	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
ALECENSA (*alectinib hcl*) 150 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
ALUNBRIG (*brigatinib*) (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC, SF
ALUNBRIG (*brigatinib*) 30 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
AYVAKIT (*avapritinib*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC, SF
BALVERSA (*erdafitinib*) 3 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
BALVERSA (*erdafitinib*) 4 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
BALVERSA (*erdafitinib*) 5 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
BOSULIF (*bosutinib*) (400 MG TAB, 500 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
BOSULIF (*bosutinib*) 100 MG CAP	tier 4	PA, S (Specialty Drug), QLC (6 caps/day), OAC
BOSULIF (*bosutinib*) 100 MG TAB	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
BOSULIF (*bosutinib*) 50 MG CAP	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
BRAFTOVI (*encorafenib*) 75 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC
BRUKINSA (*zanubrutinib*) 160 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
BRUKINSA (*zanubrutinib*) 80 MG CAP	tier 4	PA, LA, QLC (4 caps/day), OAC, SF
CABOMETYX (*cabozantinib s-malate*) (20 MG TAB, 40 MG TAB, 60 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
CALQUENCE (*acalabrutinib maleate*) 100 MG TAB	tier 4	PA, LA, QLC (2 caps/day), OAC, SF
CALQUENCE (*acalabrutinib*) 100 MG CAP	tier 4	PA, LA, QLC (2 caps/day), OAC, SF

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CAPRELSA (*vandetanib*) 100 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA (*vandetanib*) 300 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (*cabozantinib s-malate*) 80 & 20 KIT	tier 4	PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (*cabozantinib s-malate*) 3 X 20 & 80 KIT	tier 4	PA, LA, S (Specialty Drug), QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (*cabozantinib s-malate*) 20 KIT	tier 4	PA, LA, S (Specialty Drug), QLC (84 caps/28 days), OAC
COPIKTRA (*duvelisib*) (15 MG CAP, 25 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC
COTELLIC (*cobimetinib fumarate*) 20 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (63 tabs/28 days), OAC
DANZITEN (*nilotinib tartrate*) (71 MG TAB, 95 MG TAB)	tier 4	PA, LA, QLC (4 tabs/day), OAC
dasatinib tab 100 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
dasatinib tab 140 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
dasatinib tab 20 mg	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
dasatinib tab 50 mg	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
dasatinib tab 70 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
dasatinib tab 80 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
DAURISMO (*glasdegib maleate*) 100 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
DAURISMO (*glasdegib maleate*) 25 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
ERIVEDGE (*vismodegib*) 150 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
erlotinib hcl tab 100 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
erlotinib hcl tab 150 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
erlotinib hcl tab 25 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
everolimus tab 10 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
everolimus tab 10 mg (Torpenz)	tier 4	PA, LA, QLC (2 tabs/day), OAC
everolimus tab 2.5 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
everolimus tab 2.5 mg (Torpenz)	tier 4	PA, LA, QLC (1 tab/day), OAC
everolimus tab 5 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
everolimus tab 5 mg (Torpenz)	tier 4	PA, LA, QLC (1 tab/day), OAC
everolimus tab 7.5 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
everolimus tab 7.5 mg (Torpenz)	tier 4	PA, LA, QLC (2 tabs/day), OAC
everolimus tab for oral susp 2 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
everolimus tab for oral susp 3 mg	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
everolimus tab for oral susp 5 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
EXKIVITY (*mobocertinib succinate*) 40 MG CAP	tier 4	PA, LA, QLC (4 caps/day), OAC, SF
FARYDAK (*panobinostat lactate*) (10 MG CAP, 15 MG CAP, 20 MG CAP)	tier 4	PA, S (Specialty Drug), QLC (6 caps/21 days), OAC
FOTIVDA (*tivozanib hcl*) (0.89 MG CAP, 1.34 MG CAP)	tier 4	PA, LA, QLC (21 caps/28 days), OAC
GAVRETO (*pralsetinib*) 100 MG CAP	tier 4	PA, LA, QLC (4 caps/day), OAC
gefitinib tab 250 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
GILOTRIF (*afatinib dimaleate*) (20 MG TAB, 30 MG TAB, 40 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
GLEEVEC (*imatinib mesylate*) 100 MG TAB	tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
GLEEVEC (*imatinib mesylate*) 400 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
GOMEKLI (*mirdametinib*) 1 MG CAP	tier 4	PA, LA, QLC (126 caps/28 days), OAC
GOMEKLI (*mirdametinib*) 1 MG TAB SOL	tier 4	PA, LA, QLC (126 tabs/28 days), OAC
GOMEKLI (*mirdametinib*) 2 MG CAP	tier 4	PA, LA, QLC (84 caps/28 days), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HERNEXEOS (*zongertinib*) 60 MG TAB	tier 4	PA, LA, QLC (3 tabs/day), OAC
IBRANCE (*palbociclib*) (75 MG CAP, 100 MG CAP, 125 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC
IBRANCE (*palbociclib*) (75 MG TAB, 125 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC
IBRANCE (*palbociclib*) 100 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC
IBTROZI (*taletrectinib adipate*) 200 MG CAP	tier 4	PA, LA, QLC (3 caps/day), OAC, SF
ICLUSIG (*ponatinib hcl*) (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
IDHIFA (*enasidenib mesylate*) (50 MG TAB, 100 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
imatinib mesylate tab 100 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
imatinib mesylate tab 400 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
IMBRUVICA (*ibrutinib*) (140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA (*ibrutinib*) 140 MG CAP	tier 4	PA, LA, QLC (3 caps/day), OAC
IMBRUVICA (*ibrutinib*) 70 MG CAP	tier 4	PA, LA, QLC (1 cap/day), OAC
IMBRUVICA (*ibrutinib*) 70 MG/ML SUSPENSION	tier 4	PA, LA, QLC (6 ml/day), OAC
IMKELDI (*imatinib mesylate*) 80 MG/ML SOLUTION	tier 4	PA, LA, QLC (10 ml/day), OAC
INLYTA (*axitinib*) 1 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC, SF
INLYTA (*axitinib*) 5 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
INREBIC (*fedratinib hcl*) 100 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
IRESSA (*gefitinib*) 250 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
ITOVEBI (*inavolisib*) 3 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
ITOVEBI (*inavolisib*) 9 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JAKAFI (*ruxolitinib phosphate*) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
JAYPIRCA (*pirtobrutinib*) 100 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
JAYPIRCA (*pirtobrutinib*) 50 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC, SF
KISQALI (200 MG DOSE) (*ribociclib succinate*) (TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (*ribociclib succinate*) 200 TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (*ribociclib succinate*) 200 TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (*ribociclib succinate-letrozole*) (& 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (*ribociclib succinate-letrozole*) 200 & 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (*ribociclib succinate-letrozole*) 200 & 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KOSELUGO (*selumetinib sulfate*) 10 MG CAP	tier 4	PA, LA, QLC (8 caps/day), OAC
KOSELUGO (*selumetinib sulfate*) 25 MG CAP	tier 4	PA, LA, QLC (4 caps/day), OAC
KOSELUGO (*selumetinib sulfate*) 5 MG CAP SPRNK	tier 4	PA, LA, QLC (20 caps/day), OAC
KOSELUGO (*selumetinib sulfate*) 7.5 MG CAP SPRNK	tier 4	PA, LA, QLC (12 caps/day), OAC
KRAZATI (*adagrasib*) 200 MG TAB	tier 4	PA, LA, QLC (6 tabs/day), OAC, SF
lapatinib ditosylate tab 250 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (*lenvatinib mesylate*) CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (*lenvatinib mesylate*) 3 X 4 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (*lenvatinib mesylate*) (110 & CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) (*lenvatinib mesylate*) 10 & 2 X 4 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA (20 MG DAILY DOSE) (*lenvatinib mesylate*) (0 X 10 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (*lenvatinib mesylate*) (X 10 & CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (4 MG DAILY DOSE) (*lenvatinib mesylate*) (CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (*lenvatinib mesylate*) 2 X 4 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LORBRENA (*lorlatinib*) 100 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
LORBRENA (*lorlatinib*) 25 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
LUMAKRAS (*sotorasib*) 120 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
LUMAKRAS (*sotorasib*) 240 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/ day), OAC, SF
LUMAKRAS (*sotorasib*) 320 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
LYNPARZA (*olaparib*) (100 MG TAB, 150 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
LYTGOBI (12 MG DAILY DOSE) (*futibatinib*) 4 TAB THPK	tier 4	PA, LA, QLC (84 tabs/28 days), OAC
LYTGOBI (16 MG DAILY DOSE) (*futibatinib*) 4 TAB THPK	tier 4	PA, LA, QLC (112 tabs/28 days), OAC
LYTGOBI (20 MG DAILY DOSE) (*futibatinib*) 4 TAB THPK	tier 4	PA, LA, QLC (140 tabs/28 days), OAC
MEKINIST (*trametinib dimethyl sulfoxide*) 0.05 MG/ML RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC
MEKINIST (*trametinib dimethyl sulfoxide*) 0.5 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC
MEKINIST (*trametinib dimethyl sulfoxide*) 2 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
MEKTOVI (*binimetinib*) 15 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
NERLYNX (*neratinib maleate*) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC, SF
NEXAVAR (*sorafenib tosylate*) 200 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
nilotinib hcl cap 150 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
nilotinib hcl cap 200 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
nilotinib hcl cap 50 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
NINLARO (*ixazomib citrate*) (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/21 days), OAC
ODOMZO (*sonidegib phosphate*) 200 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
OGSIVEO (*nirogacestat hydrobromide*) (100 MG TAB, 150 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
OGSIVEO (*nirogacestat hydrobromide*) 50 MG TAB	tier 4	PA, LA, QLC (6 tabs/day), OAC, SF
PAZOPANIB HCL 400 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF
pazopanib hcl tab 200 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
PEMAZYRE (*pemigatinib*) (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
PHYRAGO (*dasatinib*) (100 MG TAB, 140 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC, SF
PHYRAGO (*dasatinib*) (20 MG TAB, 50 MG TAB)	tier 4	PA, LA, QLC (3 tabs/day), OAC, SF
PHYRAGO (*dasatinib*) (70 MG TAB, 80 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
PIQRAY (200 MG DAILY DOSE) (*alpelisib*) (TAB THPK	tier 4	PA, LA, QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (*alpelisib*) 200 & TAB THPK	tier 4	PA, LA, QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (*alpelisib*) 2 X 150 TAB THPK	tier 4	PA, LA, QLC (2 tabs/day), OAC
RETEVMO (*selpercatinib*) (80 MG TAB, 120 MG TAB, 160 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
RETEVMO (*selpercatinib*) 40 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RETEVMO (*selpercatinib*) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
RETEVMO (*selpercatinib*) 80 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
REVUFORJ (*revumenib citrate*) 110 MG TAB	tier 4	PA, LA, QLC (4 tabs/day), OAC, SF
REVUFORJ (*revumenib citrate*) 160 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
REVUFORJ (*revumenib citrate*) 25 MG TAB	tier 4	PA, LA, QLC (8 tabs/day), OAC, SF
REZLIDHIA (*olutasidenib*) 150 MG CAP	tier 4	PA, LA, QLC (2 caps/day), OAC, SF
ROMVIMZA (*vimseltinib*) (14 MG CAP, 20 MG CAP, 30 MG CAP)	tier 4	PA, LA, QLC (8 caps/28 days), OAC
ROZLYTREK (*entrectinib*) 100 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (5 caps/day), OAC, SF
ROZLYTREK (*entrectinib*) 200 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
ROZLYTREK (*entrectinib*) 50 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (10 packs/day), OAC, SF
RUBRACA (*rucaparib camsylate*) (200 MG TAB, 250 MG TAB, 300 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
RYDAPT (*midostaurin*) 25 MG CAP	tier 4	PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCEMBLIX (*asciminib hcl*) 100 MG TAB	tier 4	PA, LA, QLC (4 tabs/day), OAC
SCEMBLIX (*asciminib hcl*) 20 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
SCEMBLIX (*asciminib hcl*) 40 MG TAB	tier 4	PA, LA, QLC (8 tabs/day), OAC
sorafenib tosylate tab 200 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
SPRYCEL (*dasatinib*) (100 MG TAB, 140 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
SPRYCEL (*dasatinib*) (20 MG TAB, 50 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
SPRYCEL (*dasatinib*) (70 MG TAB, 80 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
STIVARGA (*regorafenib*) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sunitinib malate cap 12.5 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (3 caps/day), OAC
sunitinib malate cap 25 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
sunitinib malate cap 37.5 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
sunitinib malate cap 50 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
SUTENT (*sunitinib malate*) (25 MG CAP, 37.5 MG CAP, 50 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
SUTENT (*sunitinib malate*) 12.5 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC
SYNRIBO (*omacetaxine mepesuccinate*) 3.5 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/day)
TABRECTA (*capmatinib hcl*) (150 MG TAB, 200 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
TAFINLAR (*dabrafenib mesylate*) (50 MG CAP, 75 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC
TAFINLAR (*dabrafenib mesylate*) 10 MG TAB SOL	tier 4	PA, LA, S (Specialty Drug), QLC (30 tabs/day), OAC
TAGRISSO (*osimertinib mesylate*) (40 MG TAB, 80 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
TALZENNA (*talazoparib tosylate*) (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TALZENNA (*talazoparib tosylate*) 0.25 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
TALZENNA (*talazoparib tosylate*) 1 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TARCEVA (*erlotinib hcl*) (100 MG TAB, 150 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
TARCEVA (*erlotinib hcl*) 25 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
TASIGNA (*nilotinib hcl*) (50 MG CAP, 150 MG CAP, 200 MG CAP)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
TAZVERIK (*tazemetostat hbr*) 200 MG TAB	tier 4	PA, LA, QLC (8 tabs/day), OAC, SF
TEPMETKO (*tepotinib hcl*) 225 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIBSOVO (*ivosidenib*) 250 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
TRUSELTIQ (100MG DAILY DOSE) (*infigratinib phosphate*) (CAP THPK	tier 4	PA, S (Specialty Drug), QLC (21 caps/28 days), OAC
TRUSELTIQ (125MG DAILY DOSE) (*infigratinib phosphate*) (1100 & CAP THPK	tier 4	PA, S (Specialty Drug), QLC (42 caps/28 days), OAC
TRUSELTIQ (50MG DAILY DOSE) (*infigratinib phosphate*) 25 CAP THPK	tier 4	PA, S (Specialty Drug), QLC (42 caps/28 days), OAC
TRUSELTIQ (75MG DAILY DOSE) (*infigratinib phosphate*) (7525 CAP THPK	tier 4	PA, S (Specialty Drug), QLC (63 caps/28 days), OAC
TUKYSA (*tucatinib*) (50 MG TAB, 150 MG TAB)	tier 4	PA, LA, QLC (4 tabs/day), OAC
TURALIO (*pexidartinib hcl*) (125 MG CAP, 200 MG CAP)	tier 4	PA, LA, QLC (4 caps/day), OAC
TYKERB (*lapatinib ditosylate*) 250 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
UKONIQ (*umbralisib tosylate*) 200 MG TAB	tier 4	PA, LA, QLC (4 tabs/day), OAC
VANFLYTA (*quizartinib dihydrochloride*) 17.7 MG TAB	tier 4	PA, LA, QLC (28 tabs/28 days), OAC
VANFLYTA (*quizartinib dihydrochloride*) 26.5 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
VENCLEXTA (*venetoclax*) 10 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
VENCLEXTA (*venetoclax*) 100 MG TAB	tier 4	PA, LA, QLC (6 tabs/day), OAC
VENCLEXTA (*venetoclax*) 50 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
VENCLEXTA STARTING PACK (*venetoclax*) 10 & 50 & 100 MG TAB THPK	tier 4	PA, LA, QLC (1 starter pack/year), OAC
VERZENIO (*abemaciclib*) (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
VIJOICE (*alpelisib (pros agents)*) (50 MG TAB THPK, 125 MG TAB THPK)	tier 4	PA, LA, QLC (1 tab/day)
VIJOICE (*alpelisib (pros agents)*) 200 & 50 MG TAB THPK	tier 4	PA, LA, QLC (2 tabs/day)
VIJOICE (*alpelisib (pros agents)*) 50 MG PACKET	tier 4	PA, LA, QLC (1 packet/day)
VITRAKVI (*larotrectinib sulfate*) 100 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC, SF

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VITRAKVI (*larotrectinib sulfate*) 20 MG/ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (10 ml/day), OAC, SF
VITRAKVI (*larotrectinib sulfate*) 25 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
VIZIMPRO (*dacomitinib*) (15 MG TAB, 30 MG TAB, 45 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
VORANIGO (*vorasidenib*) 10 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
VORANIGO (*vorasidenib*) 40 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
VOTRIENT (*pazopanib hcl*) 200 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
XALKORI (*crizotinib*) (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
XALKORI (*crizotinib*) 150 MG CAP SPRINK	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
XOSPATA (*gilteritinib fumarate*) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
XPOVIO (100 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	tier 4	PA, LA, QLC (5 tabs/7 days), OAC
XPOVIO (100 MG ONCE WEEKLY) (*selinexor*) 50 TAB THPK	tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (*selinexor*) 10 TAB THPK	tier 4	PA, LA, QLC (16 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (*selinexor*) TAB THPK	tier 4	PA, LA, QLC (4 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK	tier 4	PA, LA, QLC (16 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (*selinexor*) TAB THPK	tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	tier 4	PA, LA, QLC (3 tabs/7 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (*selinexor*) TAB THPK	tier 4	PA, LA, QLC (4 tabs/28 days), OAC
XPOVIO (60 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK	tier 4	PA, LA, QLC (24 tabs/28 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	tier 4	PA, LA, QLC (4 tabs/7 days), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XPOVIO (80 MG ONCE WEEKLY) (*selinexor*) 40 TAB THPK	tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (80 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK	tier 4	PA, LA, QLC (8 tabs/7 days), OAC
ZEJULA (*niraparib tosylate*) (100 MG TAB, 200 MG TAB, 300 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ZEJULA (*niraparib tosylate*) 100 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
ZELBORAF (*vemurafenib*) 240 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC
ZYDELIG (*idelalisib*) (100 MG TAB, 150 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
ZYKADIA (*ceritinib*) 150 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
ANDEMBRY (*garadacimab-gxii*) 200 MG/1.2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/30 days)
RETINOIDS		
bexarotene cap 75 mg	tier 4	PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
bexarotene gel 1%	tier 4	PA, S (Specialty Drug), QLC (1 tube/month)
PANRETIN (*alitretinoin*) 0.1 % GEL	tier 3	PA
TARGRETIN (*bexarotene (topical)*) 1 % GEL	tier 4	PA, S (Specialty Drug), QLC (1 tube/month)
TARGRETIN (*bexarotene*) 75 MG CAP	tier 4	PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
tretinoin cap 10 mg	tier 1	QLC (9 caps/day), OAC
TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)		
HEMADY (*dexamethasone*) 20 MG TAB	tier 3	PA, QLC (24 tabs/28 days)
mesna tab 400 mg	tier 1	OAC
MESNEX (*mesna*) 400 MG TAB	tier 3	OAC
VONJO (*pacritinib citrate*) 100 MG CAP	tier 4	PA, LA, QLC (4 caps/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIPARASITICS (Drugs for Parasitic Infections)		
ANTHELMINTHICS (Drugs for Worm Infection)		
albendazole tab 200 mg	tier 1	QLC (4 tabs/day)
ALBENZA (*albendazole*) 200 MG TAB	tier 3	QLC (4 tabs/day)
BILTRICIDE (*praziquantel*) 600 MG TAB	tier 3	
EMVERM (*mebendazole*) 100 MG CHEW TAB	tier 3	PA, QLC (2 tabs/month)
IVERMECTIN 6 MG TAB	tier 1	QLC (10 tabs/ 30 day)
ivermectin tab 3 mg	tier 1	QLC (20 tabs/30 days)
praziquantel tab 600 mg	tier 1	
STROMECTOL (*ivermectin*) 3 MG TAB	tier 3	QLC (20 tabs/30 days)
ANTIPROTOZOALS (Drugs for Protozoal Infection)		
atovaquone susp 750 mg/5ml	tier 1	PA
atovaquone-proguanil hcl tab 250-100 mg	tier 1	QLC (1 tab/day)
atovaquone-proguanil hcl tab 62.5-25 mg	tier 1	QLC (3 tabs/day)
BENZNIDAZOLE 100 MG TAB	tier 3	QLC (4 tabs/day; not to exceed 240 tabs/year)
BENZNIDAZOLE 12.5 MG TAB	tier 3	QLC (12 tabs/day; not to exceed 720 tabs/year)
CHLOROQUINE PHOSPHATE 250 MG TAB	tier 1	QLC (25 tabs/30 days)
chloroquine phosphate tab 250 mg	tier 1	QLC (25 tabs/30 days)
chloroquine phosphate tab 500 mg	tier 1	QLC (25 tabs/30 days)
COARTEM (*artemether-lumefantrine*) 20-120 MG TAB	tier 2	QLC (24 tabs/30 days)
DARAPRIM (*pyrimethamine*) 25 MG TAB	tier 4	PA
hydroxychloroquine sulfate tab 100 mg	tier 1	QLC (2 tabs/day)
hydroxychloroquine sulfate tab 200 mg	tier 1	QLC (3 tabs/day)
hydroxychloroquine sulfate tab 300 mg	tier 1	QLC (2 tabs/day)
hydroxychloroquine sulfate tab 400 mg	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMPAVIDO (*miltefosine*) 50 MG CAP	tier 4	PA, LA, QLC (84 tabs/28 days)
KRINTAFEL (*tafenoquine succinate*) 150 MG TAB	tier 3	QLC (2 tabs/28 days)
LAMPIT (*nifurtimox*) 120 MG TAB	tier 3	QLC (7 & 1/2 tabs/day; max 450 tabs/365 days)
LAMPIT (*nifurtimox*) 30 MG TAB	tier 3	QLC (12 tabs/day; max 720 tabs/365 days)
MALARONE (*atovaquone-proguanil hcl*) 250-100 MG TAB	tier 3	QLC (1 tab/day)
MALARONE (*atovaquone-proguanil hcl*) 62.5-25 MG TAB	tier 3	QLC (3 tabs/day)
mefloquine hcl tab 250 mg	tier 1	QLC (5 tabs/30 days)
MEPRON (*atovaquone*) 750 MG/5ML SUSPENSION	tier 3	PA
nitazoxanide tab 500 mg	tier 1	PA, QLC (6 tabs/fill)
PLAQUENIL (*hydroxychloroquine sulfate*) 200 MG TAB	tier 3	QLC (3 tabs/day)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	tier 1	
primaquine phosphate tab 26.3 mg (15 mg base)	tier 1	
pyrimethamine tab 25 mg	tier 4	PA
QUALAQUIN (*quinine sulfate*) 324 MG CAP	tier 3	QLC (6 caps/day)
quinine sulfate cap 324 mg	tier 1	QLC (6 caps/day)
SOVUNA (*hydroxychloroquine sulfate*) (200 MG TAB, 300 MG TAB)	tier 3	PA, QLC (2 tabs/day)

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

benztropine mesylate tab 0.5 mg	tier 1	
benztropine mesylate tab 1 mg	tier 1	
benztropine mesylate tab 2 mg	tier 1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
trihexyphenidyl hcl oral soln 0.4 mg/ml	tier 1	
trihexyphenidyl hcl tab 2 mg	tier 1	
trihexyphenidyl hcl tab 5 mg	tier 1	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl cap 100 mg	tier 1	
amantadine hcl soln 50 mg/5ml	tier 1	
amantadine hcl tab 100 mg	tier 1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	tier 1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	tier 1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	tier 1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	tier 1	
COMTAN (*entacapone*) 200 MG TAB	tier 3	QLC (8 tabs/day)
entacapone tab 200 mg	tier 1	QLC (8 tabs/day)
GOCOVRI (*amantadine hcl*) 137 MG CAP ER 24H	tier 4	PA, LA, QLC (2 caps/day)
GOCOVRI (*amantadine hcl*) 68.5 MG CAP ER 24H	tier 4	PA, LA, QLC (1 cap/day)
NOURIANZ (*istradefylline*) (20 MG TAB, 40 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ONGENTYS (*opicapone*) (25 MG CAP, 50 MG CAP)	tier 3	ST, QLC (1 cap/day)
OSMOLEX ER (*amantadine hcl*) (ER 129 & 193 MG TB24 THPK, ER 129 MG TAB ER 24H)	tier 3	PA, LA, QLC (2 tabs/day)
OSMOLEX ER (*amantadine hcl*) (ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H)	tier 3	PA, LA, QLC (1 tab/day)
STALEVO 100 (*carbidopa-levodopa-entacapone*) 25-200 MG TAB	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STALEVO 125 (*carbidopa-levodopa-entacapone*) 31.25-200 MG TAB	tier 3	
STALEVO 150 (*carbidopa-levodopa-entacapone*) 37.5-200 MG TAB	tier 3	
STALEVO 200 (*carbidopa-levodopa-entacapone*) 50-MG TAB	tier 3	
STALEVO 50 (*carbidopa-levodopa-entacapone*) 12.5-200 MG TAB	tier 3	
STALEVO 75 (*carbidopa-levodopa-entacapone*) 18.-200 MG TAB	tier 3	
TASMAR (*tolcapone*) 100 MG TAB	tier 3	ST, QLC (6 tabs/day)
tolcapone tab 100 mg	tier 1	ST, QLC (6 tabs/day)
DOPAMINE AGONISTS		
APOKYN (*apomorphine hydrochloride*) 30 MG/3ML SOLN CART	tier 4	PA, LA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days))
apomorphine hcl soln cartridge 30 mg/3ml	tier 4	PA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days))
bromocriptine mesylate cap 5 mg (base equivalent)	tier 1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	tier 1	
KYNMOBI (*apomorphine hydrochloride*) (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	tier 3	PA, QLC (5 films/day)
MIRAPEX (*pramipexole dihydrochloride*) (0.125 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB)	tier 3	
MIRAPEX ER (*pramipexole dihydrochloride*) (ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H)	tier 3	QLC (1 tab/day)
NEUPRO (*rotigotine*) (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	tier 3	QLC (1 patch/day)
PARLODEL (*bromocriptine mesylate*) (2.5 MG TAB, 5 MG CAP)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pramipexole dihydrochloride tab 0.125 mg	tier 1	
pramipexole dihydrochloride tab 0.25 mg	tier 1	
pramipexole dihydrochloride tab 0.5 mg	tier 1	
pramipexole dihydrochloride tab 0.75 mg	tier 1	
pramipexole dihydrochloride tab 1 mg	tier 1	
pramipexole dihydrochloride tab 1.5 mg	tier 1	
pramipexole dihydrochloride tab er 24hr 0.375 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	tier 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 0.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	tier 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 1.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	tier 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 2.25 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	tier 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 3 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	tier 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 3.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	tier 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 4.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	tier 1	QLC (1 tab/day)
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)	tier 1	
ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)	tier 1	
ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)	tier 1	
ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)	tier 1	
ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL)	tier 1	
ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL)	tier 1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER)	tier 1	QLC (2 tabs/day)
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER) *4hr*	tier 1	QLC (1 tab/day)
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER) *2hr*	tier 1	QLC (1 tab/day)
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER)	tier 1	QLC (1 tab/day)
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER)	tier 1	QLC (3 tabs/day)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA)	tier 1	
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA)	tier 1	
carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA)	tier 1	
carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER)	tier 1	
carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbidopa tab 25 mg	tier 1	
CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP	tier 3	ST, QLC (25 caps/day)
CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP	tier 3	ST, QLC (16 caps/day)
CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP	tier 3	ST, QLC (12 caps/day)
CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP	tier 3	ST, QLC (10 caps/day)
CREXONT (*carbidopa-levodopa*) 35-140 MG CAP ER	tier 3	PA, QLC (15 caps/day)
CREXONT (*carbidopa-levodopa*) 52.5-210 MG CAP ER	tier 3	PA, QLC (10 caps/day)
CREXONT (*carbidopa-levodopa*) 70-280 MG CAP ER	tier 3	PA, QLC (7 caps/day)
CREXONT (*carbidopa-levodopa*) 87.5-350 MG CAP ER	tier 3	PA, QLC (6 caps/day)
DHIVY (*carbidopa-levodopa*) 25-100 MG TAB	tier 3	
INBRIJA (*levodopa*) 42 MG CAP	tier 4	PA, LA, QLC (10 caps/day)
LODOSYN (*carbidopa*) 25 MG TAB	tier 3	
RYTARY (*carbidopa-levodopa*) 23.75-95 MG CAP ER	tier 3	ST, QLC (25 caps/day)
RYTARY (*carbidopa-levodopa*) 36.25-145 MG CAP ER	tier 3	ST, QLC (16 caps/day)
RYTARY (*carbidopa-levodopa*) 48.75-195 MG CAP ER	tier 3	ST, QLC (12 caps/day)
RYTARY (*carbidopa-levodopa*) 61.25-245 MG CAP ER	tier 3	ST, QLC (10 caps/day)
SINEMET (*carbidopa-levodopa*) (10-100 MG TAB, 25-100 MG TAB)	tier 3	
VYALEV (*foslevodopa-foscarbidopa*) 12-240 MG/ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (15 ml/day)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT (*rasagiline mesylate*) (0.5 MG TAB, 1 MG TAB)	tier 3	QLC (1 tab/day)
rasagiline mesylate tab 0.5 mg (base equiv)	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
rasagiline mesylate tab 1 mg (base equiv)	tier 1	QLC (1 tab/day)
selegiline hcl cap 5 mg	tier 1	
selegiline hcl tab 5 mg	tier 1	
XADAGO (*safinamide mesylate*) (50 MG TAB, 100 MG TAB)	tier 3	ST, QLC (1 tab/day)
ZELAPAR (*selegiline hcl*) 1.25 MG TAB DISP	tier 3	
ANTIPSYCHOTICS (Drugs for Mental Health)		
1ST GENERATION/TYPICAL		
CHLORPROMAZINE HCL (30 MG/ML CONC, 100 MG/ML CONC)	tier 1	PA
chlorpromazine hcl tab 10 mg	tier 1	
chlorpromazine hcl tab 100 mg	tier 1	
chlorpromazine hcl tab 200 mg	tier 1	
chlorpromazine hcl tab 25 mg	tier 1	
chlorpromazine hcl tab 50 mg	tier 1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	tier 1	
fluphenazine hcl tab 1 mg	tier 1	
fluphenazine hcl tab 10 mg	tier 1	
fluphenazine hcl tab 2.5 mg	tier 1	
fluphenazine hcl tab 5 mg	tier 1	
haloperidol lactate oral conc 2 mg/ml	tier 1	
haloperidol tab 0.5 mg	tier 1	
haloperidol tab 1 mg	tier 1	
haloperidol tab 10 mg	tier 1	
haloperidol tab 2 mg	tier 1	
haloperidol tab 20 mg	tier 1	
haloperidol tab 5 mg	tier 1	
loxapine succinate cap 10 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
loxapine succinate cap 25 mg	tier 1	
loxapine succinate cap 5 mg	tier 1	
loxapine succinate cap 50 mg	tier 1	
MOLINDONE HCL 10 MG TAB	tier 1	QLC (8 tabs/day)
MOLINDONE HCL 25 MG TAB	tier 1	QLC (9 tabs/day)
MOLINDONE HCL 5 MG TAB	tier 1	QLC (12 tabs/day)
PIMOZIDE (1 MG TAB, 2 MG TAB)	tier 1	
thioridazine hcl tab 10 mg	tier 1	
thioridazine hcl tab 100 mg	tier 1	
thioridazine hcl tab 25 mg	tier 1	
thioridazine hcl tab 50 mg	tier 1	
thiothixene cap 1 mg	tier 1	
thiothixene cap 10 mg	tier 1	
thiothixene cap 2 mg	tier 1	
thiothixene cap 5 mg	tier 1	
trifluoperazine hcl tab 1 mg (base equivalent)	tier 1	
trifluoperazine hcl tab 10 mg (base equivalent)	tier 1	
trifluoperazine hcl tab 2 mg (base equivalent)	tier 1	
trifluoperazine hcl tab 5 mg (base equivalent)	tier 1	
2ND GENERATION/ATYPICAL		
ABILIFY (*aripiprazole*) (10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB)	tier 3	QLC (1 tab/day)
ABILIFY (*aripiprazole*) 2 MG TAB	tier 3	QLC (4 tabs/day)
ABILIFY (*aripiprazole*) 5 MG TAB	tier 3	QLC (2 tabs/day)
ABILIFY MYCITE (*aripiprazole*) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB)	tier 4	PA, LA, QLC (1 tab/day)
ABILIFY MYCITE (*aripiprazole*) 2 MG TAB	tier 4	PA, LA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ABILIFY MYCITE MAINTENANCE KIT (*aripiprazole with sensor, strips, & pod*) (KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK)	tier 4	PA, LA, QLC (1 tab/day)
ABILIFY MYCITE STARTER KIT (*aripiprazole with sensor, strips, & pod*) (KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK)	tier 4	PA, LA, QLC (1 tab/day)
aripiprazole oral solution 1 mg/ml	tier 1	QLC (25 ml/day)
aripiprazole orally disintegrating tab 10 mg	tier 1	QLC (2 tabs/day)
aripiprazole orally disintegrating tab 15 mg	tier 1	QLC (2 tabs/day)
aripiprazole tab 10 mg	tier 1	QLC (1 tab/day)
aripiprazole tab 15 mg	tier 1	QLC (1 tab/day)
aripiprazole tab 2 mg	tier 1	QLC (4 tabs/day)
aripiprazole tab 20 mg	tier 1	QLC (1 tab/day)
aripiprazole tab 30 mg	tier 1	QLC (1 tab/day)
aripiprazole tab 5 mg	tier 1	QLC (2 tabs/day)
asenapine maleate sl tab 10 mg (base equiv)	tier 1	QLC (2 tabs/day)
asenapine maleate sl tab 2.5 mg (base equiv)	tier 1	QLC (2 tabs/day)
asenapine maleate sl tab 5 mg (base equiv)	tier 1	QLC (2 tabs/day)
CAPLYTA (*lumateperone tosylate*) (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	tier 3	PA, QLC (1 cap/day)
FANAPT (*iloperidone*) (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	tier 3	ST, QLC (2 tabs/day)
FANAPT TITRATION PACK A (*iloperidone*) FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB	tier 3	ST, QLC (8 tabs/30 days; 2 fills/year)
FANAPT TITRATION PACK B (*iloperidone*) 1 & 2 & 6 & 8 MG TA	tier 3	ST, QLC (12 tabs/30 days; 2 fills/year)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FANAPT TITRATION PACK C (*iloperidone*) PAK 1 & 2 & 6 MG TAB	tier 3	ST, QLC (8 tabs/30 days; 2 fills/year)
GEODON (*ziprasidone hcl*) (20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP)	tier 3	
INVEGA (*paliperidone*) (1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H)	tier 3	QLC (1 tab/day)
INVEGA (*paliperidone*) 6 MG TAB 24H	tier 3	QLC (2 tabs/day)
LATUDA (*lurasidone hcl*) (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB)	tier 3	QLC (1 tab/day)
LATUDA (*lurasidone hcl*) 80 MG TAB	tier 3	QLC (2 tabs/day)
lurasidone hcl tab 120 mg	tier 1	QLC (1 tab/day)
lurasidone hcl tab 20 mg	tier 1	QLC (1 tab/day)
lurasidone hcl tab 40 mg	tier 1	QLC (1 tab/day)
lurasidone hcl tab 60 mg	tier 1	QLC (1 tab/day)
lurasidone hcl tab 80 mg	tier 1	QLC (2 tabs/day)
NUPLAZID (*pimavanserin tartrate*) 10 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF
NUPLAZID (*pimavanserin tartrate*) 34 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF
olanzapine orally disintegrating tab 10 mg	tier 1	
olanzapine orally disintegrating tab 15 mg	tier 1	
olanzapine orally disintegrating tab 20 mg	tier 1	
olanzapine orally disintegrating tab 5 mg	tier 1	
olanzapine tab 10 mg	tier 1	
olanzapine tab 15 mg	tier 1	
olanzapine tab 2.5 mg	tier 1	
olanzapine tab 20 mg	tier 1	
olanzapine tab 5 mg	tier 1	
olanzapine tab 7.5 mg	tier 1	
OPIPZA (*aripiprazole*) 10 MG FILM	tier 3	PA, QLC (3 films/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPIPZA (*aripiprazole*) 2 MG FILM	tier 3	PA, QLC (4 films/day)
OPIPZA (*aripiprazole*) 5 MG FILM	tier 3	PA, QLC (3 films/day)
paliperidone tab er 24hr 1.5 mg (PALIPERIDONE ER)	tier 1	QLC (1 tab/day)
paliperidone tab er 24hr 3 mg (PALIPERIDONE ER)	tier 1	QLC (1 tab/day)
paliperidone tab er 24hr 6 mg (PALIPERIDONE ER)	tier 1	QLC (2 tabs/day)
paliperidone tab er 24hr 9 mg (PALIPERIDONE ER)	tier 1	QLC (1 tab/day)
QUETIAPINE FUMARATE 150 MG TAB	tier 1	
quetiapine fumarate tab 100 mg	tier 1	
quetiapine fumarate tab 200 mg	tier 1	
quetiapine fumarate tab 25 mg	tier 1	
quetiapine fumarate tab 300 mg	tier 1	
quetiapine fumarate tab 400 mg	tier 1	
quetiapine fumarate tab 50 mg	tier 1	
quetiapine fumarate tab er 24hr 150 mg (QUETIAPINE FUMARATE ER)	tier 1	
quetiapine fumarate tab er 24hr 200 mg (QUETIAPINE FUMARATE ER)	tier 1	
quetiapine fumarate tab er 24hr 300 mg (QUETIAPINE FUMARATE ER)	tier 1	
quetiapine fumarate tab er 24hr 400 mg (QUETIAPINE FUMARATE ER)	tier 1	
quetiapine fumarate tab er 24hr 50 mg (QUETIAPINE FUMARATE ER)	tier 1	
REXULTI (*brexpiprazole*) (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	tier 4	PA, QLC (1 tab/day)
RISPERDAL (*risperidone*) (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB)	tier 3	
RISPERIDONE 0.25 MG TAB DISP	tier 1	
risperidone orally disintegrating tab 0.5 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
risperidone orally disintegrating tab 1 mg	tier 1	
risperidone orally disintegrating tab 2 mg	tier 1	
risperidone orally disintegrating tab 3 mg	tier 1	
risperidone orally disintegrating tab 4 mg	tier 1	
risperidone soln 1 mg/ml	tier 1	
risperidone tab 0.25 mg	tier 1	
risperidone tab 0.5 mg	tier 1	
risperidone tab 1 mg	tier 1	
risperidone tab 2 mg	tier 1	
risperidone tab 3 mg	tier 1	
risperidone tab 4 mg	tier 1	
SAPHRIS (*asenapine maleate*) (2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB)	tier 3	QLC (2 tabs/day)
SECUADO (*asenapine*) (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	tier 3	PA, QLC (1 patch/day)
SEROQUEL (*quetiapine fumarate*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB)	tier 3	
SEROQUEL XR (*quetiapine fumarate*) (50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H)	tier 3	
VRAYLAR (*cariprazine hcl*) (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	tier 3	PA, QLC (1 cap/day)
VRAYLAR (*cariprazine hcl*) 1.5 & 3 MG CAP THPK	tier 3	PA, QLC (1 pack/month)
ziprasidone hcl cap 20 mg	tier 1	
ziprasidone hcl cap 40 mg	tier 1	
ziprasidone hcl cap 60 mg	tier 1	
ziprasidone hcl cap 80 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZYPREXA (*olanzapine*) (2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	tier 3	
ZYPREXA ZYDIS (*olanzapine*) (5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP)	tier 3	
ANTIPSYCHOTICS, OTHER		
COBENFY (*xanomeline tartrate-trospium chloride*) (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	tier 3	PA, QLC (2 caps/day)
COBENFY STARTER PACK (*xanomeline tartrate-trospium chloride*) 50-20 & 100-20 MG CAP THPK	tier 3	PA, QLC (112 caps (2 packs)/365 days)
TREATMENT-RESISTANT		
clozapine orally disintegrating tab 100 mg	tier 1	
clozapine orally disintegrating tab 12.5 mg	tier 1	
clozapine orally disintegrating tab 150 mg	tier 1	
clozapine orally disintegrating tab 200 mg	tier 1	
clozapine orally disintegrating tab 25 mg	tier 1	
clozapine tab 100 mg	tier 1	
clozapine tab 200 mg	tier 1	
clozapine tab 25 mg	tier 1	
clozapine tab 50 mg	tier 1	
CLOZARIL (*clozapine*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB)	tier 3	
VERSACLOZ (*clozapine*) 50 MG/ML SUSPENSION	tier 3	ST, QLC (18 ml/day)
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)		
BACLOFEN 5 MG/5ML SOLUTION	tier 1	PA, QLC (80 ml/day)
baclofen oral soln 10 mg/5ml	tier 1	PA, QLC (40 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
baclofen oral soln 5 mg/5ml mg/ml	tier 1	PA, QLC (80 ml/day)
baclofen susp 25 mg/5ml	tier 1	PA, QLC (16 ml/day)
baclofen tab 10 mg	tier 1	QLC (8 tabs/day)
baclofen tab 15 mg	tier 1	QLC (4 tabs/day)
baclofen tab 20 mg	tier 1	QLC (4 tabs/day)
baclofen tab 5 mg	tier 1	QLC (3 tabs/day)
DANTRIUM (*dantrolene sodium*) (25 MG CAP, 50 MG CAP)	tier 3	
dantrolene sodium cap 100 mg	tier 1	
dantrolene sodium cap 25 mg	tier 1	
dantrolene sodium cap 50 mg	tier 1	
FLEQSUVY (*baclofen*) 25 MG/5ML SUSPENSION	tier 3	PA, QLC (16 ml/day)
LYVISPAH (*baclofen*) (5 MG PACKET, 10 MG PACKET)	tier 3	PA, QLC (3 packets/day)
LYVISPAH (*baclofen*) 20 MG PACKET	tier 3	PA, QLC (4 packets/day)
OZOBAX (*baclofen*) 5 MG/5ML SOLUTION	tier 3	PA, QLC (80 ml/day)
OZOBAX DS (*baclofen*) 10 MG/5ML SOLUTION	tier 3	PA, QLC (40 ml/day)
tizanidine hcl cap 2 mg (base equivalent)	tier 1	
tizanidine hcl cap 4 mg (base equivalent)	tier 1	
tizanidine hcl cap 6 mg (base equivalent)	tier 1	
tizanidine hcl tab 2 mg (base equivalent)	tier 1	
tizanidine hcl tab 4 mg (base equivalent)	tier 1	
ZANAFLEX (*tizanidine hcl*) (2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP)	tier 3	
ZANAFLEX (*tizanidine hcl*) 8 MG CAP	tier 3	PA, QLC (4 caps/day)

ANTIVIRALS (Drugs for Viral Infections)

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)

LIVTENCITY (*maribavir*) 200 MG TAB	tier 4	PA, LA, QLC (4 tabs/day)
PREVYMIS (*letermovir*) (20 MG PACKET, 120 MG PACKET)	tier 3	PA, QLC (4 packets/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREVYMIS (*letermovir*) (240 MG TAB, 480 MG TAB)	tier 3	PA, QLC (1 tab/day)
VALCYTE (*valganciclovir hcl*) 450 MG TAB	tier 3	QLC (2 tabs/day)
VALCYTE (*valganciclovir hcl*) 50 MG/ML RECON SOLN	tier 3	QLC (18 ml/day)
valganciclovir hcl for soln 50 mg/ml (base equiv)	tier 1	QLC (18 ml/day)
valganciclovir hcl tab 450 mg (base equivalent)	tier 1	QLC (2 tabs/day)
ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)		
adefovir dipivoxil tab 10 mg	tier 1	QLC (1 tab/day)
BARACLUDE (*entecavir*) (0.5 MG TAB, 1 MG TAB)	tier 3	QLC (1 tab/day)
BARACLUDE (*entecavir*) 0.05 MG/ML SOLUTION	tier 2	QLC (3 bottles/month)
entecavir tab 0.5 mg	tier 1	QLC (1 tab/day)
entecavir tab 1 mg	tier 1	QLC (1 tab/day)
EPIVIR HBV (*lamivudine (hbv)*) 100 MG TAB	tier 3	QLC (1 tab/day)
EPIVIR HBV (*lamivudine (hbv)*) 5 MG/ML SOLUTION	tier 2	QLC (3 bottles/month)
HEPSERA (*adefovir dipivoxil*) 10 MG TAB	tier 3	QLC (1 tab/day)
lamivudine tab 100 mg (hbv)	tier 1	QLC (1 tab/day)
VEMLIDY (*tenofovir alafenamide fumarate*) 25 MG TAB	tier 3	PA, QLC (1 tab/day)
ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)		
EPCLUSA (*sofosbuvir-velpatasvir*) (200-50 MG TAB, 400-100 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
EPCLUSA (*sofosbuvir-velpatasvir*) 150-37.5 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
EPCLUSA (*sofosbuvir-velpatasvir*) 200-50 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
HARVONI (*ledipasvir-sofosbuvir*) (45-200 MG TAB, 90-400 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
HARVONI (*ledipasvir-sofosbuvir*) 33.75-150 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (1 packet/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HARVONI (*ledipasvir-sofosbuvir*) 45-200 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
MAVYRET (*glecaprevir-pibrentasvir*) 100-40 MG TAB	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
MAVYRET (*glecaprevir-pibrentasvir*) 50-20 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
RIBAVIRIN (*ribavirin (hepatitis c)*) (200 MG CAP, 200 MG TAB)	tier 1	S (Specialty Drug)
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
SOVALDI (*sofosbuvir*) (200 MG TAB, 400 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
SOVALDI (*sofosbuvir*) 150 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
SOVALDI (*sofosbuvir*) 200 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
VIEKIRA PAK (*ombitasvir-paritaprevir-ritonavir-dasabuvir*) 12.5-75-50 &250 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
VOSEVI (*sofosbuvir-velpatasvir-voxilaprevir*) 400-100-100 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ZEPATIER (*elbasvir-grazoprevir*) 50-100 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (*bictegravir-emtricitabine-tenofovir alafenamide fumarate*) (30-120-15 MG TAB, 50-200-25 MG TAB)	tier 2	QLC (1 tab/day)
DOVATO (*dolutegravir sodium-lamivudine*) 50-300 MG TAB	tier 2	QLC (1 tab/day)
GENVOYA (*elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*) 150-150-200-10 MG	tier 2	QLC (1 tab/day)
ISENTRESS (*raltegravir potassium*) (25 MG CHEW TAB, 100 MG CHEW TAB)	tier 2	QLC (6 tabs/day)
ISENTRESS (*raltegravir potassium*) 100 MG PACKET	tier 2	QLC (2 packets/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ISENTRESS (*raltegravir potassium*) 400 MG TAB	tier 2	QLC (4 tabs/day)
ISENTRESS HD (*raltegravir potassium*) 600 MG TAB	tier 2	QLC (2 tabs/day)
JULUCA (*dolutegravir sodium-rilpivirine hcl*) 50-25 MG TAB	tier 2	QLC (1 tab/day)
STRIBILD (*elvitegravir-cobicistat-emtricitabine-tenofovir df*) 150-150-200-300 MG	tier 2	QLC (1 tab/day)
TIVICAY (*dolutegravir sodium*) (10 MG TAB, 25 MG TAB, 50 MG TAB)	tier 2	QLC (2 tabs/day)
TIVICAY PD (*dolutegravir sodium*) 5 MG TAB SOL	tier 2	QLC (5 tabs/day)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA (*emtricitabine-rilpivirine-tenofovir disoproxil fumarate*) 200-25-300 MG	tier 3	QLC (1 tab/day)
DELSTRIGO (*doravirine-lamivudine-tenofovir disoproxil fumarate*) 100-300-300 MG TAB	tier 3	QLC (1 tab/day)
EDURANT (*rilpivirine hcl*) 25 MG TAB	tier 2	QLC (2 tabs/day)
EDURANT PED (*rilpivirine hcl*) 2.5 MG TAB SOL	tier 2	AL1 (2 to 8 yrs old), QLC (6 tabs/day)
EFAVIRENZ 200 MG CAP	tier 1	QLC (3 caps/day)
EFAVIRENZ 50 MG CAP	tier 1	QLC (6 caps/day)
efavirenz tab 600 mg	tier 1	QLC (1 tab/day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFO DF)	tier 1	QLC (1 tab/day)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 400-300-300 MG TAB	tier 1	QLC (1 tab/day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	tier 1	QLC (1 tab/day)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (EMTRICITAB-RILPIVIR-TENOFOV DF)	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
etravirine tab 100 mg	tier 1	QLC (4 tabs/day)
etravirine tab 200 mg	tier 1	QLC (2 tabs/day)
INTELENCE (*etravirine*) 100 MG TAB	tier 3	QLC (4 tabs/day)
INTELENCE (*etravirine*) 200 MG TAB	tier 3	QLC (2 tabs/day)
INTELENCE (*etravirine*) 25 MG TAB	tier 2	QLC (12 tabs/day)
NEVIRAPINE 50 MG/5ML SUSPENSION	tier 1	QLC (40 ml/day)
NEVIRAPINE ER 100 MG TAB 24H	tier 1	QLC (3 tabs/day)
nevirapine tab 200 mg	tier 1	QLC (2 tabs/day)
nevirapine tab er 24hr 400 mg (NEVIRAPINE ER)	tier 1	QLC (1 tab/day)
ODEFSEY (*emtricitabine-rilpivirine-tenofovir alafenamide fumarate*) 200-25-25 MG	tier 2	QLC (1 tab/day)
PIFELTRO (*doravirine*) 100 MG TAB	tier 3	QLC (2 tabs/day)
SUSTIVA (*efavirenz*) 200 MG CAP	tier 3	QLC (3 caps/day)
SUSTIVA (*efavirenz*) 50 MG CAP	tier 3	QLC (6 caps/day)
SUSTIVA (*efavirenz*) 600 MG TAB	tier 3	QLC (1 tab/day)
SYMFI (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 600-300-300 MG TAB	tier 3	QLC (1 tab/day)
SYMFI LO (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 400-300-300 MG TAB	tier 3	QLC (1 tab/day)
VIRAMUNE (*nevirapine*) 50 MG/5ML SUSPENSION	tier 3	QLC (40 ml/day)
VIRAMUNE XR (*nevirapine*) 400 MG TAB ER 24H	tier 3	QLC (1 tab/day)

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

abacavir sulfate soln 20 mg/ml (base equiv)	tier 1	QLC (30 ml/day)
abacavir sulfate tab 300 mg (base equiv)	tier 1	QLC (2 tabs/day)
abacavir sulfate-lamivudine tab 600-300 mg	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIMDUO (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB	tier 2	QLC (1 tab/day)
COMBIVIR (*lamivudine-zidovudine*) 150-300 MG TAB	tier 3	QLC (2 tabs/day)
DESCOVY (*emtricitabine-tenofovir alafenamide fumarate*) 120-15 MG	tier 2	QLC (1 tab/day)
DESCOVY (*emtricitabine-tenofovir alafenamide fumarate*) 200-25 MG	tier 2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
emtricitabine caps 200 mg	tier 1	QLC (1 cap/day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF)	tier 1	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF)	tier 1	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF)	tier 1	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
EMTRIVA (*emtricitabine*) 10 MG/ML SOLUTION	tier 2	QLC (24 ml/day)
EMTRIVA (*emtricitabine*) 200 MG CAP	tier 3	QLC (1 cap/day)
EPIVIR (*lamivudine*) 10 MG/ML SOLUTION	tier 3	QLC (30 ml/day)
EPIVIR (*lamivudine*) 150 MG TAB	tier 3	QLC (2 tabs/day)
EPIVIR (*lamivudine*) 300 MG TAB	tier 3	QLC (1 tab/day)
EPZICOM (*abacavir sulfate-lamivudine*) 600-300 MG TAB	tier 3	QLC (1 tab/day)
lamivudine oral soln 10 mg/ml	tier 1	QLC (30 ml/day)
lamivudine tab 150 mg	tier 1	QLC (2 tabs/day)
lamivudine tab 300 mg	tier 1	QLC (1 tab/day)
lamivudine-zidovudine tab 150-300 mg	tier 1	QLC (2 tabs/day)
RETROVIR (*zidovudine*) 100 MG CAP	tier 3	QLC (5 caps/day)
RETROVIR (*zidovudine*) 50 MG/5ML SYRUP	tier 3	QLC (60 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	tier 1	QLC (2 caps/day)
TEMIXYS (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB	tier 2	QLC (1 tab/day)
tenofovir disoproxil fumarate tab 300 mg	tier 1	QLC (1 tab/day)
TRIUMEQ (*abacavir-dolutegravir-lamivudine*) 600-50-300 MG TAB	tier 2	QLC (1 tab/day)
TRIUMEQ PD (*abacavir-dolutegravir-lamivudine*) 60-5-30 MG TAB SOL	tier 2	QLC (6 tabs/day)
TRIZIVIR (*abacavir sulfate-lamivudine-zidovudine*) 300-150-300 MG TAB	tier 3	QLC (2 tabs/day)
TRUVADA (*emtricitabine-tenofovir disoproxil fumarate*) (100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB)	tier 3	QLC (1 tab/day)
VIREAD (*tenofovir disoproxil fumarate*) (150 MG TAB, 200 MG TAB, 250 MG TAB)	tier 2	QLC (1 tab/day)
VIREAD (*tenofovir disoproxil fumarate*) 300 MG TAB	tier 3	QLC (1 tab/day)
VIREAD (*tenofovir disoproxil fumarate*) 40 MG/GM POWDER	tier 2	QLC (3 bottles/month)
ZIAGEN (*abacavir sulfate*) 20 MG/ML SOLUTION	tier 3	QLC (30 ml/day)
ZIAGEN (*abacavir sulfate*) 300 MG TAB	tier 3	QLC (2 tabs/day)
zidovudine cap 100 mg	tier 1	QLC (5 caps/day)
zidovudine syrup 10 mg/ml	tier 1	QLC (60 ml/day)
zidovudine tab 300 mg	tier 1	QLC (2 tabs/day)
ANTI-HIV AGENTS, OTHER		
FUZEON (*enfuvirtide*) 90 MG RECON SOLN	tier 4	LA, S (Specialty Drug), QLC (1 kit/month)
maraviroc tab 150 mg	tier 1	QLC (2 tabs/day)
maraviroc tab 300 mg	tier 1	QLC (4 tabs/day)
RUKOBIA (*fostemsavir tromethamine*) 600 MG TAB ER 12H	tier 3	PA, QLC (2 tabs/day)
SELZENTRY (*maraviroc*) 150 MG TAB	tier 3	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELZENTRY (*maraviroc*) 20 MG/ML SOLUTION	tier 2	QLC (60 ml/day)
SELZENTRY (*maraviroc*) 25 MG TAB	tier 2	QLC (8 tabs/day)
SELZENTRY (*maraviroc*) 300 MG TAB	tier 3	QLC (4 tabs/day)
SELZENTRY (*maraviroc*) 75 MG TAB	tier 2	QLC (2 tabs/day)
SUNLENCA (*lenacapavir sodium*) 300 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tablets/180 days)
SUNLENCA (*lenacapavir sodium*) 4 X 300 MG TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/180 days)
SUNLENCA (*lenacapavir sodium*) 5 X 300 MG TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (5 tabs/180 days)
TYBOST (*cobicistat*) 150 MG TAB	tier 3	QLC (1 tab/day)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS (*tipranavir*) 250 MG CAP	tier 2	QLC (4 caps/day)
atazanavir sulfate cap 150 mg (base equiv)	tier 1	QLC (2 caps/day)
atazanavir sulfate cap 200 mg (base equiv)	tier 1	QLC (2 caps/day)
atazanavir sulfate cap 300 mg (base equiv)	tier 1	QLC (1 cap/day)
darunavir tab 600 mg	tier 1	QLC (2 tabs/day)
darunavir tab 800 mg	tier 1	QLC (1 tab/day)
EVOTAZ (*atazanavir sulfate-cobicistat*) 300-150 MG TAB	tier 3	QLC (1 tab/day)
fosamprenavir calcium tab 700 mg (base equiv)	tier 1	QLC (4 tabs/day)
INVIRASE (*saquinavir mesylate*) 500 MG TAB	tier 2	QLC (4 tabs/day)
KALETRA (*lopinavir-ritonavir*) (100-25 MG TAB, 200-50 MG TAB)	tier 3	QLC (4 tabs/day)
KALETRA (*lopinavir-ritonavir*) 400-100 MG/5ML SOLUTION	tier 3	QLC (10 ml/day)
LEXIVA (*fosamprenavir calcium*) 50 MG/ML SUSPENSION	tier 2	QLC (56 ml/day)
LEXIVA (*fosamprenavir calcium*) 700 MG TAB	tier 3	QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	tier 1	QLC (10 ml/day)
lopinavir-ritonavir tab 100-25 mg	tier 1	QLC (4 tabs/day)
lopinavir-ritonavir tab 200-50 mg	tier 1	QLC (4 tabs/day)
NORVIR (*ritonavir*) 100 MG CAP	tier 2	QLC (12 caps/day)
NORVIR (*ritonavir*) 100 MG PACKET	tier 2	QLC (12 packets/day)
NORVIR (*ritonavir*) 100 MG TAB	tier 3	QLC (12 tabs/day)
NORVIR (*ritonavir*) 80 MG/ML SOLUTION	tier 2	QLC (15 ml/day)
PREZCOBIX (*darunavir-cobicistat*) (675-150 MG TAB, 800-150 MG TAB)	tier 2	QLC (1 tab/day)
PREZISTA (*darunavir ethanolate*) 100 MG/ML SUSPENSION	tier 2	QLC (12 ml/day)
PREZISTA (*darunavir*) 150 MG TAB	tier 2	QLC (4 tabs/day)
PREZISTA (*darunavir*) 600 MG TAB	tier 3	QLC (2 tabs/day)
PREZISTA (*darunavir*) 75 MG TAB	tier 2	QLC (2 tabs/day)
PREZISTA (*darunavir*) 800 MG TAB	tier 3	QLC (1 tab/day)
REYATAZ (*atazanavir sulfate*) (150 MG CAP, 200 MG CAP)	tier 3	QLC (2 caps/day)
REYATAZ (*atazanavir sulfate*) 300 MG CAP	tier 3	QLC (1 cap/day)
REYATAZ (*atazanavir sulfate*) 50 MG PACKET	tier 2	QLC (5 packs/day)
ritonavir tab 100 mg	tier 1	QLC (12 tabs/day)
SYMTUZA (*darunavir-cobicistat-emtricitabine-tenofovir alafenamide*) 800-150-200-10 MG	tier 2	QLC (1 tab/day)
VIRACEPT (*nelfinavir mesylate*) 250 MG TAB	tier 2	QLC (9 tabs/day)
VIRACEPT (*nelfinavir mesylate*) 625 MG TAB	tier 2	QLC (4 tabs/day)
ANTI-INFLUENZA AGENTS (Drugs for Flu)		
oseltamivir phosphate cap 30 mg (base equiv)	tier 1	QLC (40 caps/6 months)
oseltamivir phosphate cap 45 mg (base equiv)	tier 1	QLC (20 caps/6 months)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oseltamivir phosphate cap 75 mg (base equiv)	tier 1	QLC (20 caps/6 months)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	tier 1	QLC (6 bottles/6 months)
RELENZA DISKHALER (*zanamivir*) 5 MG/ACT AER POW BA	tier 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (*rimantadine hydrochloride*) 100 MG TAB	tier 1	
TAMIFLU (*oseltamivir phosphate*) (45 MG CAP, 75 MG CAP)	tier 3	QLC (20 caps/6 months)
TAMIFLU (*oseltamivir phosphate*) 30 MG CAP	tier 3	QLC (40 caps/6 months)
TAMIFLU (*oseltamivir phosphate*) 6 MG/ML RECON SUSP	tier 3	QLC (6 bottles/6 months)
XENLETA (*lefamulin acetate*) 600 MG TAB	tier 3	PA, S (Specialty Drug), QLC (10 tabs/month)
XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK	tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 20 TAB THPK	tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK	tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 40 TAB THPK	tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
ANTIHERPETIC AGENTS (Drugs for Herpes Infection)		
acyclovir cap 200 mg	tier 1	
acyclovir susp 200 mg/5ml	tier 1	
acyclovir tab 400 mg	tier 1	
acyclovir tab 800 mg	tier 1	
famciclovir tab 125 mg	tier 1	
famciclovir tab 250 mg	tier 1	
famciclovir tab 500 mg	tier 1	
valacyclovir hcl tab 1 gm	tier 1	
valacyclovir hcl tab 500 mg	tier 1	
VALTREX (*valacyclovir hcl*) (1 GM TAB, 500 MG TAB)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOVIRAX (*acyclovir*) 200 MG/5ML SUSPENSION	tier 3	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO (*molnupiravir*) 200 MG CAP	tier 2	AL1 (At least 18 yrs old), QLC (40 caps/30 days; COVID treatment covered at $0), CW
PAXLOVID (150/100) (*nirmatrelvir-ritonavir*) MG & 0MG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at $0), CW
PAXLOVID (300/100) (*nirmatrelvir-ritonavir*) 20 150 MG & 0MG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at $0), CW
PAXLOVID (*nirmatrelvir-ritonavir*) 6 150 MG & 5 100MG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (11 tabs/30 days; COVID treatment covered at $0)
ANXIOLYTICS (Drugs for Anxiety)		
ANXIOLYTICS, OTHER (Other Drugs for Anxiety)		
BUCAPSOL (*buspirone hcl*) BUSOL 10 MG	tier 1	PA, QLC (2 caps/day)
BUCAPSOL (*buspirone hcl*) BUSOL 15 MG	tier 1	PA, QLC (4 caps/day)
BUCAPSOL (*buspirone hcl*) BUSOL 7.5 MG	tier 1	PA, QLC (2 caps/day)
buspirone hcl tab 10 mg	tier 1	
buspirone hcl tab 15 mg	tier 1	
buspirone hcl tab 30 mg	tier 1	
buspirone hcl tab 5 mg	tier 1	
buspirone hcl tab 7.5 mg	tier 1	
meprobamate tab 200 mg	tier 1	AL1 (Up to 64 yrs old)
meprobamate tab 400 mg	tier 1	AL1 (Up to 64 yrs old)
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	tier 1	QLC (4 ml/day)
alprazolam orally disintegrating tab 0.25 mg	tier 1	QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
alprazolam orally disintegrating tab 0.5 mg	tier 1	QLC (4 tabs/day)
alprazolam orally disintegrating tab 1 mg	tier 1	QLC (4 tabs/day)
alprazolam orally disintegrating tab 2 mg	tier 1	QLC (2 tabs/day)
alprazolam tab 0.25 mg	tier 1	QLC (4 tabs/day)
alprazolam tab 0.5 mg	tier 1	QLC (4 tabs/day)
alprazolam tab 1 mg	tier 1	QLC (4 tabs/day)
alprazolam tab 2 mg	tier 1	QLC (2 tabs/day)
alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM ER)	tier 1	QLC (1 tab/day)
alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM XR)	tier 1	QLC (1 tab/day)
alprazolam tab er 24hr 1 mg (ALPRAZOLAM ER)	tier 1	QLC (1 tab/day)
alprazolam tab er 24hr 1 mg (ALPRAZOLAM XR)	tier 1	QLC (1 tab/day)
alprazolam tab er 24hr 2 mg (ALPRAZOLAM ER) *4hr*	tier 1	QLC (2 tabs/day)
alprazolam tab er 24hr 2 mg (ALPRAZOLAM XR) *4hr*	tier 1	QLC (2 tabs/day)
alprazolam tab er 24hr 3 mg (ALPRAZOLAM ER)	tier 1	QLC (1 tab/day)
alprazolam tab er 24hr 3 mg (ALPRAZOLAM XR)	tier 1	QLC (1 tab/day)
ATIVAN (*lorazepam*) 0.5 MG TAB	tier 3	QLC (20 tabs/day)
ATIVAN (*lorazepam*) 1 MG TAB	tier 3	QLC (10 tabs/day)
ATIVAN (*lorazepam*) 2 MG TAB	tier 3	QLC (5 tabs/day)
chlordiazepoxide hcl cap 10 mg	tier 1	QLC (30 caps/day)
chlordiazepoxide hcl cap 25 mg	tier 1	QLC (12 caps/day)
chlordiazepoxide hcl cap 5 mg	tier 1	QLC (60 caps/day)
clonazepam orally disintegrating tab 0.125 mg	tier 1	
clonazepam orally disintegrating tab 0.25 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clonazepam orally disintegrating tab 0.5 mg	tier 1	
clonazepam orally disintegrating tab 1 mg	tier 1	
clonazepam orally disintegrating tab 2 mg	tier 1	
clonazepam tab 0.5 mg	tier 1	QLC (40 tabs/day)
clonazepam tab 1 mg	tier 1	QLC (20 tabs/day)
clonazepam tab 2 mg	tier 1	QLC (10 tabs/day)
clorazepate dipotassium tab 15 mg	tier 1	QLC (6 tabs/day)
clorazepate dipotassium tab 3.75 mg	tier 1	QLC (24 tabs/day)
clorazepate dipotassium tab 7.5 mg	tier 1	QLC (12 tabs/day)
diazepam conc 5 mg/ml	tier 1	QLC (12 bottles/month)
diazepam conc 5 mg/ml (DIAZEPAM INTENSOL)	tier 1	QLC (12 bottles/month)
diazepam oral soln 1 mg/ml	tier 1	QLC (60 ml/day)
diazepam tab 10 mg	tier 1	QLC (6 tabs/day)
diazepam tab 2 mg	tier 1	QLC (30 tabs/day)
diazepam tab 5 mg	tier 1	QLC (12 tabs/day)
KLONOPIN (*clonazepam*) 0.5 MG TAB	tier 3	QLC (40 tabs/day)
KLONOPIN (*clonazepam*) 1 MG TAB	tier 3	QLC (20 tabs/day)
KLONOPIN (*clonazepam*) 2 MG TAB	tier 3	QLC (10 tabs/day)
lorazepam conc 2 mg/ml	tier 1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (Lorazepam Intensol)	tier 1	QLC (150 ml/month)
lorazepam tab 0.5 mg	tier 1	QLC (20 tabs/day)
lorazepam tab 1 mg	tier 1	QLC (10 tabs/day)
lorazepam tab 2 mg	tier 1	QLC (5 tabs/day)
LOREEV XR (*lorazepam*) 1 MG CP24 SPRNK	tier 3	PA, QLC (3 caps/day)
LOREEV XR (*lorazepam*) 1.5 MG CP24 SPRNK	tier 3	PA, QLC (6 caps/day)
LOREEV XR (*lorazepam*) 2 MG CP24 SPRNK	tier 3	PA, QLC (5 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOREEV XR (*lorazepam*) 3 MG CP24 SPRNK	tier 3	PA, QLC (3 caps/day)
oxazepam cap 10 mg	tier 1	QLC (12 caps/day)
oxazepam cap 15 mg	tier 1	QLC (8 caps/day)
oxazepam cap 30 mg	tier 1	QLC (4 caps/day)
TRANXENE-T (*clorazepate dipotassium*) 7.5 MG TAB	tier 3	QLC (12 tabs/day)
VALIUM (*diazepam*) 10 MG TAB	tier 3	QLC (6 tabs/day)
VALIUM (*diazepam*) 2 MG TAB	tier 3	QLC (30 tabs/day)
VALIUM (*diazepam*) 5 MG TAB	tier 3	QLC (12 tabs/day)
XANAX (*alprazolam*) (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	tier 3	QLC (4 tabs/day)
XANAX (*alprazolam*) 2 MG TAB	tier 3	QLC (2 tabs/day)
XANAX XR (*alprazolam*) (0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H)	tier 3	QLC (1 tab/day)
XANAX XR (*alprazolam*) 2 MG TAB ER 24H	tier 3	QLC (2 tabs/day)
BIPOLAR AGENTS (Drugs for Bipolar Disorder)		
MOOD STABILIZERS		
EQUETRO (*carbamazepine (antipsychotic)*) (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	tier 2	
LITHIUM CARBONATE (150 MG CAP, 300 MG CAP, 600 MG CAP)	tier 1	
lithium carbonate cap 150 mg	tier 1	
lithium carbonate cap 300 mg	tier 1	
lithium carbonate cap 600 mg	tier 1	
lithium carbonate tab 300 mg	tier 1	
lithium carbonate tab er 300 mg (LITHIUM CARBONATE ER)	tier 1	
lithium carbonate tab er 450 mg (LITHIUM CARBONATE ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lithium oral solution 8 meq/5ml	tier 1	
LITHOBID (*lithium carbonate*) 300 MG TAB ER	tier 3	

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

acarbose tab 100 mg	tier 1	
acarbose tab 25 mg	tier 1	
acarbose tab 50 mg	tier 1	
ACTOPLUS MET (*pioglitazone hcl-metformin hcl*) (15-500 MG TAB, 15-850 MG TAB)	tier 3	QLC (3 tabs/day)
ACTOS (*pioglitazone hcl*) (15 MG TAB, 30 MG TAB, 45 MG TAB)	tier 3	
ADLYXIN (*lixisenatide*) 20 MCG/0.2ML SOLN PEN	tier 3	PA, QLC (1 pack/month)
ADLYXIN STARTER PACK (*lixisenatide*) 10 & 20 MCG/0.2ML PEN KIT	tier 3	PA, QLC (1 pack/month)
ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	tier 3	ST, QLC (1 tab/day)
ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB)	tier 3	ST, QLC (2 tabs/day)
ALOGLIPTIN-PIOGLITAZONE (12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	tier 3	ST, QLC (1 tab/day)
AMARYL (*glimepiride*) (1 MG TAB, 2 MG TAB, 4 MG TAB)	tier 3	
BRYNOVIN (*sitagliptin hydrochloride*) 25 MG/ML SOLUTION	tier 3	PA, QLC (4 ml/day)
BYDUREON BCISE (*exenatide*) 2 MG/0.85ML A-INJ	tier 3	PA, QLC (4 injectors/28 days)
BYETTA 10 MCG PEN (*exenatide*) /0.04ML SOLN	tier 3	PA, QLC (1 pen/month)
BYETTA 5 MCG PEN (*exenatide*) /0.02ML SOLN	tier 3	PA, QLC (1 pen/month)
CYCLOSET (*bromocriptine mesylate (diabetes)*) 0.8 MG TAB	tier 3	PA, QLC (6 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DAPAGLIFLOZIN PRO-METFORMIN ER (*dapagliflozin propanediol-metformin hcl*) 10-1000 MG TAB 24H	tier 3	PA, QLC (1 tab/day)
DAPAGLIFLOZIN PRO-METFORMIN ER (*dapagliflozin propanediol-metformin hcl*) 5-1000 MG TAB 24H	tier 3	PA, QLC (2 tabs/day)
DUETACT (*pioglitazone hcl-glimepiride*) (30-2 MG TAB, 30-4 MG TAB)	tier 3	ST, QLC (1 tab/day)
EXENATIDE 10 MCG/0.04ML SOLN PEN	tier 1	PA, QLC (1 pen/month)
EXENATIDE 5 MCG/0.02ML SOLN PEN	tier 1	PA, QLC (1 pen/month)
GLIMEPIRIDE 3 MG TAB	tier 1	PA, QLC (2 tabs/day)
glimepiride tab 1 mg	tier 1	
glimepiride tab 2 mg	tier 1	
glimepiride tab 4 mg	tier 1	
GLIPIZIDE 2.5 MG TAB	tier 1	QLC (1 tab/day)
glipizide tab 10 mg	tier 1	
glipizide tab 5 mg	tier 1	
glipizide tab er 24hr 10 mg (GLIPIZIDE ER)	tier 1	
glipizide tab er 24hr 10 mg (GLIPIZIDE XL)	tier 1	
glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER)	tier 1	
glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL)	tier 1	
glipizide tab er 24hr 5 mg (GLIPIZIDE ER)	tier 1	
glipizide tab er 24hr 5 mg (GLIPIZIDE XL)	tier 1	
glipizide-metformin hcl tab 2.5-250 mg	tier 1	
glipizide-metformin hcl tab 2.5-500 mg	tier 1	
glipizide-metformin hcl tab 5-500 mg	tier 1	
GLUCOTROL XL (*glipizide*) (2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H)	tier 3	
GLUMETZA (*metformin hcl*) 1000 MG TAB ER 24H	tier 3	PA, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLUMETZA (*metformin hcl*) 500 MG TAB ER 24H	tier 3	PA
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	tier 1	
glyburide tab 1.25 mg	tier 1	
glyburide tab 2.5 mg	tier 1	
glyburide tab 5 mg	tier 1	
glyburide-metformin tab 1.25-250 mg	tier 1	
glyburide-metformin tab 2.5-500 mg	tier 1	
glyburide-metformin tab 5-500 mg	tier 1	
GLYNASE (*glyburide micronized*) (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	tier 3	
GLYXAMBI (*empagliflozin-linagliptin*) (10-5 MG TAB, 25-5 MG TAB)	tier 2	ST, QLC (1 tab/day)
INVOKAMET (*canagliflozin-metformin hcl*) (50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB)	tier 3	ST, QLC (2 tabs/day)
INVOKAMET (*canagliflozin-metformin hcl*) 50-500 MG TAB	tier 3	ST, QLC (4 tabs/day)
INVOKAMET XR (*canagliflozin-metformin hcl*) (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H)	tier 3	ST, QLC (2 tabs/day)
JANUMET (*sitagliptin-metformin hcl*) (50-1000 MG TAB, 50-500 MG TAB)	tier 2	ST, QLC (2 tabs/day)
JANUMET XR (*sitagliptin phosphate-metformin hcl*) (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	tier 2	ST, QLC (1 tab/day)
JANUMET XR (*sitagliptin phosphate-metformin hcl*) 50-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
JANUVIA (*sitagliptin phosphate*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 2	ST, QLC (1 tab/day)
JENTADUETO (*linagliptin-metformin hcl*) (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	tier 3	ST, QLC (2 tabs/day)
JENTADUETO XR (*linagliptin-metformin hcl*) 2.5-1000 MG TAB ER 24H	tier 3	ST, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JENTADUETO XR (*linagliptin-metformin hcl*) 5-1000 MG TAB ER 24H	tier 3	ST, QLC (1 tab/day)
KAZANO (*alogliptin-metformin hcl*) (12.5-1000 MG TAB, 12.5-500 MG TAB)	tier 3	ST, QLC (2 tabs/day)
KOMBIGLYZE XR (*saxagliptin-metformin hcl*) (5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	tier 3	ST, QLC (1 tab/day)
KOMBIGLYZE XR (*saxagliptin-metformin hcl*) 2.5-1000 MG TAB ER 24H	tier 3	ST, QLC (2 tabs/day)
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	tier 1	PA, QLC (3 pens/30 days)
METFORMIN HCL 625 MG TAB	tier 1	PA, QLC (4 tabs/day)
METFORMIN HCL 750 MG TAB	tier 1	PA, QLC (3 tabs/day)
metformin hcl oral soln 500 mg/5ml	tier 3	PA, QLC (25.5 ml/day)
metformin hcl tab 1000 mg	tier 1	
metformin hcl tab 500 mg	tier 1	
metformin hcl tab 850 mg	tier 1	
metformin hcl tab er 24hr 500 mg (METFORMIN HCL ER)	tier 1	
metformin hcl tab er 24hr 750 mg (METFORMIN HCL ER)	tier 1	
metformin hcl tab er 24hr modified release 1000 mg (METFORMIN HCL ER (MOD))	tier 1	PA, QLC (2 tabs/day)
metformin hcl tab er 24hr modified release 500 mg (METFORMIN HCL ER (MOD))	tier 1	PA, QLC (3 tabs/day)
metformin hcl tab er 24hr osmotic 1000 mg (METFORMIN HCL ER (OSM))	tier 1	PA
metformin hcl tab er 24hr osmotic 500 mg (METFORMIN HCL ER (OSM))	tier 1	PA
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 1	QLC (3 tabs/day)
miglitol tab 100 mg	tier 1	QLC (3 tabs/day)
miglitol tab 25 mg	tier 1	QLC (3 tabs/day)
miglitol tab 50 mg	tier 1	QLC (3 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOUNJARO (*tirzepatide*) (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	tier 2	PA, QLC (4 pens (2 ml)/28 days)
nateglinide tab 120 mg	tier 1	
nateglinide tab 60 mg	tier 1	
NESINA (*alogliptin benzoate*) (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	tier 3	ST, QLC (1 tab/day)
ONGLYZA (*saxagliptin hcl*) (2.5 MG TAB, 5 MG TAB)	tier 3	ST, QLC (1 tab/day)
OSENI (*alogliptin-pioglitazone*) (12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	tier 3	ST, QLC (1 tab/day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (*semaglutide*) (MG/1.5ML SOLN PEN	tier 2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (*semaglutide*) (MG/3ML SOLN PEN	tier 2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) (*semaglutide*) 2 MG/1.5ML SOLN PEN	tier 2	PA, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (*semaglutide*) 4 MG/3ML SOLN PEN	tier 2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (*semaglutide*) 8 MG/3ML SOLN PEN	tier 2	PA, QLC (1 pen (3ml)/28 days)
pioglitazone hcl tab 15 mg (base equiv)	tier 1	
pioglitazone hcl tab 30 mg (base equiv)	tier 1	
pioglitazone hcl tab 45 mg (base equiv)	tier 1	
pioglitazone hcl-glimepiride tab 30-2 mg	tier 1	ST, QLC (1 tab/day)
pioglitazone hcl-glimepiride tab 30-4 mg	tier 1	ST, QLC (1 tab/day)
pioglitazone hcl-metformin hcl tab 15-500 mg	tier 1	QLC (3 tabs/day)
pioglitazone hcl-metformin hcl tab 15-850 mg	tier 1	QLC (3 tabs/day)
PRECOSE (*acarbose*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QTERN (*dapagliflozin-saxagliptin*) (5-5 MG TAB, 10-5 MG TAB)	tier 3	PA, QLC (1 tab/day)
repaglinide tab 0.5 mg	tier 1	
repaglinide tab 1 mg	tier 1	
repaglinide tab 2 mg	tier 1	
RIOMET (*metformin hcl*) 500 MG/5ML SOLUTION	tier 3	PA, QLC (25.5 ml/day)
RYBELSUS (*semaglutide*) (3 MG TAB, 7 MG TAB, 14 MG TAB)	tier 2	PA, QLC (1 tab/day)
saxagliptin hcl tab 2.5 mg (base equiv)	tier 1	ST, QLC (1 tab/day)
saxagliptin hcl tab 5 mg (base equiv)	tier 1	ST, QLC (1 tab/day)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (SAXAGLIPTIN-METFORMIN ER)	tier 1	ST, QLC (2 tabs/day)
saxagliptin-metformin hcl tab er 24hr 5-1000 mg (SAXAGLIPTIN-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
saxagliptin-metformin hcl tab er 24hr 5-500 mg (SAXAGLIPTIN-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
SEGLUROMET (*ertugliflozin-metformin hcl*) (2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB)	tier 3	ST, QLC (2 tabs/day)
SEGLUROMET (*ertugliflozin-metformin hcl*) 2.5-500 MG TAB	tier 3	ST, QLC (4 tabs/day)
SITAGLIPT BASE-METFORM HCL ER (*sitagliptin free base-metformin hcl*) (ER 50-500 MG TAB ER 24H, ER 100-1000 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
SITAGLIPT BASE-METFORM HCL ER (*sitagliptin free base-metformin hcl*) 50-1000 MG TAB 24H	tier 3	PA, QLC (2 tabs/day)
SITAGLIPTIN (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	PA, QLC (1 tab/day)
SITAGLIPTIN BASE-METFORMIN HCL (*sitagliptin free base-metformin hcl*) (50-1000 MG TAB, 50-500 MG TAB)	tier 3	PA, QLC (2 tabs/day)
SOLIQUA (*insulin glargine-lixisenatide*) 100-33 UNT-MCG/ML SOLN PEN	tier 3	PA, QLC (6 pens/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STEGLUJAN (*ertugliflozin-sitagliptin*) (5-100 MG TAB, 15-100 MG TAB)	tier 3	PA, QLC (1 tab/day)
SYMLINPEN 120 (*pramlintide acetate*) SYMLIN2700 MCG/2.7ML SOLN	tier 3	PA
SYMLINPEN 60 (*pramlintide acetate*) SYMLIN1500 MCG/1.5ML SOLN	tier 3	PA
SYNJARDY (*empagliflozin-metformin hcl*) (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	tier 2	ST, QLC (2 tabs/day)
SYNJARDY XR (*empagliflozin-metformin hcl*) (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	tier 2	ST, QLC (2 tabs/day)
SYNJARDY XR (*empagliflozin-metformin hcl*) 25-1000 MG TAB ER 24H	tier 2	ST, QLC (1 tab/day)
TRADJENTA (*linagliptin*) 5 MG TAB	tier 3	ST, QLC (1 tab/day)
TRIJARDY XR (*empagliflozin-linagliptin-metformin*) (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
TRIJARDY XR (*empagliflozin-linagliptin-metformin*) (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	tier 3	PA, QLC (2 tabs/day)
TRULICITY (*dulaglutide*) (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	tier 2	PA, QLC (4 pens (2 ml)/28 days)
VICTOZA (*liraglutide*) 18 MG/3ML SOLN PEN	tier 3	PA, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size))
XIGDUO XR (*dapagliflozin propanediol-metformin hcl*) 10-1000 MG TAB ER 24H	tier 2	ST, QLC (1 tab/day)
XIGDUO XR (*dapagliflozin propanediol-metformin hcl*) 5-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
XIGDUO XR (*dapagliflozin-metformin hcl*) (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	tier 2	ST, QLC (1 tab/day)
XIGDUO XR (*dapagliflozin-metformin hcl*) 2.5-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
XULTOPHY (*insulin degludec-liraglutide*) 100-3.6 UNIT-MG/ML SOLN PEN	tier 3	PA, QLC (5 pens/month)
ZITUVIMET (*sitagliptin free base-metformin hcl*) (50-1000 MG TAB, 50-500 MG TAB)	tier 3	PA, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZITUVIMET XR (*sitagliptin free base-metformin hcl*) (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
ZITUVIMET XR (*sitagliptin free base-metformin hcl*) 50-1000 MG TAB ER 24H	tier 3	PA, QLC (2 tabs/day)
ZITUVIO (*sitagliptin*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	PA, QLC (1 tab/day)
GLYCEMIC AGENTS (Drugs for Low Blood Sugar)		
BAQSIMI ONE PACK (*glucagon*) 3 MG/DOSE POWDER	tier 3	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (*glucagon*) 3 MG/DOSE POWDER	tier 3	QLC (2 sprayers/30 days)
diazoxide susp 50 mg/ml	tier 1	
GLUCAGEN HYPOKIT (*glucagon hcl*) 1 MG RECON SOLN	tier 2	QLC (2 injections/fill)
GLUCAGON EMERGENCY (*glucagon hcl*) 1 MG/ML RECON SOLN	tier 2	QLC (2 kits/fill)
GLUCAGON EMERGENCY 1 MG RECON SOLN	tier 3	QLC (2 kits/fill)
glucagon for inj 1 mg (Glucagon Emergency)	tier 1	QLC (2 kits/fill)
GVOKE HYPOPEN 1-PACK (*glucagon*) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	tier 3	QLC (2 injectors/30 days)
GVOKE HYPOPEN 2-PACK (*glucagon*) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	tier 3	QLC (2 injectors/30 days)
GVOKE KIT (*glucagon*) 1 MG/0.2ML SOLUTION	tier 3	QLC (2 kits/30 days)
GVOKE PFS (*glucagon*) (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	tier 3	QLC (2 syringes/30 days)
PROGLYCEM (*diazoxide*) 50 MG/ML SUSPENSION	tier 3	
VYKAT XR (*diazoxide choline*) 150 MG TAB ER 24H	tier 4	PA, LA, QLC (3 tabs/day)
VYKAT XR (*diazoxide choline*) 25 MG TAB ER 24H	tier 4	PA, LA, QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYKAT XR (*diazoxide choline*) 75 MG TAB ER 24H	tier 4	PA, LA, QLC (7 tabs/day)
ZEGALOGUE (*dasiglucagon hcl*) (0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR)	tier 3	PA, QLC (2 syringes/30 days)
INSULINS		
ADMELOG (*insulin lispro*) 100 UNIT/ML SOLUTION	tier 3	PA
ADMELOG SOLOSTAR (*insulin lispro*) 100 UNIT/ML SOLN PEN	tier 3	PA
AFREZZA (*insulin regular (human)*) (4 POWDER, 8 POWDER, 12 POWDER)	tier 3	PA, QLC (3 boxes/month)
AFREZZA (*insulin regular (human)*) (60X4 60X8 60X12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER)	tier 3	PA, QLC (1 box/month)
APIDRA (*insulin glulisine*) 100 UNIT/ML SOLUTION	tier 3	PA
APIDRA SOLOSTAR (*insulin glulisine*) 100 UNIT/ML SOLN PEN	tier 3	PA
BASAGLAR KWIKPEN (*insulin glargine*) KWIK100 UNIT/ML SOLN	tier 3	PA, QLC (45 ml (15 pens)/ month)
BASAGLAR TEMPO PEN (*insulin glargine*) 100 UNIT/ML SOLN	tier 3	PA, QLC (45 ml (15 pens)/ month)
FIASP (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLUTION	tier 3	PA
FIASP FLEXTOUCH (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN PEN	tier 3	PA
FIASP PENFILL (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN CART	tier 3	PA
FIASP PUMPCART (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN	tier 3	PA
HUMALOG (*insulin lispro*) 100 UNIT/ML SOLN CART	tier 2	
HUMALOG (*insulin lispro*) 100 UNIT/ML SOLUTION	tier 3	PA
HUMALOG JUNIOR KWIKPEN (*insulin lispro*) KWIK100 UNIT/ML SOLN	tier 2	
HUMALOG KWIKPEN (*insulin lispro*) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMALOG MIX 50/50 (*insulin lispro protamine & lispro*) (50-50) 100 UNIT/ML SUSPENSION	tier 2	
HUMALOG MIX 50/50 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(50-50) 100 UNIT/ML SUSP	tier 2	
HUMALOG MIX 75/25 (*insulin lispro protamine & lispro*) (75-25) 100 UNIT/ML SUSPENSION	tier 2	
HUMALOG MIX 75/25 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(75-25) 100 UNIT/ML SUSP	tier 2	
HUMALOG TEMPO PEN (*insulin lispro*) 100 UNIT/ML SOLN	tier 3	PA
HUMULIN R U-500 (CONCENTRATED) (*insulin regular (human)*) (CONCENTATED) UNIT/ML SOLUTION	tier 2	
HUMULIN R U-500 KWIKPEN (*insulin regular (human)*) KWIKUNIT/ML SOLN	tier 3	
INSULIN ASP PROT & ASP FLEXPEN (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP	tier 3	PA
INSULIN ASPART 100 UNIT/ML SOLUTION	tier 3	PA
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	tier 3	PA
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	tier 3	PA
INSULIN ASPART PROT & ASPART (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION	tier 3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	tier 3	PA, QLC (3 vials/30 days)
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	tier 3	PA, QLC (10 pens/month)
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	tier 3	PA, QLC (9 pens/month)
INSULIN GLARGINE 100 UNIT/ML SOLUTION	tier 3	PA, QLC (40 ml (4 vials)/ month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	tier 3	PA, QLC (6 pens/month)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	tier 3	PA, QLC (45 ml (15 pens)/ month)
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	tier 3	PA, QLC (12 pens/month)
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	tier 3	PA, QLC (45 ml/30 days)
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	tier 3	PA, QLC (40 ml/30 days)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	tier 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	tier 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	tier 1	
INSULIN LISPRO PROT & LISPRO (*insulin lispro protamine & lispro*) (75-25) 100 UNIT/ML SUSP PEN	tier 3	
KIRSTY (*insulin aspart-xjhz*) (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	tier 3	PA
LANTUS (*insulin glargine*) 100 UNIT/ML SOLUTION	tier 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (*insulin glargine*) 100 UNIT/ML SOLN PEN	tier 2	QLC (45 ml (15 pens)/ month)
LEVEMIR (*insulin detemir*) 100 UNIT/ML SOLUTION	tier 3	PA, QLC (40 ml/month)
LEVEMIR FLEXPEN (*insulin detemir*) FLEX100 UNIT/ML SOLN	tier 3	PA, QLC (45 ml/month)
LEVEMIR FLEXTOUCH (*insulin detemir*) 100 UNIT/ML SOLN PEN	tier 3	PA, QLC (45 ml/month)
LYUMJEV (*insulin lispro-aabc*) 100 UNIT/ML SOLUTION	tier 2	
LYUMJEV KWIKPEN (*insulin lispro-aabc*) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	tier 2	
LYUMJEV TEMPO PEN (*insulin lispro-aabc*) 100 UNIT/ML SOLN	tier 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MERILOG (*insulin aspart-szjj*) 100 UNIT/ML SOLUTION	tier 3	PA
MERILOG SOLOSTAR (*insulin aspart-szjj*) 100 UNIT/ML SOLN PEN	tier 3	PA
NOVOLOG (*insulin aspart*) 100 UNIT/ML SOLUTION	tier 3	PA
NOVOLOG 70/30 FLEXPEN RELION (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP	tier 3	PA
NOVOLOG FLEXPEN (*insulin aspart*) FLEX100 UNIT/ML SOLN	tier 3	PA
NOVOLOG FLEXPEN RELION (*insulin aspart*) FLEX100 UNIT/ML SOLN	tier 3	PA
NOVOLOG MIX 70/30 (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION	tier 3	PA
NOVOLOG MIX 70/30 FLEXPEN (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP	tier 3	PA
NOVOLOG MIX 70/30 RELION (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION	tier 3	PA
NOVOLOG PENFILL (*insulin aspart*) 100 UNIT/ML SOLN CART	tier 3	PA
NOVOLOG RELION (*insulin aspart*) 100 UNIT/ML SOLUTION	tier 3	PA
REZVOGLAR KWIKPEN (*insulin glargine-aglr*) KWIK100 UNIT/ML SOLN	tier 3	PA, QLC (45 ml/ 30 days)
SEMGLEE (*insulin glargine*) 100 UNIT/ML SOLN PEN	tier 3	PA, QLC (45 ml (15 pens)/ month)
SEMGLEE (*insulin glargine*) 100 UNIT/ML SOLUTION	tier 3	PA, QLC (40 ml (4 vials)/ month)
SEMGLEE (YFGN) (*insulin glargine-yfgn*) 100 UNIT/ML SOLN PEN	tier 3	PA, QLC (45 ml/30 days)
SEMGLEE (YFGN) (*insulin glargine-yfgn*) 100 UNIT/ML SOLUTION	tier 3	PA, QLC (40 ml/30 days)
TOUJEO MAX SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN	tier 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN	tier 2	QLC (12 pens/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRESIBA (*insulin degludec*) 100 UNIT/ML SOLUTION	tier 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (*insulin degludec*) 100 UNIT/ML SOLN PEN	tier 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (*insulin degludec*) 200 UNIT/ML SOLN PEN	tier 2	QLC (9 pens/month)
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)		
ANTICOAGULANTS (Blood Thinners)		
ARIXTRA (*fondaparinux sodium*) (2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION)	tier 4	QLC (1 syringe/day)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (	tier 1	QLC (2 caps/day)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (	tier 1	QLC (2 caps/day)
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (	tier 1	QLC (2 caps/day)
ELIQUIS (1.5 MG PACK) (*apixaban*) 3 0.5 TAB SOL	tier 2	QLC (12 tabs/day (allows loading dose))
ELIQUIS (2 MG PACK) (*apixaban*) 4 0.5 TAB SOL	tier 2	QLC (16 tabs/day (allows loading dose))
ELIQUIS (*apixaban*) (2.5 MG TAB, 5 MG TAB)	tier 2	QLC (2 tabs/day)
ELIQUIS (*apixaban*) 0.15 MG CAP SPRINK	tier 2	QLC (2 caps/day (allows loading dose))
ELIQUIS (*apixaban*) 0.5 MG TAB SOL	tier 2	QLC (4 tabs/day (allows loading dose))
ELIQUIS DVT/PE STARTER PACK (*apixaban*) 5 MG TAB THPK	tier 2	QLC (74 tabs/180 days)
enoxaparin sodium inj 300 mg/3ml	tier 4	QLC (2 ml/day)
enoxaparin sodium inj soln pref syr 100 mg/ml	tier 4	QLC (2 syringes/day)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	tier 4	QLC (2 syringes/day)
enoxaparin sodium inj soln pref syr 150 mg/ml	tier 4	QLC (2 syringes/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	tier 4	QLC (2 syringes/day)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	tier 4	QLC (2 syringes/day)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	tier 4	QLC (2 syringes/day)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	tier 4	QLC (2 syringes/day)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	tier 4	QLC (1 syringe/day)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	tier 4	QLC (1 syringe/day)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	tier 4	QLC (1 syringe/day)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	tier 4	QLC (1 syringe/day)
FRAGMIN (*dalteparin sodium*) (10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR)	tier 4	QLC (1 syringe/day)
FRAGMIN (*dalteparin sodium*) (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR)	tier 4	QLC (2 syringes/day)
FRAGMIN (*dalteparin sodium*) 10000 UNIT/4ML SOLUTION	tier 4	QLC (2 vials/day)
FRAGMIN (*dalteparin sodium*) 12500 UNIT/0.5ML SOLN PRSYR	tier 4	QLC (1 syringe/day)
FRAGMIN (*dalteparin sodium*) 95000 UNIT/3.8ML SOLUTION	tier 4	QLC (0.8 ml/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	tier 1	
heparin sodium (porcine) inj 1000 unit/ml	tier 1	
heparin sodium (porcine) inj 10000 unit/ml	tier 1	
heparin sodium (porcine) inj 20000 unit/ml	tier 1	
heparin sodium (porcine) inj 5000 unit/ml	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	tier 1	
heparin sodium (porcine) pf inj 1000 unit/ml	tier 1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	tier 1	
LOVENOX (*enoxaparin sodium*) (30 MG/0.3ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	tier 4	QLC (2 syringes/day)
LOVENOX (*enoxaparin sodium*) (40 MG/0.4ML SOLN PRSYR, 60 MG/0.6ML SOLN PRSYR, 100 MG/ML SOLN PRSYR)	tier 4	QLC (2 syringes/day)
LOVENOX (*enoxaparin sodium*) 300 MG/3ML SOLUTION	tier 4	QLC (2 ml/day)
PRADAXA (*dabigatran etexilate mesylate*) (20 MG PACKET, 150 MG PACKET)	tier 3	PA, QLC (2 packs/day)
PRADAXA (*dabigatran etexilate mesylate*) (30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET)	tier 3	PA, QLC (4 packs/day)
PRADAXA (*dabigatran etexilate mesylate*) (75 MG CAP, 150 MG CAP)	tier 3	QLC (2 caps/day)
PRADAXA (*dabigatran etexilate mesylate*) 110 MG CAP	tier 3	QLC (2 caps/day)
rivaroxaban for susp 1 mg/ml	tier 1	QLC (20 ml/day)
rivaroxaban tab 2.5 mg	tier 1	QLC (2 tabs/day)
SAVAYSA (*edoxaban tosylate*) (15 MG TAB, 30 MG TAB, 60 MG TAB)	tier 3	PA, QLC (1 tab/day)
warfarin sodium tab 1 mg	tier 1	
warfarin sodium tab 1 mg (Jantoven)	tier 1	
warfarin sodium tab 10 mg	tier 1	
warfarin sodium tab 10 mg (Jantoven)	tier 1	
warfarin sodium tab 2 mg	tier 1	
warfarin sodium tab 2 mg (Jantoven)	tier 1	
warfarin sodium tab 2.5 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
warfarin sodium tab 2.5 mg (Jantoven)	tier 1	
warfarin sodium tab 3 mg	tier 1	
warfarin sodium tab 3 mg (Jantoven)	tier 1	
warfarin sodium tab 4 mg	tier 1	
warfarin sodium tab 4 mg (Jantoven)	tier 1	
warfarin sodium tab 5 mg	tier 1	
warfarin sodium tab 5 mg (Jantoven)	tier 1	
warfarin sodium tab 6 mg	tier 1	
warfarin sodium tab 6 mg (Jantoven)	tier 1	
warfarin sodium tab 7.5 mg	tier 1	
warfarin sodium tab 7.5 mg (Jantoven)	tier 1	
XARELTO (*rivaroxaban*) (10 MG TAB, 15 MG TAB, 20 MG TAB)	tier 2	QLC (1 tab/day)
XARELTO (*rivaroxaban*) 1 MG/ML RECON SUSP	tier 2	QLC (20 ml/day)
XARELTO (*rivaroxaban*) 2.5 MG TAB	tier 2	QLC (2 tabs/day)
XARELTO STARTER PACK (*rivaroxaban*) 15 & 20 MG TAB THPK	tier 2	QLC (1 starter pack/6 months)
ZONTIVITY (*vorapaxar sulfate*) 2.08 MG TAB	tier 3	QLC (1 tab/day)
BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)		
AGRYLIN (*anagrelide hcl*) 0.5 MG CAP	tier 3	
ALVAIZ (*eltrombopag choline*) (36 MG TAB, 54 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
ALVAIZ (*eltrombopag choline*) (9 MG TAB, 18 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
anagrelide hcl cap 0.5 mg	tier 1	
anagrelide hcl cap 1 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARANESP (ALBUMIN FREE) (*darbepoetin alfa*) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe or vial/week)
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
eltrombopag olamine tab 12.5 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
eltrombopag olamine tab 25 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
eltrombopag olamine tab 50 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
eltrombopag olamine tab 75 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
EPOGEN (*epoetin alfa*) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	tier 4	PA, S (Specialty Drug)
FABHALTA (*iptacopan hcl*) 200 MG CAP	tier 4	PA, LA, QLC (2 caps/day)
FULPHILA (*pegfilgrastim-jmdb*) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)
FYLNETRA (*pegfilgrastim-pbbk*) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug)
GRANIX (*tbo-filgrastim*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	tier 4	PA, S (Specialty Drug)
LEUKINE (*sargramostim*) 250 MCG RECON SOLN	tier 4	PA, S (Specialty Drug)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MIRCERA (*methoxy polyethylene glycol-epoetin beta*) (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 120 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	tier 4	PA, LA, QLC (2 syringes/28 days)
MOZOBIL (*plerixafor*) 24 MG/1.2ML SOLUTION	tier 4	PA, LA, S (Specialty Drug)
MULPLETA (*lusutrombopag*) 3 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day, not to exceed 7 tabs/120 days)
NEULASTA (*pegfilgrastim*) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)
NEUPOGEN (*filgrastim*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	tier 4	PA, S (Specialty Drug)
NIVESTYM (*filgrastim-aafi*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	tier 4	PA, S (Specialty Drug)
NYPOZI (*filgrastim-txid*) (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug)
NYVEPRIA (*pegfilgrastim-apgf*) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	tier 4	PA, S (Specialty Drug)
PROCRIT (*epoetin alfa*) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	tier 4	PA, S (Specialty Drug)
PROMACTA (*eltrombopag olamine*) (25 MG TAB, 50 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
PROMACTA (*eltrombopag olamine*) 12.5 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
PROMACTA (*eltrombopag olamine*) 12.5 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMACTA (*eltrombopag olamine*) 25 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
PROMACTA (*eltrombopag olamine*) 75 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
PYRUKYND TAPER PACK (*mitapivat sulfate*) (PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK)	tier 4	PA, LA, QLC (14 tabs/28 days)
PYRUKYND TAPER PACK (*mitapivat sulfate*) 5 MG TAB THPK	tier 4	PA, LA, QLC (7 tabs/28 days)
RELEUKO (*filgrastim-ayow*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	tier 4	PA, LA, S (Specialty Drug)
RETACRIT (*epoetin alfa-epbx*) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	tier 4	PA, S (Specialty Drug)
ROLVEDON (*eflapegrastim-xnst*) 13.2 MG/0.6ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug)
STIMUFEND (*pegfilgrastim-fpgk*) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)
UDENYCA (*pegfilgrastim-cbqv*) (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug)
ZARXIO (*filgrastim-sndz*) (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug)
ZIEXTENZO (*pegfilgrastim-bmez*) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, LA
HEMOSTASIS AGENTS (Drugs to Stop Bleeding)		
aminocaproic acid oral soln 0.25 gm/ml	tier 1	
aminocaproic acid tab 1000 mg	tier 1	
aminocaproic acid tab 500 mg	tier 1	
LYSTEDA (*tranexamic acid*) 650 MG TAB	tier 3	QLC (6 tabs/day; max 5 days of therapy/28 days)
MEPHYTON (*phytonadione*) 5 MG TAB	tier 3	QLC (5 tabs/week)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
phytonadione tab 5 mg	tier 1	QLC (5 tabs/week)
tranexamic acid tab 650 mg	tier 1	QLC (6 tabs/day; max 5 days of therapy/28 days)
PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)		
aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER)	tier 1	
BRILINTA (*ticagrelor*) (60 MG TAB, 90 MG TAB)	tier 3	QLC (2 tabs/day)
CABLIVI (*caplacizumab-yhdp*) 11 MG KIT	tier 4	PA, LA, QLC (1 kit/day)
cilostazol tab 100 mg	tier 1	
cilostazol tab 50 mg	tier 1	
clopidogrel bisulfate tab 75 mg (base equiv)	tier 1	QLC (1 tab/day)
dipyridamole tab 25 mg	tier 1	
dipyridamole tab 50 mg	tier 1	
dipyridamole tab 75 mg	tier 1	
DOPTELET (*avatrombopag maleate*) 20 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
DOPTELET SPRINKLE (*avatrombopag maleate*) 10 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
EFFIENT (*prasugrel hcl*) (5 MG TAB, 10 MG TAB)	tier 3	QLC (1 tab/day)
PLAVIX (*clopidogrel bisulfate*) 75 MG TAB	tier 3	QLC (1 tab/day)
prasugrel hcl tab 10 mg (base equiv)	tier 1	QLC (1 tab/day)
prasugrel hcl tab 5 mg (base equiv)	tier 1	QLC (1 tab/day)
TAVALISSE (*fostamatinib disodium*) (100 MG TAB, 150 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day)
ticagrelor tab 60 mg	tier 1	QLC (2 tabs/day)
ticagrelor tab 90 mg	tier 1	QLC (2 tabs/day)
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)		
ALPHA-ADRENERGIC AGONISTS		
CATAPRES-TTS-1 (*clonidine*) 0.1 MG/24HR PATCH WK	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CATAPRES-TTS-2 (*clonidine*) 0.2 MG/24HR PATCH WK	tier 3	
CATAPRES-TTS-3 (*clonidine*) 0.3 MG/24HR PATCH WK	tier 3	
CLONIDINE ER 0.17 MG TAB 24H	tier 3	PA, QLC (3 tabs/day)
clonidine hcl tab 0.1 mg	tier 1	
clonidine hcl tab 0.2 mg	tier 1	
clonidine hcl tab 0.3 mg	tier 1	
clonidine td patch weekly 0.1 mg/24hr	tier 1	
clonidine td patch weekly 0.2 mg/24hr	tier 1	
clonidine td patch weekly 0.3 mg/24hr	tier 1	
droxidopa cap 100 mg	tier 4	PA, S (Specialty Drug), QLC (18 caps/day)
droxidopa cap 200 mg	tier 4	PA, S (Specialty Drug), QLC (9 caps/day)
droxidopa cap 300 mg	tier 4	PA, S (Specialty Drug), QLC (6 caps/day)
guanfacine hcl tab 1 mg	tier 1	
guanfacine hcl tab 2 mg	tier 1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	tier 1	
methyldopa tab 250 mg	tier 1	
midodrine hcl tab 10 mg	tier 1	
midodrine hcl tab 2.5 mg	tier 1	
midodrine hcl tab 5 mg	tier 1	
NEXICLON XR (*clonidine hcl*) 0.17 MG TAB ER 24H	tier 3	PA, QLC (3 tabs/day)
NORTHERA (*droxidopa*) 100 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (18 caps/day)
NORTHERA (*droxidopa*) 200 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (9 caps/day)
NORTHERA (*droxidopa*) 300 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA (*doxazosin mesylate*) (1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB)	tier 3	
DIBENZYLINE (*phenoxybenzamine hcl*) 10 MG CAP	tier 4	PA
doxazosin mesylate tab 1 mg	tier 1	
doxazosin mesylate tab 2 mg	tier 1	
doxazosin mesylate tab 4 mg	tier 1	
doxazosin mesylate tab 8 mg	tier 1	
MINIPRESS (*prazosin hcl*) (1 MG CAP, 2 MG CAP, 5 MG CAP)	tier 3	
phenoxybenzamine hcl cap 10 mg	tier 4	PA
prazosin hcl cap 1 mg	tier 1	
prazosin hcl cap 2 mg	tier 1	
prazosin hcl cap 5 mg	tier 1	
terazosin hcl cap 1 mg (base equivalent)	tier 1	
terazosin hcl cap 10 mg (base equivalent)	tier 1	
terazosin hcl cap 2 mg (base equivalent)	tier 1	
terazosin hcl cap 5 mg (base equivalent)	tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI (*losartan potassium*) 10 MG/ML SUSPENSION	tier 3	PA, QLC (330 ml/30 days)
ATACAND (*candesartan cilexetil*) 16 MG TAB	tier 3	QLC (2 tabs/day)
ATACAND (*candesartan cilexetil*) 32 MG TAB	tier 3	QLC (1 tab/day)
ATACAND (*candesartan cilexetil*) 4 MG TAB	tier 3	QLC (8 tabs/day)
ATACAND (*candesartan cilexetil*) 8 MG TAB	tier 3	QLC (4 tabs/day)
AVAPRO (*irbesartan*) (75 MG TAB, 150 MG TAB, 300 MG TAB)	tier 3	QLC (1 tab/day)
BENICAR (*olmesartan medoxomil*) (20 MG TAB, 40 MG TAB)	tier 3	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BENICAR (*olmesartan medoxomil*) 5 MG TAB	tier 3	QLC (3 tabs/day)
candesartan cilexetil tab 16 mg	tier 1	QLC (2 tabs/day)
candesartan cilexetil tab 32 mg	tier 1	QLC (1 tab/day)
candesartan cilexetil tab 4 mg	tier 1	QLC (8 tabs/day)
candesartan cilexetil tab 8 mg	tier 1	QLC (4 tabs/day)
COZAAR (*losartan potassium*) 100 MG TAB	tier 3	QLC (1 tab/day)
COZAAR (*losartan potassium*) 25 MG TAB	tier 3	QLC (4 tabs/day)
COZAAR (*losartan potassium*) 50 MG TAB	tier 3	QLC (2 tabs/day)
DIOVAN (*valsartan*) (40 MG TAB, 80 MG TAB, 160 MG TAB)	tier 3	QLC (2 tabs/day)
DIOVAN (*valsartan*) 320 MG TAB	tier 3	QLC (1 tab/day)
EDARBI (*azilsartan medoxomil*) (40 MG TAB, 80 MG TAB)	tier 3	ST, QLC (1 tab/day)
irbesartan tab 150 mg	tier 1	QLC (1 tab/day)
irbesartan tab 300 mg	tier 1	QLC (1 tab/day)
irbesartan tab 75 mg	tier 1	QLC (1 tab/day)
losartan potassium tab 100 mg	tier 1	QLC (1 tab/day)
losartan potassium tab 25 mg	tier 1	QLC (4 tabs/day)
losartan potassium tab 50 mg	tier 1	QLC (2 tabs/day)
MICARDIS (*telmisartan*) (20 MG TAB, 40 MG TAB)	tier 3	QLC (1 tab/day)
MICARDIS (*telmisartan*) 80 MG TAB	tier 3	QLC (2 tabs/day)
olmesartan medoxomil tab 20 mg	tier 1	QLC (1 tab/day)
olmesartan medoxomil tab 40 mg	tier 1	QLC (1 tab/day)
olmesartan medoxomil tab 5 mg	tier 1	QLC (3 tabs/day)
telmisartan tab 20 mg	tier 1	QLC (1 tab/day)
telmisartan tab 40 mg	tier 1	QLC (1 tab/day)
telmisartan tab 80 mg	tier 1	QLC (2 tabs/day)
valsartan oral soln 4 mg/ml	tier 1	PA, QLC (80 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
valsartan tab 160 mg	tier 1	QLC (2 tabs/day)
valsartan tab 320 mg	tier 1	QLC (1 tab/day)
valsartan tab 40 mg	tier 1	QLC (2 tabs/day)
valsartan tab 80 mg	tier 1	QLC (2 tabs/day)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL (*quinapril hcl*) (5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB)	tier 3	
ALTACE (*ramipril*) (1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP)	tier 3	
benazepril hcl tab 10 mg	tier 1	QLC (1 tab/day)
benazepril hcl tab 20 mg	tier 1	QLC (1 tab/day)
benazepril hcl tab 40 mg	tier 1	QLC (2 tabs/day)
benazepril hcl tab 5 mg	tier 1	QLC (1 tab/day)
captopril tab 100 mg	tier 1	
captopril tab 12.5 mg	tier 1	
captopril tab 25 mg	tier 1	
captopril tab 50 mg	tier 1	
enalapril maleate oral soln 1 mg/ml	tier 1	QLC (40 ml/day)
enalapril maleate tab 10 mg	tier 1	
enalapril maleate tab 2.5 mg	tier 1	
enalapril maleate tab 20 mg	tier 1	
enalapril maleate tab 5 mg	tier 1	
EPANED (*enalapril maleate*) 1 MG/ML SOLUTION	tier 3	QLC (40 ml/day)
fosinopril sodium tab 10 mg	tier 1	QLC (1 tab/day)
fosinopril sodium tab 20 mg	tier 1	QLC (1 tab/day)
fosinopril sodium tab 40 mg	tier 1	QLC (2 tabs/day)
lisinopril tab 10 mg	tier 1	
lisinopril tab 2.5 mg	tier 1	
lisinopril tab 20 mg	tier 1	
lisinopril tab 30 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lisinopril tab 40 mg	tier 1	
lisinopril tab 5 mg	tier 1	
LOTENSIN (*benazepril hcl*) 10 MG TAB	tier 3	QLC (1 tab/day)
LOTENSIN (*benazepril hcl*) 20 MG TAB	tier 3	QLC (1 tab/day)
LOTENSIN (*benazepril hcl*) 40 MG TAB	tier 3	QLC (2 tabs/day)
moexipril hcl tab 15 mg	tier 1	
moexipril hcl tab 7.5 mg	tier 1	
PERINDOPRIL ERBUMINE 2 MG TAB	tier 1	QLC (1 tab/day)
PERINDOPRIL ERBUMINE 8 MG TAB	tier 1	QLC (2 tabs/day)
perindopril erbumine tab 2 mg	tier 1	QLC (1 tab/day)
perindopril erbumine tab 4 mg	tier 1	QLC (1 tab/day)
perindopril erbumine tab 8 mg	tier 1	QLC (2 tabs/day)
QBRELIS (*lisinopril*) 1 MG/ML SOLUTION	tier 3	PA, QLC (40 ml/day)
quinapril hcl tab 10 mg	tier 1	
quinapril hcl tab 20 mg	tier 1	
quinapril hcl tab 40 mg	tier 1	
quinapril hcl tab 5 mg	tier 1	
ramipril cap 1.25 mg	tier 1	
ramipril cap 10 mg	tier 1	
ramipril cap 2.5 mg	tier 1	
ramipril cap 5 mg	tier 1	
trandolapril tab 1 mg	tier 1	
trandolapril tab 2 mg	tier 1	
trandolapril tab 4 mg	tier 1	
VASOTEC (*enalapril maleate*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB)	tier 3	
ZESTRIL (*lisinopril*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB)	tier 3	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

amiodarone hcl tab 100 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amiodarone hcl tab 100 mg (Pacerone)	tier 3	
amiodarone hcl tab 200 mg	tier 1	
amiodarone hcl tab 200 mg (Pacerone)	tier 1	
amiodarone hcl tab 400 mg	tier 1	
amiodarone hcl tab 400 mg (Pacerone)	tier 3	
BETAPACE (*sotalol hcl*) (80 MG TAB, 120 MG TAB, 160 MG TAB)	tier 3	
BETAPACE AF (*sotalol hcl (afib/afl)*) (80 MG TAB, 120 MG TAB, 160 MG TAB)	tier 3	
DIGOXIN 0.05 MG/ML SOLUTION	tier 1	QLC (5 ml/day)
digoxin oral soln 0.05 mg/ml	tier 1	QLC (5 ml/day)
digoxin tab 125 mcg (0.125 mg) (0.	tier 1	QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	tier 1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg)	tier 1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	tier 1	QLC (1 tab/day)
digoxin tab 62.5 mcg (0.0625 mg)	tier 1	QLC (1 tab/day)
disopyramide phosphate cap 100 mg	tier 1	
disopyramide phosphate cap 150 mg	tier 1	
dofetilide cap 125 mcg (0.125 mg) (0.	tier 1	
dofetilide cap 250 mcg (0.25 mg)	tier 1	
dofetilide cap 500 mcg (0.5 mg)	tier 1	
flecainide acetate tab 100 mg	tier 1	
flecainide acetate tab 150 mg	tier 1	
flecainide acetate tab 50 mg	tier 1	
LANOXIN (*digoxin*) (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	tier 3	QLC (1 tab/day)
mexiletine hcl cap 150 mg	tier 1	
mexiletine hcl cap 200 mg	tier 1	
mexiletine hcl cap 250 mg	tier 1	
MULTAQ (*dronedarone hcl*) 400 MG TAB	tier 2	QLC (2 tabs/day)
NORPACE (*disopyramide phosphate*) (100 MG CAP, 150 MG CAP)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NORPACE CR (*disopyramide phosphate*) 100 MG CAP ER 12H	tier 2	QLC (8 caps/day)
NORPACE CR (*disopyramide phosphate*) 150 MG CAP ER 12H	tier 2	QLC (5 caps/day)
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER)	tier 1	
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER)	tier 1	
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER)	tier 1	
propafenone hcl tab 150 mg	tier 1	
propafenone hcl tab 225 mg	tier 1	
propafenone hcl tab 300 mg	tier 1	
quinidine gluconate tab er 324 mg (QUINIDINE GLUCONATE ER)	tier 1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	tier 1	
quinidine sulfate tab 200 mg	tier 1	
quinidine sulfate tab 300 mg	tier 1	
RYTHMOL SR (*propafenone hcl*) (225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H)	tier 3	
sotalol hcl (afib/afl) tab 120 mg (Sotalol Hcl (af))	tier 1	
sotalol hcl (afib/afl) tab 160 mg (Sotalol Hcl (af))	tier 1	
sotalol hcl (afib/afl) tab 80 mg (Sotalol Hcl (af))	tier 1	
sotalol hcl tab 120 mg	tier 1	
sotalol hcl tab 120 mg (Sorine)	tier 1	
sotalol hcl tab 160 mg	tier 1	
sotalol hcl tab 160 mg (Sorine)	tier 1	
sotalol hcl tab 240 mg	tier 1	
sotalol hcl tab 240 mg (Sorine)	tier 1	
sotalol hcl tab 80 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sotalol hcl tab 80 mg (Sorine)	tier 1	
SOTYLIZE (*sotalol hcl*) 5 MG/ML SOLUTION	tier 3	PA, QLC (64 ml/day)
TIKOSYN (*dofetilide*) (125 MCG CAP, 250 MCG CAP, 500 MCG CAP)	tier 3	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl cap 200 mg	tier 1	
acebutolol hcl cap 400 mg	tier 1	
atenolol tab 100 mg	tier 1	
atenolol tab 25 mg	tier 1	
atenolol tab 50 mg	tier 1	
betaxolol hcl tab 10 mg	tier 1	
betaxolol hcl tab 20 mg	tier 1	
BISOPROLOL FUMARATE 2.5 MG TAB	tier 1	QLC (1 tab/day)
bisoprolol fumarate tab 10 mg	tier 1	
bisoprolol fumarate tab 5 mg	tier 1	
BYSTOLIC (*nebivolol hcl*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	tier 3	QLC (1 tab/day)
BYSTOLIC (*nebivolol hcl*) 20 MG TAB	tier 3	QLC (2 tabs/day)
carvedilol phosphate cap er 24hr 10 mg (CARVEDILOL PHOSPHATE ER)	tier 1	ST
carvedilol phosphate cap er 24hr 20 mg (CARVEDILOL PHOSPHATE ER)	tier 1	ST
carvedilol phosphate cap er 24hr 40 mg (CARVEDILOL PHOSPHATE ER)	tier 1	ST
carvedilol phosphate cap er 24hr 80 mg (CARVEDILOL PHOSPHATE ER)	tier 1	ST
carvedilol tab 12.5 mg	tier 1	
carvedilol tab 25 mg	tier 1	
carvedilol tab 3.125 mg	tier 1	
carvedilol tab 6.25 mg	tier 1	
COREG (*carvedilol*) (3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COREG CR (*carvedilol phosphate*) (10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)	tier 3	ST
CORGARD (*nadolol*) (20 MG TAB, 40 MG TAB, 80 MG TAB)	tier 3	
HEMANGEOL (*propranolol hcl*) 4.28 MG/ML SOLUTION	tier 3	PA, LA, QLC (2 bottles/month)
INDERAL LA (*propranolol hcl*) (60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H)	tier 3	
INDERAL XL (*propranolol hcl sustained-release beads*) (80 MG CAP ER 24H, 120 MG CAP ER 24H)	tier 3	PA
INNOPRAN XL (*propranolol hcl sustained-release beads*) (80 MG CAP ER 24H, 120 MG CAP ER 24H)	tier 3	PA
KAPSPARGO SPRINKLE (*metoprolol succinate*) (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK)	tier 3	QLC (1 cap/day)
LABETALOL HCL 400 MG TAB	tier 1	QLC (6 tabs/day)
labetalol hcl tab 100 mg	tier 1	
labetalol hcl tab 200 mg	tier 1	
labetalol hcl tab 300 mg	tier 1	
LOPRESSOR (*metoprolol tartrate*) (50 MG TAB, 100 MG TAB)	tier 3	
LOPRESSOR (*metoprolol tartrate*) 10 MG/ML SOLUTION	tier 3	QLC (45 ml/day)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	tier 1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	tier 1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	tier 1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metoprolol tartrate tab 100 mg	tier 1	
metoprolol tartrate tab 25 mg	tier 1	
metoprolol tartrate tab 37.5 mg	tier 1	
metoprolol tartrate tab 50 mg	tier 1	
metoprolol tartrate tab 75 mg	tier 1	
nadolol tab 20 mg	tier 1	
nadolol tab 40 mg	tier 1	
nadolol tab 80 mg	tier 1	
nebivolol hcl tab 10 mg (base equivalent)	tier 1	QLC (1 tab/day)
nebivolol hcl tab 2.5 mg (base equivalent)	tier 1	QLC (1 tab/day)
nebivolol hcl tab 20 mg (base equivalent)	tier 1	QLC (2 tabs/day)
nebivolol hcl tab 5 mg (base equivalent)	tier 1	QLC (1 tab/day)
pindolol tab 10 mg	tier 1	
pindolol tab 5 mg	tier 1	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	tier 1	
propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)	tier 1	
propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)	tier 1	
propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)	tier 1	
propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER)	tier 1	
propranolol hcl tab 10 mg	tier 1	
propranolol hcl tab 20 mg	tier 1	
propranolol hcl tab 40 mg	tier 1	
propranolol hcl tab 60 mg	tier 1	
propranolol hcl tab 80 mg	tier 1	
TENORMIN (*atenolol*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	
timolol maleate tab 10 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
timolol maleate tab 20 mg	tier 1	
timolol maleate tab 5 mg	tier 1	
TOPROL XL (*metoprolol succinate*) (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H)	tier 3	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate tab 10 mg (base equivalent)	tier 1	
amlodipine besylate tab 2.5 mg (base equivalent)	tier 1	
amlodipine besylate tab 5 mg (base equivalent)	tier 1	
CONJUPRI (*levamlodipine maleate*) (2.5 MG TAB, 5 MG TAB)	tier 3	PA, QLC (1 tab/day)
felodipine tab er 24hr 10 mg (FELODIPINE ER)	tier 1	
felodipine tab er 24hr 2.5 mg (FELODIPINE ER)	tier 1	
felodipine tab er 24hr 5 mg (FELODIPINE ER)	tier 1	
isradipine cap 2.5 mg	tier 1	
isradipine cap 5 mg	tier 1	
KATERZIA (*amlodipine benzoate*) 1 MG/ML SUSPENSION	tier 3	PA, QLC (10 ml/day)
LEVAMLODIPINE MALEATE (2.5 MG TAB, 5 MG TAB)	tier 3	PA, QLC (1 tab/day)
nicardipine hcl cap 20 mg	tier 1	
nicardipine hcl cap 30 mg	tier 1	
nifedipine cap 10 mg	tier 1	
nifedipine cap 20 mg	tier 1	
nifedipine tab er 24hr 30 mg (NIFEDIPINE ER)	tier 1	
nifedipine tab er 24hr 60 mg (NIFEDIPINE ER)	tier 1	
nifedipine tab er 24hr 90 mg (NIFEDIPINE ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
NIMODIPINE 60 MG/20ML SOLUTION	tier 1	PA, QLC (120 ml/day)
nimodipine cap 30 mg	tier 1	
NISOLDIPINE ER (ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H)	tier 1	
nisoldipine tab er 24hr 17 mg (NISOLDIPINE ER)	tier 1	
nisoldipine tab er 24hr 34 mg (NISOLDIPINE ER)	tier 1	
nisoldipine tab er 24hr 8.5 mg (NISOLDIPINE ER)	tier 1	
NORLIQVA (*amlodipine besylate*) 1 MG/ML SOLUTION	tier 3	PA, QLC (10 ml/day)
NORVASC (*amlodipine besylate*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	tier 3	
NYMALIZE (*nimodipine*) 6 MG/ML SOLUTION	tier 3	PA, QLC (60 ml/day)
PROCARDIA XL (*nifedipine*) (30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H)	tier 3	
SULAR (*nisoldipine*) (8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H)	tier 3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN SR (*verapamil hcl*) (120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER)	tier 3	
CARDIZEM (*diltiazem hcl*) (30 MG TAB, 60 MG TAB, 120 MG TAB)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARDIZEM CD (*diltiazem hcl coated beads*) (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	tier 3	
CARDIZEM LA (*diltiazem hcl*) (120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H)	tier 3	
diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	tier 1	
diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	tier 1	
diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	tier 1	
diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	tier 1	
diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	tier 1	
diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	tier 1	
diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)	tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)	tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)	tier 1	
diltiazem hcl tab 120 mg	tier 1	
diltiazem hcl tab 30 mg	tier 1	
diltiazem hcl tab 60 mg	tier 1	
diltiazem hcl tab 90 mg	tier 1	
diltiazem hcl tab er 24hr 120 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 180 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 180 mg (Matzim La)	tier 1	
diltiazem hcl tab er 24hr 240 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 240 mg (Matzim La)	tier 1	
diltiazem hcl tab er 24hr 300 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 300 mg (Matzim La)	tier 1	
diltiazem hcl tab er 24hr 360 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 360 mg (Matzim La)	tier 1	
diltiazem hcl tab er 24hr 420 mg (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 420 mg (Matzim La)	tier 1	
TIAZAC (*diltiazem hcl extended release beads*) (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H)	tier 3	
verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER)	tier 1	
verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER)	tier 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	tier 1	
verapamil hcl tab 120 mg	tier 1	
verapamil hcl tab 40 mg	tier 1	
verapamil hcl tab 80 mg	tier 1	
verapamil hcl tab er 120 mg (VERAPAMIL HCL ER)	tier 1	
verapamil hcl tab er 180 mg (VERAPAMIL HCL ER)	tier 1	
verapamil hcl tab er 240 mg (VERAPAMIL HCL ER)	tier 1	
VERELAN (*verapamil hcl*) (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H)	tier 3	
VERELAN PM (*verapamil hcl*) (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H)	tier 3	
CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)		
ACCURETIC (*quinapril-hydrochlorothiazide*) (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	tier 3	
acetazolamide tab 125 mg	tier 1	
acetazolamide tab 250 mg	tier 1	
ALDACTAZIDE (*spironolactone & hydrochlorothiazide*) (25-25 MG TAB, 50-50 MG TAB)	tier 3	
aliskiren fumarate tab 150 mg (base equivalent)	tier 1	ST, QLC (1 tab/day)
aliskiren fumarate tab 300 mg (base equivalent)	tier 1	ST, QLC (1 tab/day)
amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMILORIDE-HYDROCHLOROTHIAZIDE (*amiloride & hydrochlorothiazide*) 5-50 MG TAB	tier 1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 10-20 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 10-40 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 10-80 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-10 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-20 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-40 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-80 mg (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
amlodipine besylate-benazepril hcl cap 10-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (1 cap/day)
amlodipine besylate-benazepril hcl cap 10-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-benazepril hcl cap 2.5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
amlodipine besylate-benazepril hcl cap 5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
amlodipine besylate-benazepril hcl cap 5-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
amlodipine besylate-benazepril hcl cap 5-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (2 caps/day)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
amlodipine besylate-valsartan tab 10-160 mg	tier 1	QLC (1 tab/day)
amlodipine besylate-valsartan tab 10-320 mg	tier 1	QLC (1 tab/day)
amlodipine besylate-valsartan tab 5-160 mg	tier 1	QLC (1 tab/day)
amlodipine besylate-valsartan tab 5-320 mg	tier 1	QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	ST, QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	ST, QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	ST, QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	ST, QLC (1 tab/day)
ASPRUZYO SPRINKLE (*ranolazine*) (500 MG PACKET, 1000 MG PACKET)	tier 3	PA, QLC (2 packets/day)
ATACAND HCT (*candesartan cilexetil-hydrochlorothiazide*) (32-12.5 MG TAB, 32-25 MG TAB)	tier 3	QLC (1 tab/day)
ATACAND HCT (*candesartan cilexetil-hydrochlorothiazide*) 16-12.5 MG TAB	tier 3	QLC (2 tabs/day)
atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE)	tier 1	
atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE)	tier 1	
ATTRUBY (*acoramidis hcl*) 356 MG TAB THPK	tier 4	PA, LA, QLC (4 tabs/day)
AVALIDE (*irbesartan-hydrochlorothiazide*) 150-12.5 MG TAB	tier 3	QLC (2 tabs/day)
AVALIDE (*irbesartan-hydrochlorothiazide*) 300-12.5 MG TAB	tier 3	QLC (1 tab/day)
AZOR (*amlodipine besylate-olmesartan medoxomil*) (5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB)	tier 3	QLC (1 tab/day)
benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
BENICAR HCT (*olmesartan medoxomil-hydrochlorothiazide*) (20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB)	tier 3	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BIDIL (*isosorbide dinitrate-hydralazine hcl*) 20-37.5 MG TAB	tier 3	QLC (6 tabs/day)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
CADUET (*amlodipine besylate-atorvastatin calcium*) (5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB)	tier 3	PA, QLC (1 tab/day)
CAMZYOS (*mavacamten*) (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	tier 1	QLC (2 tabs/day)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	tier 1	QLC (1 tab/day)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ)	tier 1	QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (*captopril & hydrochlorothiazide*) (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	tier 1	
CORLANOR (*ivabradine hcl*) (5 MG TAB, 7.5 MG TAB)	tier 3	PA, QLC (2 tabs/day)
CORLANOR (*ivabradine hcl*) 5 MG/5ML SOLUTION	tier 3	PA, QLC (20 ml/day)
DEMSER (*metyrosine*) 250 MG CAP	tier 3	S (Specialty Drug), QLC (16 caps/day)
DIOVAN HCT (*valsartan-hydrochlorothiazide*) (320-12.5 MG TAB, 320-25 MG TAB)	tier 3	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIOVAN HCT (*valsartan-hydrochlorothiazide*) (80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB)	tier 3	QLC (2 tabs/day)
DUTOPROL (*metoprolol & hydrochlorothiazide*) (25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
DUTOPROL (*metoprolol & hydrochlorothiazide*) 100-12.5 MG TAB ER 24H	tier 3	PA, QLC (2 tabs/day)
EDARBYCLOR (*azilsartan medoxomil-chlorthalidone*) (40-12.5 MG TAB, 40-25 MG TAB)	tier 3	ST, QLC (1 tab/day)
enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
ENTRESTO (*sacubitril-valsartan*) (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	tier 3	QLC (2 tabs/day)
ENTRESTO (*sacubitril-valsartan*) (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	tier 3	PA, QLC (8 caps/day)
EXFORGE (*amlodipine besylate-valsartan*) (5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB)	tier 3	QLC (1 tab/day)
EXFORGE HCT (*amlodipine-valsartan-hydrochlorothiazide*) (5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB)	tier 3	ST, QLC (1 tab/day)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	tier 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	tier 1	
HYZAAR (*losartan potassium & hydrochlorothiazide*) (100-12.5 MG TAB, 100-25 MG TAB)	tier 3	QLC (1 tab/day)
HYZAAR (*losartan potassium & hydrochlorothiazide*) 50-12.5 MG TAB	tier 3	QLC (2 tabs/day)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	tier 1	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
irbesartan-hydrochlorothiazide tab 300-12.5 mg	tier 1	QLC (1 tab/day)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (ISOSORB DINITRATE-HYDRALAZINE)	tier 1	QLC (6 tabs/day)
ivabradine hcl tab 5 mg (base equiv)	tier 1	PA, QLC (2 tabs/day)
ivabradine hcl tab 7.5 mg (base equiv)	tier 1	PA, QLC (2 tabs/day)
lisinopril & hydrochlorothiazide tab 10-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
LODOCO (*colchicine (cardiovascular)*) 0.5 MG TAB	tier 3	PA, QLC (1 tab/day)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (1 tab/day)
losartan potassium & hydrochlorothiazide tab 100-25 mg (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (1 tab/day)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (2 tabs/day)
LOTENSIN HCT (*benazepril & hydrochlorothiazide*) (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	tier 3	
LOTREL (*amlodipine besylate-benazepril hcl*) (10-20 MG CAP, 10-40 MG CAP)	tier 3	QLC (1 cap/day)
LOTREL (*amlodipine besylate-benazepril hcl*) (5-10 MG CAP, 5-20 MG CAP)	tier 3	
MAXZIDE (*triamterene & hydrochlorothiazide*) 75-50 MG TAB	tier 3	
MAXZIDE-25 (*triamterene & hydrochlorothiazide*) 37.5-25 MG TAB	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHYLDOPA-HYDROCHLOROTHIAZIDE (*methyldopa & hydrochlorothiazide*) (250-15 MG TAB, 250-25 MG TAB)	tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
metyrosine cap 250 mg	tier 1	S (Specialty Drug), QLC (16 caps/day)
MICARDIS HCT (*telmisartan-hydrochlorothiazide*) (80-12.5 MG TAB, 80-25 MG TAB)	tier 3	QLC (2 tabs/day)
MICARDIS HCT (*telmisartan-hydrochlorothiazide*) 40-12.5 MG TAB	tier 3	QLC (3 tabs/day)
NEXLETOL (*bempedoic acid*) 180 MG TAB	tier 3	PA, QLC (1 tab/day)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER)	tier 1	
PRESTALIA (*perindopril arginine-amlodipine besylate*) (3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB)	tier 3	ST, QLC (1 tab/day)
PROPRANOLOL-HCTZ (*propranolol & hydrochlorothiazide*) (40-25 MG TAB, 80-25 MG TAB)	tier 1	
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	tier 1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	tier 1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	tier 1	
quinapril-hydrochlorothiazide tab 20-25 mg	tier 1	
RANEXA (*ranolazine*) (500 MG TAB ER 12H, 1000 MG TAB ER 12H)	tier 3	QLC (2 tabs/day)
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER)	tier 1	QLC (2 tabs/day)
ranolazine tab er 12hr 500 mg (RANOLAZINE ER)	tier 1	QLC (2 tabs/day)
sacubitril-valsartan tab 24-26 mg	tier 1	QLC (2 tabs/day)
sacubitril-valsartan tab 49-51 mg	tier 1	QLC (2 tabs/day)
sacubitril-valsartan tab 97-103 mg	tier 1	QLC (2 tabs/day)
spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ)	tier 1	
TEKTURNA (*aliskiren fumarate*) (150 MG TAB, 300 MG TAB)	tier 3	ST, QLC (1 tab/day)
TEKTURNA HCT (*aliskiren-hydrochlorothiazide*) (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	tier 3	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	tier 1	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 40-10 mg	tier 1	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 40-5 mg	tier 1	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 80-10 mg	tier 1	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 80-5 mg	tier 1	ST, QLC (1 tab/day)
telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ)	tier 1	QLC (3 tabs/day)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ)	tier 1	QLC (2 tabs/day)
telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ)	tier 1	QLC (2 tabs/day)
TENORETIC 100 (*atenolol & chlorthalidone*) -25 MG TAB	tier 3	
TENORETIC 50 (*atenolol & chlorthalidone*) -25 MG TAB	tier 3	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ)	tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ)	tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ)	tier 1	
TRIBENZOR (*olmesartan medoxomil-amlodipine-hydrochlorothiazide*) (20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB)	tier 3	QLC (1 tab/day)
TRYNGOLZA (*olezarsen sodium*) 80 MG/0.8ML SOLN A-INJ	tier 4	PA, LA, QLC (1 pen/28 days)
TRYVIO (*aprocitentan*) 12.5 MG TAB	tier 3	PA, QLC (1 tab/day)
valsartan-hydrochlorothiazide tab 160-12.5 mg	tier 1	QLC (2 tabs/day)
valsartan-hydrochlorothiazide tab 160-25 mg	tier 1	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
valsartan-hydrochlorothiazide tab 320-12.5 mg	tier 1	QLC (1 tab/day)
valsartan-hydrochlorothiazide tab 320-25 mg	tier 1	QLC (1 tab/day)
valsartan-hydrochlorothiazide tab 80-12.5 mg	tier 1	QLC (2 tabs/day)
VASERETIC (*enalapril maleate & hydrochlorothiazide*) 10-25 MG TAB	tier 3	
VECAMYL (*mecamylamine hcl*) 2.5 MG TAB	tier 1	
VERQUVO (*vericiguat*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	tier 3	PA, QLC (1 tab/day)
ZESTORETIC (*lisinopril & hydrochlorothiazide*) (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	tier 3	
ZIAC (*bisoprolol & hydrochlorothiazide*) (2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB)	tier 3	
DIURETICS, LOOP		
bumetanide tab 0.5 mg	tier 1	
bumetanide tab 1 mg	tier 1	
bumetanide tab 2 mg	tier 1	
BUMEX (*bumetanide*) 0.5 MG TAB	tier 3	
EDECRIN (*ethacrynic acid*) 25 MG TAB	tier 3	PA, QLC (8 tabs/day)
ethacrynic acid tab 25 mg	tier 1	PA, QLC (8 tabs/day)
FUROSCIX (*furosemide*) 80 MG/10ML CART KIT	tier 4	PA, LA, QLC (1 kit/day)
FUROSEMIDE 8 MG/ML SOLUTION	tier 1	
furosemide oral soln 10 mg/ml	tier 1	
furosemide tab 20 mg	tier 1	
furosemide tab 40 mg	tier 1	
furosemide tab 80 mg	tier 1	
LASIX (*furosemide*) (20 MG TAB, 40 MG TAB, 80 MG TAB)	tier 3	
SOAANZ (*torsemide*) 20 MG TAB	tier 3	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOAANZ (*torsemide*) 40 MG TAB	tier 3	PA, QLC (5 tabs/day)
SOAANZ (*torsemide*) 60 MG TAB	tier 3	PA, QLC (3 tabs/day)
torsemide tab 10 mg	tier 1	
torsemide tab 100 mg	tier 1	
torsemide tab 20 mg	tier 1	
torsemide tab 5 mg	tier 1	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl tab 5 mg	tier 1	
DYRENIUM (*triamterene*) (50 MG CAP, 100 MG CAP)	tier 3	ST
eplerenone tab 25 mg	tier 1	
eplerenone tab 50 mg	tier 1	
INSPRA (*eplerenone*) (25 MG TAB, 50 MG TAB)	tier 3	
triamterene cap 100 mg	tier 1	ST
triamterene cap 50 mg	tier 1	ST
DIURETICS, THIAZIDE		
chlorthalidone tab 25 mg	tier 1	
chlorthalidone tab 50 mg	tier 1	
DIURIL (*chlorothiazide*) 250 MG/5ML SUSPENSION	tier 3	
HEMICLOR (*chlorthalidone*) 12.5 MG TAB	tier 3	QLC (1 tab/day)
hydrochlorothiazide cap 12.5 mg	tier 1	
hydrochlorothiazide tab 12.5 mg	tier 1	
hydrochlorothiazide tab 25 mg	tier 1	
hydrochlorothiazide tab 50 mg	tier 1	
indapamide tab 1.25 mg	tier 1	
indapamide tab 2.5 mg	tier 1	
INZIRQO (*hydrochlorothiazide*) 10 MG/ML RECON SUSP	tier 3	AL1 (Up to 12 yrs old), QLC (10ml/day)
metolazone tab 10 mg	tier 1	
metolazone tab 2.5 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metolazone tab 5 mg	tier 1	
THALITONE (*chlorthalidone*) 15 MG TAB	tier 3	PA, QLC (4 tabs/day)
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)		
ANTARA (*fenofibrate micronized*) 30 MG CAP	tier 3	ST, QLC (2 caps/day)
ANTARA (*fenofibrate micronized*) 90 MG CAP	tier 3	ST, QLC (1 cap/day)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	tier 1	QLC (1 cap/day)
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	tier 1	QLC (1 cap/day)
FENOFIBRATE 150 MG CAP	tier 3	ST, QLC (1 cap/day)
FENOFIBRATE 50 MG CAP	tier 3	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 30 MG CAP	tier 3	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 90 MG CAP	tier 3	ST, QLC (1 cap/day)
fenofibrate micronized cap 130 mg	tier 1	ST, QLC (1 cap/day)
fenofibrate micronized cap 134 mg	tier 1	QLC (1 cap/day)
fenofibrate micronized cap 200 mg	tier 1	QLC (1 cap/day)
fenofibrate micronized cap 43 mg	tier 1	ST, QLC (2 caps/day)
fenofibrate micronized cap 67 mg	tier 1	QLC (1 cap/day)
fenofibrate tab 120 mg	tier 1	ST, QLC (1 tab/day)
fenofibrate tab 145 mg	tier 1	QLC (1 tab/day)
fenofibrate tab 160 mg	tier 1	QLC (1 tab/day)
fenofibrate tab 40 mg	tier 1	ST, QLC (2 tabs/day)
fenofibrate tab 48 mg	tier 1	QLC (2 tabs/day)
fenofibrate tab 54 mg	tier 1	QLC (2 tabs/day)
FENOFIBRIC ACID 105 MG TAB	tier 3	QLC (1 tab/day)
FENOFIBRIC ACID 35 MG TAB	tier 3	QLC (2 tabs/day)
FENOGLIDE (*fenofibrate*) 120 MG TAB	tier 3	ST, QLC (1 tab/day)
FENOGLIDE (*fenofibrate*) 40 MG TAB	tier 3	ST, QLC (2 tabs/day)
FIBRICOR (*fenofibric acid*) 105 MG TAB	tier 3	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FIBRICOR (*fenofibric acid*) 35 MG TAB	tier 3	QLC (2 tabs/day)
gemfibrozil tab 600 mg	tier 1	QLC (2.5 tabs/day)
LIPOFEN (*fenofibrate*) 150 MG CAP	tier 3	ST, QLC (1 cap/day)
LIPOFEN (*fenofibrate*) 50 MG CAP	tier 3	ST, QLC (2 caps/day)
LOPID (*gemfibrozil*) 600 MG TAB	tier 3	QLC (2.5 tabs/day)
TRICOR (*fenofibrate*) 145 MG TAB	tier 3	QLC (1 tab/day)
TRICOR (*fenofibrate*) 48 MG TAB	tier 3	QLC (2 tabs/day)
TRILIPIX (*choline fenofibrate*) (45 MG CAP DR, 135 MG CAP DR)	tier 3	QLC (1 cap/day)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol) (Drugs for High Cholesterol)		
ALTOPREV (*lovastatin*) (20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
ATORVALIQ (*atorvastatin calcium*) 20 MG/5ML SUSPENSION	tier 3	PA, QLC (20 ml/day)
atorvastatin calcium tab 10 mg (base equivalent)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
atorvastatin calcium tab 20 mg (base equivalent)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
atorvastatin calcium tab 40 mg (base equivalent)	tier 1	QLC (1 tab/day)
atorvastatin calcium tab 80 mg (base equivalent)	tier 1	QLC (1 tab/day)
CRESTOR (*rosuvastatin calcium*) (5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB)	tier 3	QLC (1 tab/day)
EZALLOR SPRINKLE (*rosuvastatin calcium*) (5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK)	tier 3	QLC (1 cap/day)
FLOLIPID (*simvastatin*) 20 MG/5ML SUSPENSION	tier 3	PA, QLC (5 ml/day)
FLOLIPID (*simvastatin*) 40 MG/5ML SUSPENSION	tier 3	PA, QLC (10 ml/day)
fluvastatin sodium cap 20 mg (base equivalent)	tier 1	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluvastatin sodium cap 40 mg (base equivalent)	tier 1	QLC (2 caps/day)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (FLUVASTATIN SODIUM ER)	tier 1	PA, QLC (1 tab/day)
LESCOL XL (*fluvastatin sodium*) 80 MG TAB ER 24H	tier 3	PA, QLC (1 tab/day)
LIPITOR (*atorvastatin calcium*) (20 MG TAB, 40 MG TAB, 80 MG TAB)	tier 3	QLC (1 tab/day)
LIPITOR (*atorvastatin calcium*) 10 MG TAB	tier 3	QLC (1 tab/day)
LIVALO (*pitavastatin calcium*) (2 MG TAB, 4 MG TAB)	tier 3	ST, QLC (1 tab/day)
LIVALO (*pitavastatin calcium*) 1 MG TAB	tier 3	ST, QLC (1 tab/day)
lovastatin tab 10 mg	tier 1	QLC (1 tab/day)
lovastatin tab 20 mg	tier 1	QLC (1 tab/day)
lovastatin tab 40 mg	tier 1	QLC (2 tabs/day)
pitavastatin calcium tab 1 mg	tier 1	ST, QLC (1 tab/day)
pitavastatin calcium tab 2 mg	tier 1	ST, QLC (1 tab/day)
pitavastatin calcium tab 4 mg	tier 1	ST, QLC (1 tab/day)
pravastatin sodium tab 10 mg	tier 1	QLC (1 tab/day)
pravastatin sodium tab 20 mg	tier 1	QLC (1 tab/day)
pravastatin sodium tab 40 mg	tier 1	QLC (1 tab/day)
pravastatin sodium tab 80 mg	tier 1	QLC (1 tab/day)
rosuvastatin calcium tab 10 mg	tier 1	QLC (1 tab/day)
rosuvastatin calcium tab 20 mg	tier 1	QLC (1 tab/day)
rosuvastatin calcium tab 40 mg	tier 1	QLC (1 tab/day)
rosuvastatin calcium tab 5 mg	tier 1	QLC (1 tab/day)
simvastatin tab 10 mg	tier 1	ACA (Preventive Health), QLC (1 tab/day)
simvastatin tab 20 mg	tier 1	ACA (Preventive Health), QLC (1 tab/day)
simvastatin tab 40 mg	tier 1	ACA (Preventive Health), QLC (1 tab/day)
simvastatin tab 5 mg	tier 1	ACA (Preventive Health), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
simvastatin tab 80 mg	tier 1	QLC (1 tab/day)
ZOCOR (*simvastatin*) (10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB)	tier 3	QLC (1 tab/day)
ZYPITAMAG (*pitavastatin magnesium*) (2 MG TAB, 4 MG TAB)	tier 3	ST, QLC (1 tab/day)
DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)		
cholestyramine light powder 4 gm/dose	tier 1	
cholestyramine light powder 4 gm/dose (Prevalite)	tier 1	
cholestyramine light powder packets 4 gm	tier 1	
cholestyramine light powder packets 4 gm (Prevalite)	tier 1	
cholestyramine powder 4 gm/dose	tier 1	
cholestyramine powder packets 4 gm	tier 1	
colesevelam hcl packet for susp 3.75 gm	tier 1	
colesevelam hcl tab 625 mg	tier 1	
COLESTID (*colestipol hcl*) (1 GM TAB, 5 GM GRANULES, 5 GM PACKET)	tier 3	
COLESTID FLAVORED (*colestipol hcl*) (5 GM GRANULES, 5 GM PACKET)	tier 3	
colestipol hcl granule packets 5 gm	tier 1	
colestipol hcl granules 5 gm	tier 1	
colestipol hcl tab 1 gm	tier 1	
ezetimibe tab 10 mg	tier 1	QLC (1 tab/day)
EZETIMIBE-ROSUVASTATIN (*ezetimibe-rosuvastatin calcium*) (10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB)	tier 3	QLC (1 tab/day)
ezetimibe-simvastatin tab 10-10 mg	tier 1	QLC (1 tab/day)
ezetimibe-simvastatin tab 10-20 mg	tier 1	QLC (1 tab/day)
ezetimibe-simvastatin tab 10-40 mg	tier 1	QLC (1 tab/day)
ezetimibe-simvastatin tab 10-80 mg	tier 1	QLC (1 tab/day)
icosapent ethyl cap 0.5 gm	tier 1	PA, QLC (2 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
icosapent ethyl cap 1 gm	tier 1	PA, QLC (4 caps/day)
JUXTAPID (*lomitapide mesylate*) (20 MG CAP, 30 MG CAP)	tier 4	PA, LA, QLC (2 caps/day)
JUXTAPID (*lomitapide mesylate*) (5 MG CAP, 10 MG CAP)	tier 4	PA, LA, QLC (1 cap/day)
LOVAZA (*omega-3-acid ethyl esters*) 1 GM CAP	tier 3	QLC (4 caps/day)
NEXLIZET (*bempedoic acid-ezetimibe*) 180-10 MG TAB	tier 3	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	tier 1	
niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC))	tier 1	QLC (2 tabs/day)
niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC))	tier 1	QLC (4 tabs/day)
niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC))	tier 1	QLC (2 tabs/day)
NIACOR (*niacin (antihyperlipidemic)*) 500 MG TAB	tier 1	
NIASPAN (*niacin (antihyperlipidemic)*) (750 MG TAB ER, 1000 MG TAB ER)	tier 3	QLC (2 tabs/day)
NIASPAN (*niacin (antihyperlipidemic)*) 500 MG TAB	tier 3	QLC (4 tabs/day)
omega-3-acid ethyl esters cap 1 gm	tier 1	QLC (4 caps/day)
PRALUENT (*alirocumab*) 150 MG/ML SOLN A-INJ	tier 3	PA, QLC (2 pens/month)
PRALUENT (*alirocumab*) 75 MG/ML SOLN A-INJ	tier 4	PA, QLC (2 pens/month)
QUESTRAN (*cholestyramine*) (4 GM PACKET, 4 GM/DOSE POWDER)	tier 3	
QUESTRAN LIGHT (*cholestyramine light*) 4 GM/DOSE POWDER	tier 3	
REPATHA (*evolocumab*) 140 MG/ML SOLN PRSYR	tier 2	PA, QLC (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM (*evolocumab*) 420 MG/3.5ML SOLN CART	tier 2	PA, QLC (2 injectors/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REPATHA SURECLICK (*evolocumab*) 140 MG/ML SOLN A-INJ	tier 2	PA, QLC (6 pens/28 days)
ROSZET (*ezetimibe-rosuvastatin calcium*) (10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB)	tier 3	QLC (1 tab/day)
VASCEPA (*icosapent ethyl*) 0.5 GM CAP	tier 3	PA, QLC (2 caps/day)
VASCEPA (*icosapent ethyl*) 1 GM CAP	tier 3	PA, QLC (4 caps/day)
VYTORIN (*ezetimibe-simvastatin*) (10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB)	tier 3	QLC (1 tab/day)
WELCHOL (*colesevelam hcl*) (3.75 GM PACKET, 625 MG TAB)	tier 3	
ZETIA (*ezetimibe*) 10 MG TAB	tier 3	QLC (1 tab/day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
ALDACTONE (*spironolactone*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	
CAROSPIR (*spironolactone*) 25 MG/5ML SUSPENSION	tier 3	PA, QLC (20 ml/day)
KERENDIA (*finerenone*) (10 MG TAB, 20 MG TAB, 40 MG TAB)	tier 3	PA, QLC (1 tab/day)
spironolactone susp 25 mg/5ml	tier 1	PA, QLC (20 ml/day)
spironolactone tab 100 mg	tier 1	
spironolactone tab 25 mg	tier 1	
spironolactone tab 50 mg	tier 1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
DAPAGLIFLOZIN PROPANEDIOL (5 MG TAB, 10 MG TAB)	tier 3	PA, QLC (1 tab/day)
FARXIGA (*dapagliflozin propanediol*) (5 MG TAB, 10 MG TAB)	tier 2	ST, QLC (1 tab/day)
INPEFA (*sotagliflozin*) 200 MG TAB	tier 3	PA, QLC (1 tab/day)
INPEFA (*sotagliflozin*) 400 MG TAB	tier 3	PA, QLC (1 tab /day)
INVOKANA (*canagliflozin*) (100 MG TAB, 300 MG TAB)	tier 3	ST, QLC (1 tab/day)
JARDIANCE (*empagliflozin*) (10 MG TAB, 25 MG TAB)	tier 2	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STEGLATRO (*ertugliflozin l-pyroglutamic acid*) 15 MG TAB	tier 3	ST, QLC (1 tab/day)
STEGLATRO (*ertugliflozin l-pyroglutamic acid*) 5 MG TAB	tier 3	ST, QLC (2 tabs/day)
VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)		
hydralazine hcl tab 10 mg	tier 1	
hydralazine hcl tab 100 mg	tier 1	
hydralazine hcl tab 25 mg	tier 1	
hydralazine hcl tab 50 mg	tier 1	
minoxidil tab 10 mg	tier 1	
minoxidil tab 2.5 mg	tier 1	
VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS (Drugs for Relaxing Arteries and Veins)		
GONITRO (*nitroglycerin*) 400 MCG PACKET	tier 3	QLC (36 packs/month)
ISORDIL TITRADOSE (*isosorbide dinitrate*) (5 MG TAB, 40 MG TAB)	tier 3	
isosorbide dinitrate tab 10 mg	tier 1	
isosorbide dinitrate tab 20 mg	tier 1	
isosorbide dinitrate tab 30 mg	tier 1	
isosorbide dinitrate tab 40 mg	tier 1	
isosorbide dinitrate tab 5 mg	tier 1	
ISOSORBIDE MONONITRATE (10 MG TAB, 20 MG TAB)	tier 1	
isosorbide mononitrate tab 10 mg	tier 1	
isosorbide mononitrate tab 20 mg	tier 1	
isosorbide mononitrate tab er 24hr 120 mg (ISOSORBIDE MONONITRATE ER)	tier 1	
isosorbide mononitrate tab er 24hr 30 mg (ISOSORBIDE MONONITRATE ER)	tier 1	
isosorbide mononitrate tab er 24hr 60 mg (ISOSORBIDE MONONITRATE ER)	tier 1	
NITRO-BID (*nitroglycerin*) 2 % OINTMENT	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITRO-DUR (*nitroglycerin*) (0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR)	tier 3	
NITRO-DUR (*nitroglycerin*) (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	tier 2	
NITRO-TIME (*nitroglycerin*) (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	tier 1	
nitroglycerin oint 0.4%	tier 1	PA, QLC (30 gm/30 days)
nitroglycerin sl tab 0.3 mg	tier 1	
nitroglycerin sl tab 0.4 mg	tier 1	
nitroglycerin sl tab 0.6 mg	tier 1	
nitroglycerin td patch 24hr 0.1 mg/hr	tier 1	
nitroglycerin td patch 24hr 0.2 mg/hr	tier 1	
nitroglycerin td patch 24hr 0.4 mg/hr	tier 1	
nitroglycerin td patch 24hr 0.6 mg/hr	tier 1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	tier 1	
NITROLINGUAL (*nitroglycerin*) 0.4 MG/SPRAY SOLUTION	tier 3	
NITROSTAT (*nitroglycerin*) (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	tier 3	
RECTIV (*nitroglycerin (intra-anal)*) 0.4 % OINTMENT	tier 3	PA, QLC (30 gm/30 days)

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

EXSERVAN (*riluzole*) 50 MG FILM	tier 4	PA, LA, QLC (2 films/day)
RADICAVA ORS (*edaravone*) 105 MG/5ML SUSPENSION	tier 4	PA, LA, S (Specialty Drug), QLC (50 ml/28 days)
RADICAVA ORS STARTER KIT (*edaravone*) 105 MG/5ML SUSPENSION	tier 4	PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year)
RELYVRIO (*sodium phenylbutyrate-taurursodiol*) 3-1 GM PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
RILUTEK (*riluzole*) 50 MG TAB	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
riluzole tab 50 mg	tier 1	
TEGLUTIK (*riluzole*) 50 MG/10ML SUSPENSION	tier 4	PA, LA, QLC (20 ml/day)
TIGLUTIK (*riluzole*) 50 MG/10ML SUSPENSION	tier 4	PA, LA, QLC (20 ml/day)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL (*amphetamine-dextroamphetamine*) (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	tier 3	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
ADDERALL (*amphetamine-dextroamphetamine*) 12.5 MG TAB	tier 3	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
ADDERALL (*amphetamine-dextroamphetamine*) 20 MG TAB	tier 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
ADDERALL (*amphetamine-dextroamphetamine*) 30 MG TAB	tier 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
ADDERALL XR (*amphetamine-dextroamphetamine*) (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H)	tier 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
ADZENYS XR-ODT (*amphetamine*) (3.1 MG TAB ER DISP, 6.3 MG TAB ER DISP, 9.4 MG TAB ER DISP, 12.5 MG TAB ER DISP, 15.7 MG TAB ER DISP, 18.8 MG TAB ER DISP)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
AMPHETAMINE ER 1.25 MG/ML SUSP	tier 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
amphetamine sulfate tab 10 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
amphetamine sulfate tab 5 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg (AMPHET-DEXTROAMPHET 3-BEAD ER)	tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg (AMPHET-DEXTROAMPHET 3-BEAD ER)	tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (AMPHET-DEXTROAMPHET 3-BEAD ER)	tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (AMPHET-DEXTROAMPHET 3-BEAD ER)	tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine tab 10 mg	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
amphetamine-dextroamphetamine tab 12.5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
amphetamine-dextroamphetamine tab 15 mg	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
amphetamine-dextroamphetamine tab 20 mg	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
amphetamine-dextroamphetamine tab 30 mg	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
amphetamine-dextroamphetamine tab 5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
amphetamine-dextroamphetamine tab 7.5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
AZSTARYS (*serdexmethylphenidate chloride-dexmethylphenidate hcl*) (26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
DESOXYN (*methamphetamine hcl*) 5 MG TAB	tier 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEXEDRINE (*dextroamphetamine sulfate*) 10 MG CAP ER 24H	tier 3	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
DEXEDRINE (*dextroamphetamine sulfate*) 15 MG CAP ER 24H	tier 3	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
DEXEDRINE (*dextroamphetamine sulfate*) 5 MG CAP ER 24H	tier 3	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra) mg/ml	tier 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
dextroamphetamine sulfate oral solution 5 mg/5ml mg/ml	tier 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
dextroamphetamine sulfate tab 10 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 10 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 15 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 2.5 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 20 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 30 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dextroamphetamine sulfate tab 5 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
dextroamphetamine sulfate tab 5 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
dextroamphetamine sulfate tab 7.5 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 7.5 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
DYANAVEL XR (*amphetamine*) (5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
DYANAVEL XR (*amphetamine*) 2.5 MG/ML SUSP	tier 3	PA, AL1 (Up to 17 yrs old), QLC (8 ml/day)
EVEKEO (*amphetamine sulfate*) 10 MG TAB	tier 3	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
EVEKEO (*amphetamine sulfate*) 5 MG TAB	tier 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
EVEKEO ODT (*amphetamine sulfate*) (ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP)	tier 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
lisdexamfetamine dimesylate cap 10 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 20 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 30 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 40 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 50 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 60 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 70 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate chew tab 10 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 20 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lisdexamfetamine dimesylate chew tab 30 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 40 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 50 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 60 mg	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methamphetamine hcl tab 5 mg	tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
MYDAYIS (*amphetamine-dextroamphetamine*) (12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (*lisdexamfetamine dimesylate*) (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP)	tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (*lisdexamfetamine dimesylate*) (10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB)	tier 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
XELSTRYM (*dextroamphetamine*) (4.5 MG/9HR PATCH, 9 MG/9HR PATCH, 13.5 MG/9HR PATCH, 18 MG/9HR PATCH)	tier 3	PA, QLC (1 patch/day)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
APTENSIO XR (*methylphenidate hcl*) (10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H)	tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
atomoxetine hcl cap 10 mg (base equiv)	tier 1	QLC (4 caps/day)
atomoxetine hcl cap 100 mg (base equiv)	tier 1	QLC (1 cap/day)
atomoxetine hcl cap 18 mg (base equiv)	tier 1	QLC (4 caps/day)
atomoxetine hcl cap 25 mg (base equiv)	tier 1	QLC (4 caps/day)
atomoxetine hcl cap 40 mg (base equiv)	tier 1	QLC (2 caps/day)
atomoxetine hcl cap 60 mg (base equiv)	tier 1	QLC (1 cap/day)
atomoxetine hcl cap 80 mg (base equiv)	tier 1	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clonidine hcl tab er 12hr 0.1 mg (CLONIDINE HCL ER)	tier 1	QLC (4 tabs/day)
CONCERTA (*methylphenidate hcl*) (18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER)	tier 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
CONCERTA (*methylphenidate hcl*) CONCTA 36 MG TAB	tier 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
COTEMPLA XR-ODT (*methylphenidate*) (17.3 MG TAB ER DISP, 25.9 MG TAB ER DISP)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
COTEMPLA XR-ODT (*methylphenidate*) 8.6 MG TAB ER DISP	tier 3	PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day)
DAYTRANA (*methylphenidate*) (10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH)	tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl tab 10 mg	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dexmethylphenidate hcl tab 2.5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dexmethylphenidate hcl tab 5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN (*dexmethylphenidate hcl*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	tier 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FOCALIN XR (*dexmethylphenidate hcl*) (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H)	tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER)	tier 1	QLC (1 tab/day)
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER) *4hr*	tier 1	QLC (1 tab/day)
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER)	tier 1	QLC (1 tab/day)
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER) *2hr*	tier 1	QLC (1 tab/day)
INTUNIV (*guanfacine hcl (adhd)*) (1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H)	tier 3	QLC (1 tab/day)
JORNAY PM (*methylphenidate hcl*) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
KAPVAY (*clonidine hcl (adhd)*) 0.1 MG TAB ER 12H	tier 3	QLC (4 tabs/day)
METADATE CD (*methylphenidate hcl*) (10 MG CAP ER, 20 MG CAP ER, 30 MG CAP ER)	tier 3	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
METADATE CD (*methylphenidate hcl*) (40 MG CAP ER, 50 MG CAP ER, 60 MG CAP ER)	tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
METHYLIN (*methylphenidate hcl*) 10 MG/5ML SOLUTION	tier 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
METHYLIN (*methylphenidate hcl*) 5 MG/5ML SOLUTION	tier 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
methylphenidate hcl cap er 10 mg (cd) (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 20 mg (cd) (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 10 mg (la) (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 10 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl cap er 24hr 15 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 20 mg (la) (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 20 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 30 mg (la) (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 30 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 40 mg (la) (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 40 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 50 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 60 mg (la) (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 60 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 30 mg (cd) (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 40 mg (cd) (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 50 mg (cd) (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 60 mg (cd) (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl chew tab 10 mg	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl chew tab 2.5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl chew tab 5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER (ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H)	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER (OSM) (ER 45 MG TAB ER, ER 63 MG TAB ER)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHYLPHENIDATE HCL ER 36 MG TAB 24H	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl soln 10 mg/5ml	tier 1	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
methylphenidate hcl soln 5 mg/5ml mg/ml	tier 1	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
methylphenidate hcl tab 10 mg	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl tab 20 mg	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
methylphenidate hcl tab 5 mg	tier 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
methylphenidate hcl tab er 10 mg (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl tab er 20 mg (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER (OSM))	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER (OSM))	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER (OSM))	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER (OSM))	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl tab er osmotic release (osm) 72 mg (METHYLPHENIDATE HCL ER (OSM))	tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate td patch 10 mg/9hr	tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
methylphenidate td patch 15 mg/9hr	tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
methylphenidate td patch 20 mg/9hr	tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
methylphenidate td patch 30 mg/9hr	tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
ONYDA XR (*clonidine hcl (adhd)*) 0.1 MG/ML SUSP	tier 3	PA, QLC (4 ml/day)
QELBREE (*viloxazine hcl (adhd)*) 100 MG CAP ER 24H	tier 3	PA, QLC (1 cap/day)
QELBREE (*viloxazine hcl (adhd)*) 150 MG CAP ER 24H	tier 3	PA, QLC (2 caps/day)
QELBREE (*viloxazine hcl (adhd)*) 200 MG CAP ER 24H	tier 3	PA, QLC (3 caps/day)
QUILLICHEW ER (*methylphenidate hcl*) (ER 20 MG, ER 40 MG)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLICHEW ER (*methylphenidate hcl*) 30 MG CH	tier 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLIVANT XR (*methylphenidate hcl*) 25 MG/5ML SRER	tier 3	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)
RELEXXII (*methylphenidate hcl*) (18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (*methylphenidate hcl*) (45 MG TAB ER, 63 MG TAB ER)	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (*methylphenidate hcl*) 72 MG TAB ER	tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RITALIN (*methylphenidate hcl*) 10 MG TAB	tier 3	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
RITALIN (*methylphenidate hcl*) 20 MG TAB	tier 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
RITALIN (*methylphenidate hcl*) 5 MG TAB	tier 3	AL1 (Up to 17 yrs old), QLC (12 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RITALIN LA (*methylphenidate hcl*) (10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H)	tier 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
RITALIN LA (*methylphenidate hcl*) 40 MG CAP ER 24H	tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
STRATTERA (*atomoxetine hcl*) (10 MG CAP, 18 MG CAP, 25 MG CAP)	tier 3	QLC (4 caps/day)
STRATTERA (*atomoxetine hcl*) (60 MG CAP, 80 MG CAP, 100 MG CAP)	tier 3	QLC (1 cap/day)
STRATTERA (*atomoxetine hcl*) 40 MG CAP	tier 3	QLC (2 caps/day)
CENTRAL NERVOUS SYSTEM, OTHER		
ADIPEX-P (*phentermine hcl*) 37.5 MG CAP	tier 1	PA, QLC (1 cap/day)
ADIPEX-P (*phentermine hcl*) 37.5 MG TAB	tier 3	PA, QLC (1 tab/day)
ALLZITAL (*butalbital-acetaminophen*) 25-325 MG TAB	tier 1	PA, QLC (12 tabs/day; max 96 tabs/30 days)
AUSTEDO (*deutetrabenazine*) (6 MG TAB, 9 MG TAB, 12 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
AUSTEDO XR (*deutetrabenazine*) (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR (*deutetrabenazine*) 24 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
AUSTEDO XR PATIENT TITRATION (*deutetrabenazine*) 12 & 18 & 24 & 30 MG TBER THPK	tier 4	PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days)
AUSTEDO XR PATIENT TITRATION (*deutetrabenazine*) 6 & 12 & 24 MG TBER THPK	tier 4	PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/year)
benzphetamine hcl tab 50 mg	tier 1	PA, QLC (3 tabs/day)
butalbital-acetaminophen cap 50-300 mg	tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen tab 50-300 mg	tier 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-300 mg (Bupap)	tier 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
butalbital-acetaminophen tab 50-325 mg	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg (BUTALBITAL-APAP-CAFFEINE)	tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)	tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic)	tier 3	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal)	tier 3	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC (BUTALBITAL-ACETAMIN-CAFF))	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
BUTALBITAL-APAP-CAFFEINE (*butalbital-acetaminophen-caffeine*) 50-325-40 MG/15ML SOLUTION	tier 1	PA, QLC (90 ml/day; max 720 ml/30 days)
DIETHYLPROPION HCL ER 75 MG TAB 24H	tier 1	PA, QLC (1 tab/day)
diethylpropion hcl tab 25 mg	tier 1	PA, QLC (3 tabs/day)
ESGIC (*butalbital-acetaminophen-caffeine*) 50-325-40 MG TAB	tier 3	QLC (6 tabs/day; max 48 tabs/30 days)
FIORICET (*butalbital-acetaminophen-caffeine*) 50-300-40 MG CAP	tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
FIRDAPSE (*amifampridine phosphate*) 10 MG TAB	tier 4	PA, LA, QLC (10 tabs/day)
gabapentin (once-daily) tab 300 mg	tier 1	PA, QLC (1 tab/day)
gabapentin (once-daily) tab 600 mg	tier 1	PA, QLC (3 tabs/day)
GRALISE (*gabapentin (once-daily)*) (750 MG TAB, 900 MG TAB)	tier 3	PA, QLC (2 tabs/day)
GRALISE (*gabapentin (once-daily)*) 300 MG TAB	tier 3	PA, QLC (1 tab/day)
GRALISE (*gabapentin (once-daily)*) 450 MG TAB	tier 3	PA, QLC (3 tabs/day)
GRALISE (*gabapentin (once-daily)*) 600 MG TAB	tier 3	PA, QLC (3 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORIZANT (*gabapentin enacarbil*) (300 MG TAB ER, 600 MG TAB ER)	tier 3	PA, QLC (2 tabs/day)
INGREZZA (*valbenazine tosylate*) (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
INGREZZA (*valbenazine tosylate*) 40 & 80 MG CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/6 months)
LEQEMBI IQLIK (*lecanemab-irmb*) 360 MG/1.8ML SOLN A-INJ	tier 4	PA, LA, QLC (4 pens/28 days)
LYNKUET (*elinzanetant*) 60 MG CAP	tier 3	PA, QLC (2 caps/day)
NUEDEXTA (*dextromethorphan hbr-quinidine sulfate*) 20-10 MG CAP	tier 2	PA, QLC (2 caps/day)
PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H	tier 3	PA, QLC (1 cap/day)
phendimetrazine tartrate tab 35 mg	tier 1	PA, QLC (6 tabs/day)
phentermine hcl cap 15 mg	tier 1	PA, QLC (1 cap/day)
phentermine hcl cap 30 mg	tier 1	PA, QLC (1 cap/day)
phentermine hcl cap 37.5 mg	tier 1	PA, QLC (1 cap/day)
phentermine hcl tab 37.5 mg	tier 1	PA, QLC (1 tab/day)
phentermine hcl tab 8 mg	tier 1	PA, QLC (3 tabs/day)
phentermine hcl tab 8 mg (Lomaira)	tier 1	PA, QLC (3 tabs/day)
phentermine hcl-topiramate cap er 24hr 11.25-69 mg (PHENTERMINE-TOPIRAMATE ER)	tier 1	PA, QLC (1 cap/day)
phentermine hcl-topiramate cap er 24hr 11.25-69 mg (PHENTERMINE-TOPIRAMATE ERXDNU)	tier 1	PA, QLC (1 cap/day)
phentermine hcl-topiramate cap er 24hr 15-92 mg (PHENTERMINE-TOPIRAMATE ER)	tier 1	PA, QLC (1 cap/day)
phentermine hcl-topiramate cap er 24hr 15-92 mg (PHENTERMINE-TOPIRAMATE ERXDNU)	tier 1	PA, QLC (1 cap/day)
phentermine hcl-topiramate cap er 24hr 3.75-23 mg (PHENTERMINE-TOPIRAMATE ER)	tier 1	PA, QLC (1 cap/day)
phentermine hcl-topiramate cap er 24hr 3.75-23 mg (PHENTERMINE-TOPIRAMATE ERXDNU)	tier 1	PA, QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
phentermine hcl-topiramate cap er 24hr 7.5-46 mg (PHENTERMINE-TOPIRAMATE ER)	tier 1	PA, QLC (1 cap/day)
phentermine hcl-topiramate cap er 24hr 7.5-46 mg (PHENTERMINE-TOPIRAMATE ERXDNU)	tier 1	PA, QLC (1 cap/day)
QSYMIA (*phentermine hcl-topiramate*) (7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H)	tier 3	PA, QLC (1 cap/day)
QSYMIA (*phentermine hcl-topiramate*) 3.75-23 MG CAP 24H	tier 3	PA, QLC (1 cap/day)
TENCON (*butalbital-acetaminophen*) 50-325 MG TAB	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
tetrabenazine tab 12.5 mg	tier 4	PA, S (Specialty Drug), QLC (8 tabs/day)
tetrabenazine tab 25 mg	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
VEOZAH (*fezolinetant*) 45 MG TAB	tier 3	PA, QLC (1 tab/day)
VTOL LQ (*butalbital-acetaminophen-caffeine*) 50-325-40 MG/15ML SOLUTION	tier 1	PA, QLC (90 ml/day; max 720 ml/30 days)
VYLEESI (*bremelanotide acetate*) 1.75 MG/0.3ML SOLN A-INJ	tier 4	PA, LA, QLC (8 doses/30 days)
XENAZINE (*tetrabenazine*) 12.5 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
XENAZINE (*tetrabenazine*) 25 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
FIBROMYALGIA AGENTS		
CYMBALTA (*duloxetine hcl*) (20 MG CP DR PART, 60 MG CP DR PART)	tier 3	QLC (2 caps/day)
CYMBALTA (*duloxetine hcl*) 30 MG CP DR PART	tier 3	QLC (3 caps/day)
DRIZALMA SPRINKLE (*duloxetine hcl*) (20 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	tier 3	PA, QLC (2 caps/day)
DRIZALMA SPRINKLE (*duloxetine hcl*) 30 MG CAP	tier 3	PA, QLC (3 caps/day)
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	tier 1	QLC (2 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	tier 1	QLC (3 caps/day)
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	tier 1	QLC (2 caps/day)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	tier 1	QLC (2 caps/day)
LYRICA (*pregabalin*) (225 MG CAP, 300 MG CAP)	tier 3	QLC (2 caps/day)
LYRICA (*pregabalin*) (25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP)	tier 3	QLC (3 caps/day)
LYRICA (*pregabalin*) 20 MG/ML SOLUTION	tier 3	QLC (30 ml/day)
LYRICA CR (*pregabalin (once-daily)*) (82.5 MG TAB ER 24H, 165 MG TAB ER 24H)	tier 3	PA, QLC (3 tabs/day)
LYRICA CR (*pregabalin (once-daily)*) 330 MG TAB ER 24H	tier 3	PA, QLC (2 tabs/day)
pregabalin cap 100 mg	tier 1	QLC (3 caps/day)
pregabalin cap 150 mg	tier 1	QLC (3 caps/day)
pregabalin cap 200 mg	tier 1	QLC (3 caps/day)
pregabalin cap 225 mg	tier 1	QLC (2 caps/day)
pregabalin cap 25 mg	tier 1	QLC (3 caps/day)
pregabalin cap 300 mg	tier 1	QLC (2 caps/day)
pregabalin cap 50 mg	tier 1	QLC (3 caps/day)
pregabalin cap 75 mg	tier 1	QLC (3 caps/day)
pregabalin soln 20 mg/ml	tier 1	QLC (30 ml/day)
pregabalin tab er 24hr 165 mg (PREGABALIN ER)	tier 1	PA, QLC (3 tabs/day)
pregabalin tab er 24hr 330 mg (PREGABALIN ER)	tier 1	PA, QLC (2 tabs/day)
pregabalin tab er 24hr 82.5 mg (PREGABALIN ER)	tier 1	PA, QLC (3 tabs/day)
SAVELLA (*milnacipran hcl*) (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	ST, QLC (2 tabs/day)
SAVELLA TITRATION PACK (*milnacipran hcl*) 12.5 & 25 & 50 MG MISC	tier 3	ST, QLC (55 tabs/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTIPLE SCLEROSIS AGENTS		
AMPYRA (*dalfampridine*) 10 MG TAB ER 12H	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
AUBAGIO (*teriflunomide*) 14 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
AUBAGIO (*teriflunomide*) 7 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
AVONEX PEN (*interferon beta-1a*) 30 MCG/0.5ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
AVONEX PREFILLED (*interferon beta-1a*) ILLED 30 MCG/0.5ML SY KT	tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
BAFIERTAM (*monomethyl fumarate*) 95 MG CAP DR	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
BETASERON (*interferon beta-1b*) 0.3 MG KIT	tier 4	PA, S (Specialty Drug), QLC (15 injections/month)
COPAXONE (*glatiramer acetate*) 20 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/day)
COPAXONE (*glatiramer acetate*) 40 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (12 syringes/month)
dalfampridine tab er 12hr 10 mg (DALFAMPRIDINE ER)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
dimethyl fumarate capsule delayed release 120 mg	tier 1	S (Specialty Drug), QLC (2 caps/day)
dimethyl fumarate capsule delayed release 240 mg	tier 1	QLC (2 caps/day)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK)	tier 1	S (Specialty Drug), QLC (2 tabs/day)
EXTAVIA (*interferon beta-1b*) 0.3 MG KIT	tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/month)
fingolimod hcl cap 0.5 mg (base equiv)	tier 1	S (Specialty Drug), QLC (1 cap/day)
GILENYA (*fingolimod hcl*) (0.25 MG CAP, 0.5 MG CAP)	tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
glatiramer acetate soln prefilled syringe 20 mg/ml	tier 2	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	tier 2	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 40 mg/ml	tier 2	S (Specialty Drug), QLC (12 syringes/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	tier 2	S (Specialty Drug), QLC (12 syringes/month)
KESIMPTA (*ofatumumab (ms)*) 20 MG/0.4ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (*cladribine (multiple sclerosis)*) S) MG THPK	tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (4 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (5 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (6 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (7 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (8 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (9 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/year)
MAYZENT (*siponimod fumarate*) (1 MG TAB, 2 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
MAYZENT (*siponimod fumarate*) 0.25 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
MAYZENT STARTER PACK (*siponimod fumarate*) 12 X 0.25 MG TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (12 tabs/28 days; max 2 fills/year)
MAYZENT STARTER PACK (*siponimod fumarate*) 7 X 0.25 MG TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (7 tabs/28 days; max 2 fills/year)
PLEGRIDY (*peginterferon beta-1a*) 125 MCG/0.5ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
PLEGRIDY (*peginterferon beta-1a*) 125 MCG/0.5ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (*peginterferon beta-1a*) (PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (1 starter pack/12 months)
PONVORY (*ponesimod*) 20 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
PONVORY STARTER PACK (*ponesimod*) 2-3-4-5-6-7-8-9 & 10 MG TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (14 tabs/30 days; max 2 fills/year)
REBIF (*interferon beta-1a*) (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (12 injections/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REBIF REBIDOSE (*interferon beta-1a*) (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	tier 4	PA, S (Specialty Drug), QLC (12 injections/month)
REBIF REBIDOSE TITRATION PACK (*interferon beta-1a*) 6X8.8 & 6X22 MCG SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)
REBIF TITRATION PACK (*interferon beta-1a*) 6X8.8 & 6X22 MCG SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)
TASCENSO ODT (*fingolimod lauryl sulfate*) (ODT 0.25 MG TAB DISP, ODT 0.5 MG TAB DISP)	tier 4	PA, LA, QLC (1 tab/day)
TECFIDERA (*dimethyl fumarate*) (120 MG CAP DR, 240 MG CAP DR)	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
TECFIDERA (*dimethyl fumarate*) 120 & 240 MG CPDR THPK	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
teriflunomide tab 14 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
teriflunomide tab 7 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VUMERITY (*diroximel fumarate*) 231 MG CAP DR	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
ZEPOSIA (*ozanimod hcl*) 0.92 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK (*ozanimod hcl*) 4 X 0.23MG & 3 X 0.46MG CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year)
ZEPOSIA STARTER KIT (*ozanimod hcl*) 0.23MG & 0.46MG & 0.92MG CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year)
ZEPOSIA STARTER KIT (*ozanimod hcl*) 0.23MG &0.46MG 0.92MG(21) CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

DENTAL AND ORAL AGENTS

cevimeline hcl cap 30 mg	tier 1	
chlorhexidine gluconate soln 0.12%	tier 1	
chlorhexidine gluconate soln 0.12% (Periogard)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EVOXAC (*cevimeline hcl*) 30 MG CAP	tier 3	
pilocarpine hcl tab 5 mg	tier 1	
pilocarpine hcl tab 7.5 mg	tier 1	
SALAGEN (*pilocarpine hcl (oral)*) (5 MG TAB, 7.5 MG TAB)	tier 3	
triamcinolone acetonide dental paste 0.1%	tier 1	
triamcinolone acetonide dental paste 0.1% (Kourzeq)	tier 1	
triamcinolone acetonide dental paste 0.1% (Oralone)	tier 1	
DERMATOLOGICAL AGENTS (Drugs for the Skin)		
ACNE AND ROSACEA AGENTS		
ABSORICA (*isotretinoin*) (10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP)	tier 3	
ABSORICA LD (*isotretinoin micronized*) (8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP)	tier 3	PA
ACANYA (*clindamycin phosphate-benzoyl peroxide*) 1.2-2.5 % GEL	tier 3	ST
acitretin cap 10 mg	tier 1	QLC (4 caps/day)
acitretin cap 17.5 mg	tier 1	QLC (2 caps/day)
acitretin cap 25 mg	tier 1	QLC (2 caps/day)
ADAPALENE (0.1 % PAD, 0.1 % SOLUTION)	tier 1	PA
adapalene cream 0.1%	tier 1	AL1 (Up to 39 yrs old)
adapalene gel 0.3%	tier 1	AL1 (Up to 39 yrs old)
adapalene-benzoyl peroxide gel 0.1-2.5%	tier 1	AL1 (Up to 39 yrs old)
adapalene-benzoyl peroxide gel 0.3-2.5%	tier 1	ST, AL1 (Up to 39 yrs old)
AKLIEF (*trifarotene*) 0.005 % CREAM	tier 3	PA, QLC (45 gm/30 days)
ALTRENO (*tretinoin*) 0.05 % LOTION	tier 3	AL1 (Up to 39 yrs old)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMZEEQ (*minocycline hcl micronized (acne)*) 4 % FOAM	tier 3	PA, QLC (1 bottle/month)
ARAZLO (*tazarotene (acne)*) 0.045 % LOTION	tier 3	PA, QLC (1 bottle(45 gm)/30 days)
ATRALIN (*tretinoin*) 0.05 % GEL	tier 3	PA
azelaic acid gel 15%	tier 1	QLC (1 tube/month)
AZELEX (*azelaic acid (acne)*) 20 % CREAM	tier 3	
BENZACLIN (*clindamycin phosphate-benzoyl peroxide*) 1-5 % GEL	tier 3	
BENZACLIN WITH PUMP (*clindamycin phosphate-benzoyl peroxide*) 1-5 % GEL	tier 3	
BENZAMYCIN (*benzoyl peroxide-erythromycin*) 5-3 % GEL	tier 3	
benzoyl peroxide-erythromycin gel 5-3%	tier 1	
brimonidine tartrate gel 0.33% (base equivalent)	tier 1	PA, QLC (1 tube/month)
CABTREO (*adapalene-benzoyl peroxide-clindamycin phosphate*) 0.15-3.1-1.2 % GEL	tier 3	PA, QLC (one 50 gm/bottle/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	tier 1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)	tier 3	
clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	tier 1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	tier 1	ST
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (CLINDAMYCIN PHOS-BENZOYL PEROX)	tier 1	ST, QLC (1 bottle/month)
clindamycin phosphate-tretinoin gel 1.2-0.025% (CLINDAMYCIN-TRETINOIN)	tier 1	ST
DIFFERIN (*adapalene*) (0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL)	tier 3	AL1 (Up to 39 yrs old)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIDUO (*adapalene-benzoyl peroxide*) 0.1-2.5 % GEL	tier 3	AL1 (Up to 39 yrs old)
EPIDUO FORTE (*adapalene-benzoyl peroxide*) 0.3-2.5 % GEL	tier 3	ST, AL1 (Up to 39 yrs old)
EPSOLAY (*benzoyl peroxide*) 5 % CREAM	tier 3	PA, QLC (30 gm/30 days)
FABIOR (*tazarotene (acne)*) 0.1 % FOAM	tier 3	PA, QLC (100 gm/month)
FINACEA (*azelaic acid*) 15 % FOAM	tier 3	QLC (1 bottle/month)
FINACEA (*azelaic acid*) 15 % GEL	tier 3	QLC (1 tube/month)
isotretinoin cap 10 mg	tier 1	
isotretinoin cap 10 mg (Accutane)	tier 1	
isotretinoin cap 10 mg (Amnesteem)	tier 1	
isotretinoin cap 10 mg (Claravis)	tier 1	
isotretinoin cap 10 mg (Myorisan)	tier 1	
isotretinoin cap 10 mg (Zenatane)	tier 1	
isotretinoin cap 20 mg	tier 1	
isotretinoin cap 20 mg (Accutane)	tier 1	
isotretinoin cap 20 mg (Amnesteem)	tier 1	
isotretinoin cap 20 mg (Claravis)	tier 1	
isotretinoin cap 20 mg (Myorisan)	tier 1	
isotretinoin cap 20 mg (Zenatane)	tier 1	
isotretinoin cap 25 mg	tier 1	
isotretinoin cap 30 mg	tier 1	
isotretinoin cap 30 mg (Accutane)	tier 1	
isotretinoin cap 30 mg (Amnesteem)	tier 1	
isotretinoin cap 30 mg (Claravis)	tier 1	
isotretinoin cap 30 mg (Myorisan)	tier 1	
isotretinoin cap 30 mg (Zenatane)	tier 1	
isotretinoin cap 35 mg	tier 1	
isotretinoin cap 40 mg	tier 1	
isotretinoin cap 40 mg (Accutane)	tier 1	
isotretinoin cap 40 mg (Amnesteem)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 40 mg (Claravis)	tier 1	
isotretinoin cap 40 mg (Myorisan)	tier 1	
isotretinoin cap 40 mg (Zenatane)	tier 1	
ivermectin cream 1%	tier 1	PA, QLC (1 bottle (45gm)/month)
KLARON (*sulfacetamide sodium (acne)*) 10 % LOTION	tier 3	
MIRVASO (*brimonidine tartrate (topical)*) 0.33 % GEL	tier 3	PA, QLC (1 tube/month)
ONEXTON (*clindamycin phosphate-benzoyl peroxide*) 1.2-3.75 % GEL	tier 3	ST, QLC (1 bottle/month)
RETIN-A (*tretinoin*) (0.01 % GEL, 0.025 % CREAM, 0.025 % GEL, 0.05 % CREAM, 0.1 % CREAM)	tier 3	AL1 (Up to 39 yrs old)
RETIN-A MICRO (*tretinoin microsphere*) (0.04 % GEL, 0.1 % GEL)	tier 3	ST, AL1 (Up to 39 yrs old)
RETIN-A MICRO PUMP (*tretinoin microsphere*) (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	tier 3	ST, AL1 (Up to 39 yrs old)
RETIN-A MICRO PUMP (*tretinoin microsphere*) 0.06 % GEL	tier 3	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
RETIN-A MICRO PUMP (*tretinoin microsphere*) 0.08 % GEL	tier 3	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
RHOFADE (*oxymetazoline hcl (topical)*) 1 % CREAM	tier 3	PA, QLC (one 30 gm tube/month)
SOOLANTRA (*ivermectin (rosacea)*) 1 % CREAM	tier 3	PA, QLC (1 bottle (45gm)/month)
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE))	tier 1	
TAZAROTENE (*tazarotene (acne)*) 0.1 % FOAM	tier 3	PA, QLC (100 gm/month)
tazarotene cream 0.05%	tier 1	
tazarotene cream 0.1%	tier 1	
tazarotene gel 0.05%	tier 1	
tazarotene gel 0.1%	tier 1	
TAZORAC (*tazarotene*) (0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL)	tier 3	
tretinoin cream 0.025%	tier 1	AL1 (Up to 39 yrs old)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tretinoin cream 0.025% (Avita)	tier 3	AL1 (Up to 39 yrs old)
tretinoin cream 0.05%	tier 1	AL1 (Up to 39 yrs old)
tretinoin cream 0.1%	tier 1	AL1 (Up to 39 yrs old)
tretinoin gel 0.01%	tier 1	AL1 (Up to 39 yrs old)
tretinoin gel 0.025%	tier 1	AL1 (Up to 39 yrs old)
tretinoin gel 0.025% (Avita)	tier 3	AL1 (Up to 39 yrs old)
tretinoin gel 0.05%	tier 1	PA
TRETINOIN MICROSPHERE (0.04 % GEL, 0.1 % GEL)	tier 3	ST, AL1 (Up to 39 yrs old)
tretinoin microsphere gel 0.04%	tier 3	ST, AL1 (Up to 39 yrs old)
tretinoin microsphere gel 0.08%	tier 1	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
tretinoin microsphere gel 0.08% (TRETINOIN MICROSPHERE PUMP)	tier 1	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
tretinoin microsphere gel 0.1%	tier 3	ST, AL1 (Up to 39 yrs old)
TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	tier 3	ST, AL1 (Up to 39 yrs old)
VELTIN (*clindamycin phosphate-tretinoin*) 1.2-0.025 % GEL	tier 3	ST
WINLEVI (*clascoterone*) 1 % CREAM	tier 3	PA, QLC (60 gm/30 days)
ZIANA (*clindamycin phosphate-tretinoin*) 1.2-0.025 % GEL	tier 3	ST
ZILXI (*minocycline hcl micronized (rosacea)*) 1.5 % FOAM	tier 3	PA, QLC (1 bottle/30 days)
DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)		
ADBRY (*tralokinumab-ldrm*) 150 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
ADBRY (*tralokinumab-ldrm*) 300 MG/2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
ALA SCALP (*hydrocortisone (topical)*) 2 % LOTION	tier 3	PA
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	tier 1	
alclometasone dipropionate cream 0.05%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
alclometasone dipropionate oint 0.05%	tier 1	
AMCINONIDE (0.1 % CREAM, 0.1 % OINTMENT)	tier 1	PA
AMCINONIDE 0.1 % LOTION	tier 1	ST
ANUSOL-HC (*hydrocortisone (rectal)*) 2.5 % CREAM	tier 1	
APEXICON E (*diflorasone diacetate emollient base*) APXICON 0.05 % CRAM	tier 1	ST
BETAMETHASONE DIPROPIONATE AUG (*betamethasone dipropionate augmented*) 0.05 % GEL	tier 1	
betamethasone dipropionate augmented cream 0.05%	tier 1	
betamethasone dipropionate augmented lotion 0.05%	tier 1	
betamethasone dipropionate augmented oint 0.05%	tier 1	
betamethasone dipropionate cream 0.05%	tier 1	
betamethasone dipropionate lotion 0.05%	tier 1	
betamethasone dipropionate oint 0.05%	tier 1	
BETAMETHASONE VALERATE 0.1 % LOTION	tier 1	
betamethasone valerate aerosol foam 0.12%	tier 1	ST
betamethasone valerate cream 0.1% (base equivalent)	tier 1	
betamethasone valerate lotion 0.1% (base equivalent)	tier 1	
betamethasone valerate oint 0.1% (base equivalent)	tier 1	
BRYHALI (*halobetasol propionate*) 0.01 % LOTION	tier 3	PA, QLC (200 gm/28 days)
BYLVAY (*odevixibat*) 1200 MCG CAP	tier 4	PA, LA, QLC (5 caps/day)
BYLVAY (*odevixibat*) 400 MCG CAP	tier 4	PA, LA, QLC (15 caps/day)
BYLVAY (PELLETS) (*odevixibat*) 200 MCG CAP SPRINK	tier 4	PA, LA, QLC (30 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BYLVAY (PELLETS) (*odevixibat*) 600 MCG CAP SPRINK	tier 4	PA, LA, QLC (10 caps/day)
CAPEX (*fluocinolone acetonide*) 0.01 % SHAMPOO	tier 3	PA
clobetasol propionate cream 0.05%	tier 1	
clobetasol propionate emollient base cream 0.05%	tier 1	
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	tier 1	
clobetasol propionate emulsion foam 0.05%	tier 1	ST
clobetasol propionate emulsion foam 0.05% (Tovet)	tier 1	ST
clobetasol propionate foam 0.05%	tier 1	
clobetasol propionate gel 0.05%	tier 1	
clobetasol propionate lotion 0.05%	tier 1	
clobetasol propionate oint 0.05%	tier 1	
clobetasol propionate shampoo 0.05%	tier 1	
clobetasol propionate shampoo 0.05% (Clodan)	tier 1	
clobetasol propionate soln 0.05%	tier 1	
clobetasol propionate spray 0.05%	tier 1	QLC (125 ml/month)
CLOBEX (*clobetasol propionate*) (0.05 % LOTION, 0.05 % SHAMPOO)	tier 3	
CLOBEX SPRAY (*clobetasol propionate*) 0.05 % LIQUID	tier 3	QLC (125 ml/month)
CLOCORTOLONE PIVALATE 0.1 % CREAM	tier 1	ST
clocortolone pivalate cream 0.1%	tier 1	ST
CORDRAN (*flurandrenolide*) (0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE)	tier 3	PA
CUTIVATE (*fluticasone propionate*) 0.05 % LOTION	tier 3	ST
DERMA-SMOOTHE/FS BODY (*fluocinolone acetonide*) 0.01 % OIL	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DERMA-SMOOTHE/FS SCALP (*fluocinolone acetonide*) 0.01 % OIL	tier 2	
DESONIDE 0.05 % GEL	tier 1	PA
desonide cream 0.05%	tier 1	
desonide gel 0.05% (Desrx)	tier 1	PA
desonide lotion 0.05%	tier 1	
desonide oint 0.05%	tier 1	
DESOWEN (*desonide*) 0.05 % CREAM	tier 3	
DESOXIMETASONE 0.05 % GEL	tier 1	ST
desoximetasone cream 0.05%	tier 1	ST
desoximetasone cream 0.25%	tier 1	ST
desoximetasone oint 0.05%	tier 1	ST
desoximetasone oint 0.25%	tier 1	ST
desoximetasone spray 0.25%	tier 1	ST, QLC (1 bottle/month)
DIFLORASONE DIACETATE 0.05 % CREAM	tier 1	PA
diflorasone diacetate oint 0.05%	tier 1	PA
DIPROLENE (*betamethasone dipropionate augmented*) 0.05 % OINTMENT	tier 3	
DIPROLENE AF (*betamethasone dipropionate augmented*) 0.05 % CREAM	tier 3	
doxepin hcl cream 5%	tier 1	PA
EBGLYSS (*lebrikizumab-lbkz*) 250 MG/2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 ml/28 days)
EBGLYSS (*lebrikizumab-lbkz*) 250 MG/2ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2ml/28 days)
ELIDEL (*pimecrolimus*) 1 % CREAM	tier 3	QLC (100 gm/month)
EUCRISA (*crisaborole*) 2 % OINTMENT	tier 3	PA, QLC (100 gm/month)
fluocinolone acetonide cream 0.01%	tier 1	
fluocinolone acetonide cream 0.025%	tier 1	
fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY) *)*	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP) *)*	tier 1	
fluocinolone acetonide oint 0.025%	tier 1	
fluocinolone acetonide soln 0.01%	tier 1	
fluocinonide cream 0.05%	tier 1	
fluocinonide cream 0.1%	tier 1	
fluocinonide emulsified base cream 0.05%	tier 1	
fluocinonide gel 0.05%	tier 1	
fluocinonide oint 0.05%	tier 1	
fluocinonide soln 0.05%	tier 1	
FLURANDRENOLIDE 0.05 % CREAM	tier 3	PA
FLURANDRENOLIDE 0.05 % LOTION	tier 1	PA
flurandrenolide cream 0.05%	tier 3	PA
flurandrenolide cream 0.05% (Nolix)	tier 3	PA
flurandrenolide lotion 0.05%	tier 1	PA
flurandrenolide lotion 0.05% (Nolix)	tier 1	PA
flurandrenolide oint 0.05%	tier 1	PA
FLUTICASONE PROPIONATE 0.05 % LOTION	tier 1	ST
fluticasone propionate cream 0.05%	tier 1	
fluticasone propionate lotion 0.05%	tier 1	ST
fluticasone propionate lotion 0.05% (Beser)	tier 1	ST
fluticasone propionate oint 0.005%	tier 1	
halcinonide cream 0.1%	tier 1	PA
halcinonide soln 0.1%	tier 1	PA
halobetasol propionate cream 0.05%	tier 1	
halobetasol propionate foam 0.05%	tier 1	PA, QLC (200 gm/28 days)
halobetasol propionate foam 0.05% (Lexette)	tier 1	PA, QLC (200 gm/28 days)
halobetasol propionate oint 0.05%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HALOG (*halcinonide*) (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	tier 3	PA
HYDROCORTISONE (*hydrocortisone (topical)*) 2 % LOTION	tier 3	PA
HYDROCORTISONE (*hydrocortisone (topical)*) 2.5 % LOTION	tier 1	
HYDROCORTISONE (*hydrocortisone (topical)*) 2.5 % SOLUTION	tier 1	PA, QLC (30 ml bottle/30 days)
HYDROCORTISONE ACETATE (*hydrocortisone acetate (topical)*) 2.5 % CREAM	tier 1	PA, QLC (1 tube/30 days)
hydrocortisone acetate suppos 25 mg	tier 1	
hydrocortisone acetate suppos 25 mg (Anucort-Hc)	tier 3	
hydrocortisone acetate suppos 25 mg (Anusol-Hc)	tier 3	PA
hydrocortisone acetate suppos 25 mg (Hemmorex-Hc)	tier 2	
HYDROCORTISONE BUTYR LIPO BASE (*hydrocortisone butyrate hydrophilic lipo base*) 0.1 % CREAM	tier 1	ST
HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION)	tier 1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	tier 1	ST
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (HYDROCORTISONE BUTYR LIPO BASE)	tier 1	ST
hydrocortisone butyrate lotion 0.1%	tier 1	ST
hydrocortisone butyrate oint 0.1%	tier 1	
hydrocortisone cream 2.5%	tier 1	
hydrocortisone cream 2.5% (Ala-Cort)	tier 1	
hydrocortisone lotion 2.5%	tier 1	
hydrocortisone oint 2.5%	tier 1	
hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL))	tier 1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocortisone perianal cream 2.5% (Proctosol Hc)	tier 1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	tier 1	
hydrocortisone valerate cream 0.2%	tier 1	
hydrocortisone valerate oint 0.2%	tier 1	
IMPEKLO (***clobetasol propionate***) 0.15 MG/ACT (0.05%) LOTION	tier 3	PA, QLC (272 gm (4 bottles)/28 days)
KENALOG (***triamcinolone acetonide (topical)***) 0.147 MG/GM AERO SOLN	tier 3	ST
LEXETTE (***halobetasol propionate***) 0.05 % FOAM	tier 3	PA, QLC (200 gm/28 days)
LOCOID (***hydrocortisone butyrate***) 0.1 % LOTION	tier 3	ST
LOCOID LIPOCREAM (***hydrocortisone butyrate hydrophilic lipo base***) LIPO0.1 %	tier 3	ST
LUXIQ (***betamethasone valerate***) 0.12 % FOAM	tier 3	ST
MICORT HC (***hydrocortisone acetate (topical)***) 2.5 % CREAM	tier 1	PA, QLC (1 tube/30 days)
mometasone furoate cream 0.1%	tier 1	
mometasone furoate oint 0.1%	tier 1	
mometasone furoate solution 0.1% (lotion)	tier 1	
OLUX (***clobetasol propionate***) 0.05 % FOAM	tier 3	
OLUX-E (***clobetasol propionate emulsion***) 0.05 % FOAM	tier 3	ST
PANDEL (***hydrocortisone probutate***) 0.1 % CREAM	tier 3	PA
pimecrolimus cream 1%	tier 1	QLC (100 gm/month)
PREDNICARBATE 0.1 % OINTMENT	tier 1	
PROTOPIC (***tacrolimus (topical)***) 0.03 % OINTMENT	tier 3	QLC (100 gm/month)
PROTOPIC (***tacrolimus (topical)***) 0.1 % OINTMENT	tier 3	AL1 (At least 16 yrs old), QLC (100 gm/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRUDOXIN (*doxepin hcl (antipruritic)*) 5 % CREAM	tier 3	PA
selenium sulfide lotion 2.5%	tier 1	QLC (1 bottle/month)
SERNIVO (*betamethasone dipropionate (topical)*) 0.05 % EMULSION	tier 3	PA, QLC (1 bottle/month)
SYNALAR (*fluocinolone acetonide*) (0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT)	tier 3	
tacrolimus oint 0.03%	tier 1	QLC (100 gm/month)
tacrolimus oint 0.1%	tier 1	AL1 (At least 16 yrs old), QLC (100 gm/month)
TEMOVATE (*clobetasol propionate*) (0.05 % CREAM, 0.05 % OINTMENT)	tier 3	
TEXACORT (*hydrocortisone (topical)*) 2.5 % SOLUTION	tier 3	QLC (30 ml bottle/30 days)
TOPICORT (*desoximetasone*) (0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT)	tier 3	ST
TOPICORT SPRAY (*desoximetasone*) 0.25 % LIQUID	tier 3	ST, QLC (1 bottle/month)
TRIAMCINOLONE ACETONIDE (*triamcinolone acetonide (topical)*) 0.147 MG/GM AERO SOLN	tier 1	ST
triamcinolone acetonide aerosol soln 0.147 mg/gm	tier 1	ST
triamcinolone acetonide cream 0.025%	tier 1	
triamcinolone acetonide cream 0.1%	tier 1	
triamcinolone acetonide cream 0.1% (Triderm)	tier 1	
triamcinolone acetonide cream 0.5%	tier 1	
triamcinolone acetonide cream 0.5% (Triderm)	tier 1	
triamcinolone acetonide lotion 0.025%	tier 1	
triamcinolone acetonide lotion 0.1%	tier 1	
triamcinolone acetonide oint 0.025%	tier 1	
triamcinolone acetonide oint 0.05%	tier 1	ST
triamcinolone acetonide oint 0.05% (TRIAMCINOLONE IN ABSORBASE)	tier 1	ST

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
triamcinolone acetonide oint 0.05% (Trianex)	tier 1	ST
triamcinolone acetonide oint 0.05% (Tritocin)	tier 1	ST
triamcinolone acetonide oint 0.1%	tier 1	
triamcinolone acetonide oint 0.5%	tier 1	
ULTRAVATE (*halobetasol propionate*) 0.05 % LOTION	tier 3	PA, QLC (1 bottle (60ml) /month)
VANOS (*fluocinonide*) 0.1 % CREAM	tier 3	
VERDESO (*desonide*) 0.05 % FOAM	tier 3	PA
VTAMA (*tapinarof*) 1 % CREAM	tier 3	PA, QLC (60 gm/30 days)
ZONALON (*doxepin hcl (antipruritic)*) 5 % CREAM	tier 3	PA
DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)		
ALDARA (*imiquimod*) 5 % CREAM	tier 3	QLC (24 packs/month, max of 48 packs/6 months)
ANALPRAM HC (*hydrocortisone acetate w/ pramoxine*) 1-1 % CREAM	tier 3	
ANALPRAM HC (*hydrocortisone acetate w/ pramoxine*) 2.5-1 % LOTION	tier 2	
ANALPRAM-HC (*hydrocortisone acetate w/ pramoxine*) 1-1 % CREAM	tier 3	
ANALPRAM-HC (*hydrocortisone acetate w/ pramoxine*) 2.5-1 % LOTION	tier 2	
ANZUPGO (*delgocitinib*) 20 MG/GM CREAM	tier 4	PA, LA, S (Specialty Drug), QLC (60 gm/28 days)
AVAR LS CLEANSER (*sulfacetamide sodium w/ sulfur*) 10-2 % LIQUID	tier 3	ST
AVAR-E LS (*sulfacetamide sodium w/ sulfur*) 10-2 % CREAM	tier 3	ST
CALCIPOTRIENE 0.005 % FOAM	tier 3	PA
CALCIPOTRIENE 0.005 % SOLUTION	tier 1	
calcipotriene cream 0.005%	tier 1	
calcipotriene oint 0.005%	tier 1	
calcipotriene oint 0.005% (Calcitrene)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
calcipotriene soln 0.005% (50 mcg/ml)	tier 1	
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP)	tier 1	PA, QLC (400 gm/month)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP)	tier 1	QLC (400 gm/month)
CALCITRIOL (*calcitriol (topical)*) 3 MCG/GM OINTMENT	tier 2	QLC (800 gm/month)
CIBINQO (*abrocitinib*) (50 MG TAB, 100 MG TAB, 200 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	tier 1	
clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	tier 1	
CLOTRIMAZOLE-BETAMETHASONE (*clotrimazole w/ betamethasone*) 1-0.05 % LOTION	tier 1	
CONDYLOX (*podofilox*) 0.5 % GEL	tier 3	ST
DOVONEX (*calcipotriene*) 0.005 % CREAM	tier 3	
DUOBRII (*halobetasol propionate-tazarotene*) 0.01-0.045 % LOTION	tier 3	PA, QLC (200 gm/28 days)
EFUDEX (*fluorouracil (topical)*) 5 % CREAM	tier 3	
ENSTILAR (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % FOAM	tier 3	PA, QLC (420gm/30 days)
EPIFOAM (*pramoxine-hc*) 1	tier 2	
FLUOROURACIL (*fluorouracil (topical)*) 0.5 % CREAM	tier 1	PA, QLC (1 tube/30 days)
FLUOROURACIL (*fluorouracil (topical)*) 2 % SOLUTION	tier 1	
fluorouracil cream 5%	tier 1	
fluorouracil soln 5%	tier 1	
HYDROCORTISONE ACE-PRAMOXINE (*hydrocortisone acetate w/ pramoxine*) 1-1 % CREAM	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYFTOR (*sirolimus (topical)*) 0.2 % GEL	tier 4	PA, LA, QLC (10 gm/30 days)
imiquimod cream 3.75%	tier 1	ST, QLC (28 packets/month; max 56 packets/ 6 months)
imiquimod cream 3.75% (IMIQUIMOD PUMP)	tier 1	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
imiquimod cream 5%	tier 1	QLC (24 packs/month, max of 48 packs/6 months)
KLISYRI (250 MG) (*tirbanibulin*) 1 % OINTMENT	tier 3	PA, QLC (5 packets/30 days)
KLISYRI (350 MG) (*tirbanibulin*) 1 % OINTMENT	tier 3	PA, QLC (5 packets/30 days)
LITFULO (*ritlecitinib tosylate*) 50 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
METHOXSALEN RAPID 10 MG CAP	tier 1	
NEO-SYNALAR (*neomycin sulfate-fluocinolone acetonide*) 0.5-0.025 % CREAM	tier 3	PA, QLC (1 tube/month)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	tier 1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	tier 1	
OPZELURA (*ruxolitinib phosphate (topical)*) 1.5 % CREAM	tier 3	PA, QLC (240 gm/30 days)
OTEZLA (*apremilast*) (20 MG TAB, 30 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
OTEZLA XR (*apremilast*) 75 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
OVACE PLUS (*sulfacetamide sodium*) (10 % CREAM, 10 % SHAMPOO)	tier 3	
OVACE PLUS (*sulfacetamide sodium*) 9.8 % LOTION	tier 3	QLC (1 bottle (57gm)/month)
OVACE PLUS WASH (*sulfacetamide sodium*) 10 % GEL	tier 3	ST, QLC (1 bottle/month)
OVACE PLUS WASH (*sulfacetamide sodium*) 10 % LIQUID	tier 3	
OVACE WASH (*sulfacetamide sodium*) 10 % LIQUID	tier 3	
PLEXION (*sulfacetamide sodium w/ sulfur*) (9.8-4.8 % CREAM, 9.8-4.8 % LOTION)	tier 3	ST, QLC (1 bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PLEXION CLEANSER (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % LIQUID	tier 3	ST, QLC (1 bottle/month)
PLEXION CLEANSING CLOTH (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % PAD	tier 3	ST, QLC (1 box/month)
PODOFILOX 0.5 % SOLUTION	tier 1	
podofilox gel 0.5%	tier 1	ST
podofilox soln 0.5%	tier 1	
PRAMOSONE (*pramoxine-hc*) (1-1 % LOTION, 1-2.5 % LOTION)	tier 2	
PRAMOSONE (*pramoxine-hc*) 1-1 % CREAM	tier 3	
PROCTOFOAM HC (*hydrocortisone acetate w/ pramoxine*) PROCTO1	tier 2	
REGRANEX (*becaplermin*) 0.01 % GEL	tier 2	PA, QLC (15 gm/30 days)
SALEX (*salicylic acid*) 6 % SHAMPOO	tier 3	
SALICYLIC ACID 26 % SOLUTION	tier 1	
salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER)	tier 1	
salicylic acid shampoo 6%	tier 1	
salicylic acid shampoo 6% (Keralyt)	tier 1	
SANTYL (*collagenase*) 250 UNIT/GM OINTMENT	tier 2	QLC (180 grams/month)
SILVADENE (*silver sulfadiazine*) 1 % CREAM	tier 3	
silver sulfadiazine cream 1%	tier 1	
silver sulfadiazine cream 1% (Ssd)	tier 1	
SODIUM SULFACETAMIDE-BAKUCHIOL (*sulfacetamide sodium in bakuchiol vehicle*) 10 % LIQUID	tier 1	
SORILUX (*calcipotriene*) 0.005 % FOAM	tier 3	PA
SSS 10-5 (*sulfacetamide sodium w/ sulfur*) % FOAM	tier 2	ST
sulfacetamide sodium cleansing gel 10%	tier 3	ST, QLC (1 bottle/month)
sulfacetamide sodium cleansing gel 10% (SULFACETAMIDE SODIUM (CLEANS))	tier 3	ST, QLC (1 bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sulfacetamide sodium liquid 10%	tier 1	
sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH)	tier 1	
sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE)	tier 1	
sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	tier 3	ST
sulfacetamide sodium w/ sulfur cleanser 10-5% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur cleanser 9-4% (SULFACETAMIDE SODIUM-SULFUR)	tier 3	ST
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	ST, QLC (1 bottle/month)
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR)	tier 2	ST
sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR)	tier 3	ST
sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Emollient)	tier 3	ST
sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Green)	tier 3	ST
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)	tier 1	
sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	tier 2	ST, QLC (1 bottle/month)
sulfacetamide sodium w/ sulfur emulsion 10-1% (Bp 10-1)	tier 1	
sulfacetamide sodium w/ sulfur lotion 10-5% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	tier 2	ST, QLC (1 bottle/month)
sulfacetamide sodium w/ sulfur susp 10-5% (SULFACETAMIDE SODIUM-SULFUR)	tier 3	ST
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4)	tier 3	ST
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH)	tier 3	ST
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR)	tier 3	ST
SULFACETAMIDE SODIUM-SULFUR (***sulfacetamide sodium w/ sulfur***) 10-2 % CREAM	tier 3	ST
SULFACETAMIDE SODIUM-SULFUR (***sulfacetamide sodium w/ sulfur***) 9.8-4.8 % PAD	tier 3	ST, QLC (1 box/month)
SUMAXIN (***sulfacetamide sodium w/ sulfur***) 10-4 % PAD	tier 3	ST
TACLONEX (***calcipotriene-betamethasone dipropionate***) 0.005-0.064 % OINTMENT	tier 3	PA, QLC (400 gm/month)
TACLONEX (***calcipotriene-betamethasone dipropionate***) 0.005-0.064 % SUSPENSION	tier 3	QLC (400 gm/month)
TOLAK (***fluorouracil (topical)***) 4 % CREAM	tier 2	QLC (1 tube/month)
TWYNEO (***tretinoin-benzoyl peroxide***) 0.1-3 % CREAM	tier 3	PA, QLC (30 gm/30 days)
VALCHLOR (***mechlorethamine hcl (topical)***) 0.016 % GEL	tier 4	PA, LA, QLC (1 tube/month)
VECTICAL (***calcitriol (topical)***) 3 MCG/GM OINTMENT	tier 3	QLC (800 gm/month)
VEREGEN (***sinecatechins***) 15 % OINTMENT	tier 3	ST, QLC (1 tube/month, not to exceed 4 tubes/6 months)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIRASAL (*salicylic acid*) 27.5 % LIQUID	tier 3	
XERESE (*acyclovir-hydrocortisone*) 5-1 % CREAM	tier 3	PA, QLC (5 gm/30 days, max 30 gm/year)
ZELSUVMI (*berdazimer sodium*) 10.3 % GEL	tier 3	PA, QLC (31 gm/28 days)
ZORYVE (*roflumilast (antiseborrheic)*) 0.3 % FOAM	tier 3	PA, QLC (60 gm/30 days)
ZORYVE (*roflumilast (dermatologic)*) 0.15 % CREAM	tier 3	PA, QLC (60g/30 days)
ZORYVE (*roflumilast (topical)*) (0.05 % CREAM, 0.3 % CREAM)	tier 3	PA, QLC (60 gm/30 days)
ZYCLARA (*imiquimod*) 3.75 % CREAM	tier 3	ST, QLC (28 packets/month, max of 56 packets/6 months)
ZYCLARA PUMP (*imiquimod*) 2.5 % CREAM	tier 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
ZYCLARA PUMP (*imiquimod*) 3.75 % CREAM	tier 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice) (Drugs for Lice and Scabies)		
CROTAN (*crotamiton*) 10 % LOTION	tier 1	PA, QLC (237 gm/30 days)
ELIMITE (*permethrin*) 5 % CREAM	tier 3	
LINDANE 1 % SHAMPOO	tier 1	
malathion lotion 0.5%	tier 1	
NATROBA (*spinosad*) 0.9 % SUSPENSION	tier 3	QLC (1 bottle/fill)
OVIDE (*malathion*) 0.5 % LOTION	tier 3	
permethrin cream 5%	tier 1	
PRURADIK (*crotamiton*) 10 % LOTION	tier 1	PA, QLC (237 gm/30 days)
SPINOSAD 0.9 % SUSPENSION	tier 1	QLC (1 bottle/fill)
TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)		
acyclovir cream 5%	tier 1	PA, QLC (5 gm/30 days, max 30gm/year)
acyclovir oint 5%	tier 1	QLC (30gm/30 days, max 180gm/year)
ACZONE (*dapsone (topical)*) (5 % GEL, 7.5 % GEL)	tier 3	ST, QLC (90 gm/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALTABAX (*retapamulin*) 1 % OINTMENT	tier 3	ST, QLC (30 gm/60 days)
CENTANY (*mupirocin*) 2 % OINTMENT	tier 3	
ciclopirox gel 0.77%	tier 1	
ciclopirox olamine cream 0.77% (base equiv)	tier 1	
ciclopirox olamine susp 0.77% (base equiv)	tier 1	
ciclopirox shampoo 1%	tier 1	
ciclopirox solution 8%	tier 1	
ciclopirox solution 8% (Ciclodan)	tier 1	
CLEOCIN-T (*clindamycin phosphate (topical)*) 1 % LOTION	tier 3	
CLINDAGEL (*clindamycin phosphate (topical)*) 1 %	tier 3	
clindamycin phosphate foam 1%	tier 1	PA, QLC (1 can/month)
clindamycin phosphate foam 1% (Clindacin)	tier 1	PA, QLC (1 can/month)
clindamycin phosphate gel 1% (once-daily) (CLINDAMYCIN PHOS (ONCE-DAILY))	tier 1	
clindamycin phosphate gel 1% (twice-daily) (CLINDAMYCIN PHOS (TWICE-DAILY))	tier 1	
clindamycin phosphate lotion 1%	tier 1	
clindamycin phosphate soln 1%	tier 1	
clindamycin phosphate swab 1%	tier 1	
clindamycin phosphate swab 1% (Clindacin Etz)	tier 1	
clindamycin phosphate swab 1% (Clindacin-P)	tier 1	
dapsone gel 5%	tier 1	ST, QLC (90 gm/month)
dapsone gel 7.5%	tier 1	ST, QLC (90 gm/month)
DENAVIR (*penciclovir*) 1 % CREAM	tier 3	PA, QLC (5gm/30 days, max 30gm/year)
ERY (*erythromycin (acne aid)*) 2 % PAD	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ERYGEL (*erythromycin (acne aid)*) 2 %	tier 3	
ERYTHROMYCIN (*erythromycin (acne aid)*) 2 % GEL	tier 1	
erythromycin gel 2%	tier 1	
erythromycin soln 2%	tier 1	
EVOCLIN (*clindamycin phosphate (topical)*) 1 % FOAM	tier 3	PA, QLC (1 can/month)
LOPROX (*ciclopirox olamine*) (0.77 % CREAM, 0.77 % SUSPENSION)	tier 3	
LOPROX (*ciclopirox*) 1 % SHAMPOO	tier 3	
MAFENIDE ACETATE 5 % PACKET	tier 1	
mafenide acetate packet for topical soln 5% (50 gm)	tier 1	
mupirocin calcium cream 2%	tier 1	PA
mupirocin oint 2%	tier 1	
penciclovir cream 1%	tier 1	PA, QLC (5gm/30 days, max 30gm/year)
SULFAMYLON (*mafenide acetate*) (5 % PACKET, 85 MG/GM CREAM)	tier 3	
XEPI (*ozenoxacin*) 1 % CREAM	tier 3	ST, QLC (1 tube/60 days)
ZOVIRAX (*acyclovir topical*) 5 % CREAM	tier 3	PA, QLC (5 gm/30 days, max 30gm/year)
ZOVIRAX (*acyclovir topical*) 5 % OINTMENT	tier 3	PA, QLC (30gm/30 days, max 180gm/year)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

ALTRIXA OB (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 15-0.4-0.6 MG TAB	tier 3	PA, QLC (1 tab/day)
ATABEX EC (*prenatal vit w/ docusate-iron carbonyl-folic acid*) AEX 29-1 MG DR	tier 3	
ATABEX OB (*prenatal vit w/ fe bisglycinate chelate-folic acid*) AEX 29-1 MG	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AZESCO (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB	tier 3	PA
C-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	tier 1	
CITRANATAL HARMONY (*prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha*) 27-1-260 MG CAP	tier 3	PA
CITRANATAL MEDLEY (*prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha*) 27-1-200 MG CAP	tier 3	
CITRANATAL RX (*prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa*) 27-1 MG TAB	tier 3	PA
CO-NATAL FA (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	tier 1	
COMPLETENATE (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG CHEW TAB	tier 1	
CONCEPT DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG CAP	tier 1	
CONCEPT OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 130-92.4-1 MG CAP	tier 1	
DERMACINRX PRETRATE (*prenatal multivit-min w/fe-fa*) 1 MG TAB	tier 3	PA, QLC (1 tab/day)
EFFER-K (*potassium bicarbonate-citric acid*) (10 EFFER TAB, 20 EFFER TAB)	tier 3	
ELITE-OB (*prenatal vit w/ iron carbonyl-folic acid*) 50-1.25 MG TAB	tier 1	
EMBRIVA (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB	tier 3	PA, QLC (1 tabs/day)
FLORIVA (*pediatric multiple vitamins & minerals w/ fluoride*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 3	ACA (Preventive Health)
FLORIVA (*sodium fluoride-vitamin d*) 0.25-400 MG-UNIT/ML LIQUID	tier 3	ACA (Preventive Health)
FLORIVA PLUS (*pediatric multivitamins w/fl*) 0.25 MG/ML SOLUTION	tier 3	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLOTREX (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
FOLATEXCEL (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB	tier 3	PA, QLC (1 tab/day)
FOLIVANE-OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 85-1 MG CAP	tier 1	
GALZIN (*zinc acetate (oral)*) (25 MG CAP, 50 MG CAP)	tier 3	
INATAL GT (*prenatal vit w/ docusate-iron carbonyl-folic acid*) TAB	tier 3	
JENLIVA PRENATAL/POSTNATAL (*prenatal multivit-min w/fe-fa*) 1 MG CAP	tier 3	PA
K-TAB (*potassium chloride*) (8 TAB ER, 10 TAB ER, 20 TAB ER)	tier 3	
KLOR-CON (*potassium chloride*) 8 MEQ TAB ER	tier 3	
KLOR-CON 10 (*potassium chloride*) MEQ TAB ER	tier 3	
KOSHER PRENATAL PLUS IRON (*prenatal vit w/ iron carbonyl-folic acid*) 30-1 MG TAB	tier 3	
M-NATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
MATERNACEL (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB	tier 3	PA, QLC (1 tab/day)
MATERVIA (*prenatal multivit-min w/fe-fa*) 0.5 MG CAP	tier 3	PA, QLC (2 caps/day)
MULTI-MAC (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 15-0.75-1 MG TAB	tier 3	PA
MULTI-VIT-FLOR (*pediatric multivitamins w/fl*) (0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTI-VITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	tier 1	ACA (Preventive Health)
MULTI-VITAMIN/FLUORIDE/IRON (*ped multivitamins w/fl & iron*) 0.25-10 MG/ML SOLUTION	tier 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (*pediatric multivitamins w/fl*) 0.5 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (*pediatric multivitamins w/fl*) 1 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) (0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION	tier 3	ACA (Preventive Health)
NAFRINSE DROPS (*sodium fluoride*) 0.275 (0.125 F) MG/DROP SOLUTION	tier 1	ACA (Preventive Health)
NATACHEW (*prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid*) NATA28-1 MG TAB	tier 3	QLC (1 tab/day)
NATAL PNV (*prenatal vit w/ ferrous gluconate-folic acid*) 6-0.5 MG TAB	tier 3	
NATALVIT (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	tier 3	
NEEVO DHA (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*) 27-1.13 MG CAP	tier 3	
NEO-VITAL RX (*prenatal multivit-min w/fe-fa*) 1 MG TAB	tier 3	QLC (1 tab/day)
NEOMATERNA (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB	tier 3	PA, QLC (1 tab/day)
NEONATAL COMPLETE (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
NEONATAL COMPLETE (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG TAB	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NEONATAL FE (*prenatal multivitamins w/ iron-folic acid*) 90-1 MG TAB	tier 3	
NEONATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 2	
NESTABS (*prenatal vit without vit a w/ fe bisglycinate-folic acid*) NESS 32-1 MG	tier 2	QLC (1 tab/day)
NESTABS ONE (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha*) 38-1-225 MG CAP	tier 3	
NIVA-PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
OB COMPLETE (*prenatal vit w/ iron carbonyl-folic acid*) 50-1.25 MG TAB	tier 3	
OB COMPLETE ONE (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil*) 50-1-476 MG CAP	tier 3	
OB COMPLETE PETITE (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3*) 35-5-1-200 MG CAP	tier 3	
OB COMPLETE PREMIER (*prenatal vit w/ iron carbonyl-fe aspart glycinate-fa*) 30-20-1 MG TAB	tier 3	
OB COMPLETE/DHA (*prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid*) 30-10-1-200 MG CAP	tier 3	
OBSTETRIX EC (WITH DOCUSATE) (*prenatal vit w/ docusate-iron carbonyl-folic acid*) 29-1 MG TAB	tier 3	
OBSTETRIX ONE (WITH DOCUSATE) (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha*) 38-1-225 MG CAP	tier 3	PA
ONE VITE WOMENS PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
ONENATAL RX (*prenatal multivit-min w/fe-fa*) 1 MG TAB	tier 3	QLC (1 tab/day)
PNV 27-CA/FE/FA (*prenatal vit w/ ferrous fumarate-folic acid*) 60-1 MG TAB	tier 1	
PNV TABS 20-1 (*prenatal vit w/ fe bisglycinate chelate-folic acid*) S MG	tier 3	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PNV TABS 29-1 (*prenatal vit w/ iron carbonyl-folic acid*) S MG	tier 1	
PNV-DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG CAP	tier 1	
PNV-DHA+DOCUSATE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 27-1.25-300 MG CAP	tier 3	PA
PNV-OMEGA (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) 28-0.6-0.4-340 MG CAP	tier 1	
PNV-SELECT (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 27-0.6-0.4 MG TAB	tier 2	
POLY-VI-FLOR (*pediatric multivitamins w/fl*) (0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 3	ACA (Preventive Health), QLC (1 tab/day)
POLY-VI-FLOR (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB	tier 3	ACA (Preventive Health), QLC (1 tab/day)
POLY-VI-FLOR (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION	tier 3	ACA (Preventive Health)
POLY-VI-FLOR/IRON (*ped multivitamins w/fl & iron*) (0.25-7 MG/ML SUSPENSION, 0.5-10 MG CHEW TAB)	tier 3	ACA (Preventive Health)
potassium bicarbonate effer tab 25 meq (Effer-K)	tier 1	
potassium bicarbonate effer tab 25 meq (K-PRIME)	tier 1	
potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	tier 1	
potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER)	tier 1	
potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER)	tier 1	
POTASSIUM CHLORIDE ER (ER 8 TAB ER, ER 15 TAB ER)	tier 1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRYS ER)	tier 1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	tier 1	
potassium chloride microencapsulated crys er tab 15 meq (POTASSIUM CHLORIDE CRYS ER)	tier 1	
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	tier 1	
potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRYS ER)	tier 1	
potassium chloride oral soln 10% (20 meq/15ml)	tier 1	
potassium chloride oral soln 20% (40 meq/15ml)	tier 1	
potassium chloride powder packet 20 meq	tier 1	
potassium chloride powder packet 20 meq (Klor-Con)	tier 1	
potassium chloride tab er 10 meq (Klor-Con 10)	tier 3	
potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER)	tier 1	
potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER)	tier 1	
potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER)	tier 1	
potassium citrate tab er 10 meq (1080 mg) (POTASSIUM CITRATE ER)	tier 1	
potassium citrate tab er 15 meq (1620 mg) (POTASSIUM CITRATE ER)	tier 1	
potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER) *(40*	tier 1	
PREGEN DHA (*prenatal mv & min w/fe carbonyl-fa-dha*) 28-1-35 MG CAP	tier 3	PA, QLC (1 cap/day)
PREGENNA (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB	tier 3	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENA1 PEARL (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*) 30-1.4-200 MG CAP	tier 2	
PRENAISSANCE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 29-1.25-325 MG CAP	tier 2	
PRENAISSANCE PLUS (*prenatal w/o vit a w/ fe carbonyl-dss-fa-dha*) 28-1-250 MG CAP	tier 3	
PRENARA (*prenatal vit w/ ferrous fumarate-folic acid*) 15-1 MG CAP	tier 3	PA, QLC (1 cap/day)
PRENATAL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
PRENATAL 19 (*prenatal vit w/ docusate-fe fumarate-folic acid*) 29-1 MG TAB	tier 1	
PRENATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) (19 CHEW TAB, 19 29-1 MG CHEW TAB)	tier 1	
PRENATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
PRENATAL PLUS IRON (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB	tier 1	
PRENATAL PLUS VITAMIN/MINERAL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
PRENATAL VITAMIN PLUS LOW IRON (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
PRENATAL-U (*prenatal without a vit w/ fe fumarate-folic acid*) 106.5-1 MG CAP	tier 1	
PRENATE DHA (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 18-0.6-0.4-300 MG CAP	tier 3	
PRENATE ELITE (*prenatal w/ fe asparto glycinate-l methylfolate-folic acid*) 20-0.6-0.4 MG TAB	tier 3	
PRENATE ENHANCE (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 28-0.6-0.4-400 MG CAP	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATE ESSENTIAL (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 18-0.6-0.4-300 MG CAP	tier 3	
PRENATE MINI (*prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha*) 18-0.6-0.4-350 MG CAP	tier 3	
PRENATE PIXIE (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 10-0.6-0.4-200 MG CAP	tier 3	
PRENATE RESTORE (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-400 MG CAP	tier 3	
PRENATOL-M (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1.2 MG TAB	tier 3	PA
PRENATRIX (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 3	PA, QLC (1 tab/day)
PRENATRYL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 3	PA, QLC (1 tab/day)
PRENATVITE COMPLETE (*prenatal multivit-min w/fe-fa*) 1 MG TAB	tier 3	QLC (1 tab/day)
PRENATVITE PLUS (*prenatal multivit-min w/fe-fa*) 1 MG TAB	tier 2	QLC (1 tab/day)
PREPLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
PRETAB (*prenatal vit w/ ferrous fumarate-folic acid*) PRE29-1 MG	tier 1	
PRIMACARE (*prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3*) 30-1-470 MG CAP	tier 3	
PROVIDA OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 20-20-1.25 MG CAP	tier 1	
QUFLORA FE PEDIATRIC (*ped multivitamins w/fl & iron*) 0.25-9.5 MG/ML LIQUID	tier 3	ACA (Preventive Health)
QUFLORA GUMMIES (*pediatric multivitamins w/fl*) 0.125 MG CHEW TAB	tier 3	ACA (Preventive Health)
QUFLORA PEDIATRIC (*pediatric multivitamins w/fl*) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	tier 3	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUFLORA PEDIATRIC (*pediatric multivitamins w/fl*) (0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 3	ACA (Preventive Health), QLC (1 tab/day)
QUFLORA PEDIATRIC (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB	tier 3	ACA (Preventive Health), QLC (1 tab/day)
RELNATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	tier 2	
SE-NATAL 19 (*prenatal vit w/ docusate-fe fumarate-folic acid*) 29-1 MG TAB	tier 1	
SE-NATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG CHEW TAB	tier 1	
SELECT-OB (*prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa*) 29-0.6-0.4 MG CHEW TAB	tier 3	QLC (1 tab/day)
SELECT-OB (*prenatal vit w/ iron polysaccharide complex-folic acid*) 29-1 MG CHEW TAB	tier 1	QLC (1 tab/day)
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	tier 1	ACA (Preventive Health)
SODIUM FLUORIDE 2.2 (1 F) MG TAB	tier 3	ACA (Preventive Health)
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride	tier 1	ACA (Preventive Health)
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride	tier 1	ACA (Preventive Health)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE) *luoride*	tier 1	ACA (Preventive Health)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride	tier 1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	tier 1	ACA (Preventive Health)
TARON-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 35-1 MG CAP	tier 1	
TARON-PREX (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 30-1.2-265 MG CAP	tier 3	
THRIVITE RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB	tier 1	
TRI-VITAMIN WITH FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION	tier 3	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRICARE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	tier 1	
TRINATAL RX 1 (*prenatal vit w/ ferrous fumarate-folic acid*) 60-MG TAB	tier 1	
TRINATE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	tier 1	
TRINAZ (*prenatal vit w/ ferrous gluconate-folic acid*) 12-1 MG TAB	tier 3	PA, QLC (2 tabs/day)
TRISTART DHA (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 31-0.6-0.4-200 MG CAP	tier 3	
TRISTART FREE (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 33-1 MG CAP	tier 3	QLC (1 cap/day)
TRISTART ONE (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 35-1-215 MG CAP	tier 3	
UROCIT-K 10 (*potassium citrate (alkalinizer)*) MEQ (80 MG) TAB	tier 3	
UROCIT-K 15 (*potassium citrate (alkalinizer)*) MEQ (1620 MG) TAB	tier 3	
UROCIT-K 5 (*potassium citrate (alkalinizer)*) MEQ (40 MG) TAB	tier 3	
VINATE DHA RF (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*) 27-1.13 MG CAP	tier 3	
VINATE II (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 29-1 MG TAB	tier 1	
VINATE ONE (*prenatal vit w/ ferrous fumarate-folic acid*) 60-1 MG TAB	tier 1	
VIRT-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG CAP	tier 1	
VIRT-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	tier 1	
VIRT-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG CAP	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIRT-PN PLUS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) 28-0.6-0.4-340 MG CAP	tier 1	
VITAFOL FE+ (*prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*) 90-0.6-0.4-200 MG CAP	tier 3	
VITAFOL ULTRA (*prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*) 29-0.6-0.4-200 MG CAP	tier 3	
VITAFOL-NANO (*prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid*) 18-0.6-0.4 MG TAB	tier 3	
VITAFOL-OB (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	tier 3	
VITAFOL-ONE (*prenatal mv & min w/fe polysaccharide complex-fa-dha*) 29-1-200 MG CAP	tier 3	
VITALARA (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB	tier 3	PA, QLC (1 tab/day)
VITAMEDMD ONE RX/QUATREFOLIC (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 30-0.6-0.4-200 MG CAP	tier 3	
VITAPEARL (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*) 30-1.4-200 MG CAP	tier 3	
VITATHELY WITH GINGER (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
VIVA DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	tier 1	
VP-PNV-DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-215.8 MG CAP	tier 1	
WESCAP-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG	tier 1	
WESCAP-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESNATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	tier 1	
WESTAB PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) WES27-1 MG	tier 1	
WESTGEL DHA (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 31-0.6-0.4-200 MG CAP	tier 3	
WILZIN (*zinc acetate (oral)*) 25 MG CAP	tier 3	
ZALVIT (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB	tier 3	PA
ZATEAN-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG CAP	tier 1	
ZATEAN-PN PLUS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) 28-0.6-0.4-340 MG CAP	tier 1	
ZIPHEX (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB	tier 3	PA
ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)		
CHEMET (*succimer*) 100 MG CAP	tier 2	
CUPRIMINE (*penicillamine*) 250 MG CAP	tier 4	PA, S (Specialty Drug), QLC (16 caps/day)
CUVRIOR (*trientine tetrahydrochloride*) 300 MG TAB	tier 4	PA, LA, QLC (10 tabs/day)
deferasirox granules packet 180 mg	tier 4	PA, S (Specialty Drug), SF
deferasirox granules packet 360 mg	tier 4	PA, S (Specialty Drug), SF
deferasirox granules packet 90 mg	tier 4	PA, S (Specialty Drug), SF
deferasirox tab 180 mg	tier 4	S (Specialty Drug), SF
deferasirox tab 360 mg	tier 4	S (Specialty Drug), SF
deferasirox tab 90 mg	tier 4	S (Specialty Drug), SF
deferasirox tab for oral susp 125 mg	tier 4	S (Specialty Drug), SF
deferasirox tab for oral susp 250 mg	tier 4	S (Specialty Drug), SF
deferasirox tab for oral susp 500 mg	tier 4	S (Specialty Drug), SF
deferiprone tab 1000 mg	tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
deferiprone tab 500 mg	tier 4	PA, LA, S (Specialty Drug), QLC (18 tabs/day)
DEPEN TITRATABS (*penicillamine*) 250 MG	tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
EXJADE (*deferasirox*) (125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL)	tier 4	LA, S (Specialty Drug), SF
FERRIPROX (*deferiprone*) 100 MG/ML SOLUTION	tier 4	PA, LA, QLC (90 ml/day)
FERRIPROX (*deferiprone*) 1000 MG TAB	tier 4	PA, LA, QLC (9 tabs/day)
FERRIPROX (*deferiprone*) 500 MG TAB	tier 4	PA, LA, QLC (18 tabs/day)
FERRIPROX TWICE-A-DAY (*deferiprone*) 1000 MG TAB	tier 4	PA, LA, QLC (9 tabs/day)
JADENU (*deferasirox*) (90 MG TAB, 180 MG TAB, 360 MG TAB)	tier 4	LA, S (Specialty Drug), SF
JADENU SPRINKLE (*deferasirox*) (90 MG PACKET, 180 MG PACKET, 360 MG PACKET)	tier 4	PA, LA, S (Specialty Drug), SF
JYNARQUE (*tolvaptan*) (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	tier 4	PA, LA, QLC (2 tabs/day)
JYNARQUE (*tolvaptan*) (15 MG TAB, 30 MG TAB)	tier 4	PA, LA, QLC (1 tab/day)
penicillamine cap 250 mg	tier 4	PA, S (Specialty Drug), QLC (16 caps/day)
penicillamine tab 250 mg	tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
SAMSCA (*tolvaptan*) 15 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
SAMSCA (*tolvaptan*) 30 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
SYPRINE (*trientine hcl*) 250 MG CAP	tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
TOLVAPTAN 15 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
tolvaptan tab 15 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
tolvaptan tab 30 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tolvaptan tab therapy pack 15 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
tolvaptan tab therapy pack 30 & 15 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
tolvaptan tab therapy pack 45 & 15 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
tolvaptan tab therapy pack 60 & 30 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
tolvaptan tab therapy pack 90 & 30 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TRIENTINE HCL 500 MG CAP	tier 4	PA, S (Specialty Drug), QLC (4 caps/day)
trientine hcl cap 250 mg	tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
PHOSPHATE BINDERS (Drugs to Lower Phosphate)		
AURYXIA (*ferric citrate*) 1 GM 210 MG(FE) TAB	tier 3	PA, QLC (12 tabs/day)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER))	tier 1	
FERRIC CITRATE 1 GM 210 MG(FE) TAB	tier 3	PA, QLC (12 tabs/day)
FOSRENOL (*lanthanum carbonate*) (500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET)	tier 3	PA
lanthanum carbonate chew tab 1000 mg (elemental)	tier 1	PA
lanthanum carbonate chew tab 500 mg (elemental)	tier 1	PA
lanthanum carbonate chew tab 750 mg (elemental)	tier 1	PA
PHOSLYRA (*calcium acetate (phosphate binder)*) 667 MG/5ML SOLUTION	tier 3	
RENAGEL (*sevelamer hcl*) 800 MG TAB	tier 3	
RENVELA (*sevelamer carbonate*) (0.8 GM PACKET, 2.4 GM PACKET)	tier 3	PA
RENVELA (*sevelamer carbonate*) 800 MG TAB	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sevelamer carbonate packet 0.8 gm	tier 1	PA
sevelamer carbonate packet 2.4 gm	tier 1	PA
sevelamer carbonate tab 800 mg	tier 1	
sevelamer hcl tab 400 mg	tier 1	
sevelamer hcl tab 800 mg	tier 1	
VELPHORO (*sucroferric oxyhydroxide*) 500 MG CHEW TAB	tier 3	PA
POTASSIUM BINDERS (Drugs to Lower Potassium)		
sodium polystyrene sulfonate powder*	tier 1	
LOKELMA (*sodium zirconium cyclosilicate*) 10 GM PACKET	tier 3	QLC (1 pack/day)
LOKELMA (*sodium zirconium cyclosilicate*) 5 GM PACKET	tier 3	QLC (3 packs/day)
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	tier 1	
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	tier 1	
SPS (SODIUM POLYSTYRENE SULF) (*sodium polystyrene sulfonate*) 30 GM/120ML SUSPENSION	tier 1	
VELTASSA (*patiromer sorbitex calcium*) (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	tier 4	PA, QLC (1 packet/day)
VELTASSA (*patiromer sorbitex calcium*) 1 GM PACKET	tier 4	PA, QLC (4 packets/day)
VITAMINS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	tier 1	
CARNITOR (*levocarnitine (metabolic modifiers)*) (1 GM/10ML SOLUTION, 330 MG TAB)	tier 3	
CARNITOR SF (*levocarnitine (metabolic modifiers)*) 1 GM/10ML SOLUTION	tier 3	
cyanocobalamin inj 1000 mcg/ml	tier 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cyanocobalamin nasal spray 500 mcg/0.1ml	tier 1	QLC (1 bottle/week)
DOJOLVI (*triheptanoin*) 100 % LIQUID	tier 4	PA, LA, S (Specialty Drug), QLC (105 ml/day)
ENBRACE HR (*prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids*) CAP	tier 3	
folic acid tab 1 mg	tier 1	
levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) *gm/0ml (0%)*	tier 1	
levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)	tier 1	
levocarnitine tab 330 mg	tier 1	
NASCOBAL (*cyanocobalamin*) 500 MCG/0.1ML SOLUTION	tier 3	QLC (1 bottle/week)
NEONATAL 19 (*prenatal vitamin-folic acid*) 9 MG TAB	tier 3	
PREMESISRX (*prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*) MG TAB	tier 3	
PRENA1 (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*) 1.4 MG CHEW TAB	tier 3	
PRENATE (*prenatal multivitamins & minerals w/ l-methylfolate-fa*) 0.6-0.4 MG CHEW TAB	tier 3	
PRENATE AM (*prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*) MG TAB	tier 3	
QUFLORA FE (*multiple vitamins w/minerals & fluoride-iron-folic acid*) 0.25 MG CHEW TAB	tier 3	ACA (Preventive Health), QLC (1 tab/day)
TRI-VI-FLOR (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION	tier 3	ACA (Preventive Health)
TRI-VI-FLOR (*pediatric vitamins acd & l-methylfolate w/ fluoride*) 0.5 MG/ML SUSPENSION	tier 3	ACA (Preventive Health)
TRI-VI-FLORO (*pediatric vitamins acd & l-methylfolate w/ fluoride*) (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	tier 3	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRI-VITE/FLUORIDE (*pediatric vitamins acd w/ fluoride*) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	tier 1	ACA (Preventive Health)
VITAFOL GUMMIES (*prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids*) 3.33-0.333-34.8 MG CHEW TAB	tier 3	
VITAFOL STRIPS (*prenatal w/ vit b6-b12-cholecalciferol-folic acid*) MG FILM	tier 1	
VITAMEDMD REDICHEW RX (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*) 1.4 MG TAB	tier 3	
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)		
ANTI-CONSTIPATION AGENTS (Drugs for Constipation)		
AMITIZA (*lubiprostone*) 24 MCG CAP	tier 3	AL1 (At least 18 yrs old), QLC (2 caps/day)
AMITIZA (*lubiprostone*) 8 MCG CAP	tier 3	AL1 (At least 18 yrs old), QLC (2 caps/day)
CLENPIQ (*sodium picosulfate-magnesium oxide-anhydrous citric acid*) (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	tier 3	PA
IBSRELA (*tenapanor hcl*) 50 MG TAB	tier 3	PA, QLC (2 tabs/day)
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY)	tier 1	
lactulose oral crystal packet 10 gm	tier 1	PA, QLC (1 pack/day)
lactulose oral crystal packet 10 gm (Kristalose)	tier 3	PA, QLC (1 pack/day)
lactulose oral crystal packet 20 gm	tier 1	PA, QLC (2 packs/day)
lactulose oral crystal packet 20 gm (Kristalose)	tier 3	PA, QLC (2 packs/day)
lactulose solution 10 gm/15ml	tier 1	
lactulose solution 10 gm/15ml (Constulose)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LINZESS (*linaclotide*) (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	tier 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
lubiprostone cap 24 mcg	tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
lubiprostone cap 8 mcg	tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOTEGRITY (*prucalopride succinate*) (1 MG TAB, 2 MG TAB)	tier 3	PA, QLC (1 tab/day)
MOVANTIK (*naloxegol oxalate*) (12.5 MG TAB, 25 MG TAB)	tier 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
MOVIPREP (*peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*) 100 GM RECON SOLN	tier 3	PA
NULYTELY LEMON-LIME (*peg 3350-potassium chloride-sod bicarbonate-sod chloride*) 420 GM RECON SOLN	tier 3	
OSMOPREP (*sodium phosphate monobasic-sodium phosphate dibasic*) 1.102-0.398 GM TAB	tier 3	PA, ACA (Preventive Health)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-3350/ELECTROLYTES/ASCORBAT)	tier 1	PA, ACA (Preventive Health)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-KCL-NACL-NASULF-NA ASC-C)	tier 1	PA, ACA (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	tier 1	ACA (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL)	tier 1	ACA (Preventive Health)
PEG-PREP (*bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride*) 5-210 MG-GM KIT	tier 1	ACA (Preventive Health)
PLENVU (*peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*) 140 GM RECON SOLN	tier 3	PA
prucalopride succinate tab 1 mg (base equivalent)	tier 1	PA, QLC (1 tab/day)
prucalopride succinate tab 2 mg (base equivalent)	tier 1	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELISTOR (*methylnaltrexone bromide*) (8 MG/0.4ML SOLN PRSYR, 12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION)	tier 4	PA
RELISTOR (*methylnaltrexone bromide*) 150 MG TAB	tier 4	PA, QLC (3 tabs/day)
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (NA SULFATE-K SULFATE-MG SULF)	tier 1	ACA (Preventive Health)
SUPREP BOWEL PREP KIT (*sodium sulfate-potassium sulfate-magnesium sulfate*) SU17.5-3.13-1.6 GM/177ML SOLUTION	tier 3	
SUTAB (*sodium sulfate-magnesium sulfate-potassium chloride*) SU1479-225-188 MG	tier 3	PA
SYMPROIC (*naldemedine tosylate*) 0.2 MG TAB	tier 3	PA, QLC (1 tab/day)
TRULANCE (*plecanatide*) 3 MG TAB	tier 2	AL1 (At least 18 yrs old), QLC (1 tab/day)
ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)		
AEMCOLO (*rifamycin sodium*) 194 MG TAB DR	tier 3	PA, QLC (12 tabs/30 days)
alosetron hcl tab 0.5 mg (base equiv)	tier 1	PA
alosetron hcl tab 1 mg (base equiv)	tier 1	PA
diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE)	tier 1	
DIPHENOXYLATE-ATROPINE (*diphenoxylate w/ atropine*) 2.5-0.025 MG/5ML LIQUID	tier 1	
LOMOTIL (*diphenoxylate w/ atropine*) 2.5-0.025 MG TAB	tier 3	
LOTRONEX (*alosetron hcl*) (0.5 MG TAB, 1 MG TAB)	tier 3	PA
MOTOFEN (*difenoxin w/ atropine*) 1-0.025 MG TAB	tier 3	
MYTESI (*crofelemer*) 125 MG TAB DR	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
VIBERZI (*eluxadoline*) (75 MG TAB, 100 MG TAB)	tier 4	PA, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XERMELO (*telotristat etiprate*) 250 MG TAB	tier 4	PA, LA, QLC (3 tabs/day)
ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)		
ANASPAZ (*hyoscyamine sulfate*) 0.125 MG TAB DISP	tier 3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (CHLORDIAZEPOXIDE-CLIDINIUM)	tier 1	QLC (8 caps/day)
CUVPOSA (*glycopyrrolate*) 1 MG/5ML SOLUTION	tier 3	PA, QLC (45 ml/day)
DARTISLA ODT (*glycopyrrolate*) 1.7 MG TAB DISP	tier 3	PA, QLC (4 tabs/day)
DICYCLOMINE HCL 40 MG TAB	tier 1	PA, QLC (4 tabs/day)
dicyclomine hcl cap 10 mg	tier 1	
dicyclomine hcl oral soln 10 mg/5ml	tier 1	
dicyclomine hcl tab 20 mg	tier 1	
DONNATAL (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG TAB	tier 3	
DONNATAL (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG/5ML ELIXIR	tier 3	QLC (40 ml/day)
GLYCATE (*glycopyrrolate*) 1.5 MG TAB	tier 1	PA, QLC (3 tabs/day)
GLYCOPYRROLATE 1.5 MG TAB	tier 1	PA, QLC (3 tabs/day)
glycopyrrolate oral soln 1 mg/5ml	tier 1	PA, QLC (45 ml/day)
glycopyrrolate tab 1 mg	tier 1	
glycopyrrolate tab 2 mg	tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml	tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	tier 1	
hyoscyamine sulfate sl tab 0.125 mg	tier 1	
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	tier 1	
hyoscyamine sulfate soln 0.125 mg/ml	tier 1	
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hyoscyamine sulfate tab 0.125 mg	tier 1	
hyoscyamine sulfate tab 0.125 mg (Oscimin)	tier 1	
hyoscyamine sulfate tab disint 0.125 mg	tier 1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)	tier 1	
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	tier 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER)	tier 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	tier 1	
LEVBID (*hyoscyamine sulfate*) 0.375 MG TAB ER 12H	tier 3	
LEVSIN (*hyoscyamine sulfate*) 0.125 MG TAB	tier 3	
LEVSIN/SL (*hyoscyamine sulfate*) 0.125 MG TAB	tier 3	
LIBRAX (*chlordiazepoxide hcl-clidinium bromide*) 5-2.5 MG CAP	tier 3	QLC (8 caps/day)
methscopolamine bromide tab 2.5 mg	tier 1	
methscopolamine bromide tab 5 mg	tier 1	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	tier 1	QLC (40 ml/day)
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOBARBITAL-BELLADONNA ALK)	tier 1	QLC (40 ml/day)
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (Phenohytro)	tier 1	QLC (40 ml/day)
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	tier 1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOBARBITAL-BELLADONNA ALK)	tier 1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (Phenohytro)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROBINUL (*glycopyrrolate*) 1 MG TAB	tier 3	
ROBINUL-FORTE (*glycopyrrolate*) 2 MG TAB	tier 3	
GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach) (Other Drugs for Bowel and Stomach)		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg (AMOXICILL-CLARITHRO-LANSOPRAZ) *&*	tier 1	QLC (one 14-day course/month)
AMOXICILL-CLARITHRO-LANSOPRAZ (*amoxicillin-clarithromycin w/ lansoprazole*) 500 & 500 & 30 MG THER PACK	tier 1	QLC (one 14-day course/month)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (BIS SUBCIT-METRONID-TETRACYC)	tier 1	QLC (120 caps/month)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (BISMUTH/METRONIDAZ/TETRACYCLIN)	tier 1	QLC (120 caps/month)
CHENODAL (*chenodiol*) 250 MG TAB	tier 4	PA, LA, QLC (6 tabs/day)
cromolyn sodium oral conc 100 mg/5ml	tier 1	
CTEXLI (*chenodiol (basds)*) 250 MG TAB	tier 4	PA, LA, QLC (6 tabs/day)
GASTROCROM (*cromolyn sodium (mastocytosis)*) 100 MG/5ML CONC	tier 3	
GATTEX (*teduglutide (rdna)*) 5 MG KIT	tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/30 days)
GAVILYTE-C (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 240 GM RECON SOLN	tier 1	ACA (Preventive Health)
GOLYTELY (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 236 GM RECON SOLN	tier 3	
HELIDAC THERAPY (*metronidazole-tetracycline w/ bismuth subsalicylate*) MISC	tier 3	QLC (224 tabs/30 days)
HUMATROPE (*somatropin*) (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	tier 4	PA, S (Specialty Drug)
IMCIVREE (*setmelanotide acetate*) 10 MG/ML SOLUTION	tier 4	PA, LA, QLC (9 ml (9 vials)/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LIVMARLI (*maralixibat chloride*) (10 MG TAB, 30 MG TAB)	tier 4	PA, LA, QLC (1 tab/day)
LIVMARLI (*maralixibat chloride*) 15 MG TAB	tier 4	PA, LA, QLC (1 tab/day)
LIVMARLI (*maralixibat chloride*) 19 MG/ML SOLUTION	tier 4	PA, LA, QLC (2 ml/day)
LIVMARLI (*maralixibat chloride*) 20 MG TAB	tier 4	PA, LA, QLC (2 tabs/day)
LIVMARLI (*maralixibat chloride*) 9.5 MG/ML SOLUTION	tier 4	PA, LA, QLC (3 ml/day)
OCALIVA (*obeticholic acid*) (5 MG TAB, 10 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
OMECLAMOX-PAK (*amoxicillin-clarithromycin w/ omeprazole*) 500-500-20 MG MISC	tier 3	QLC (1 pack/month)
OMNITROPE (*somatropin*) 10 MG/1.5ML SOLN CART	tier 4	PA, LA, S (Specialty Drug)
OMVOH (300 MG DOSE) (*mirikizumab-mrkz*) (MG 100 MG/ML 200 MG/2ML SOLN A-INJ, MG 100 MG/ML 200 MG/2ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (3 ml/28 days)
OMVOH (*mirikizumab-mrkz*) 100 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 auto-injector pens/28 days)
OMVOH (*mirikizumab-mrkz*) 100 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 ml/28 days)
ORLISTAT 120 MG CAP	tier 3	PA, QLC (3 caps/day)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G)	tier 1	ACA (Preventive Health)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES)	tier 1	ACA (Preventive Health)
PYLERA (*bismuth subcitrate potassium-metronidazole-tetracycline*) 140-125-125 MG CAP	tier 3	QLC (120 caps/month)
RELTONE (*ursodiol*) (200 MG CAP, 400 MG CAP)	tier 3	PA, QLC (2 caps/day)
SUFLAVE (*peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate*) 178.7 GM RECON SOLN	tier 3	PA
TALICIA (*amoxicillin-rifabutin-omeprazole*) 250-12.5-10 MG CAP DR	tier 3	QLC (168 caps/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
URSO 250 (*ursodiol*) MG TAB	tier 3	
URSO FORTE (*ursodiol*) 500 MG TAB	tier 3	
URSODIOL (200 MG CAP, 400 MG CAP)	tier 3	PA, QLC (2 caps/day)
ursodiol cap 300 mg	tier 1	
ursodiol tab 250 mg	tier 1	
ursodiol tab 500 mg	tier 1	
VOQUEZNA (*vonoprazan fumarate*) 10 MG TAB	tier 3	PA, QLC (1 tab/day; max 180 tabs/365 days)
VOQUEZNA (*vonoprazan fumarate*) 20 MG TAB	tier 3	PA, QLC (1 tab/day; max 56 tabs/365 days)
VOQUEZNA DUAL PAK (*amoxicillin (trihydrate)-vonoprazan fumarate*) 500-20 MG THER PACK	tier 3	PA, QLC (112 tabs/30 days)
VOQUEZNA TRIPLE PAK (*amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate*) 500-500-20 MG THER PACK	tier 3	PA, QLC (112 tabs/30 days)
XENICAL (*orlistat*) 120 MG CAP	tier 3	PA, QLC (3 caps/day)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)		
CIMETIDINE HCL 300 MG/5ML SOLUTION	tier 1	
cimetidine hcl soln 300 mg/5ml	tier 1	
cimetidine tab 300 mg	tier 1	
cimetidine tab 400 mg	tier 1	
cimetidine tab 800 mg	tier 1	
famotidine for susp 40 mg/5ml	tier 1	
famotidine tab 40 mg	tier 1	
NIZATIDINE (15 MG/ML SOLUTION, 300 MG CAP)	tier 1	
nizatidine cap 150 mg	tier 1	
PEPCID (*famotidine*) 40 MG TAB	tier 3	
PROTECTANTS (Drugs for Acid Reflux and Ulcers)		
CARAFATE (*sucralfate*) (1 GM TAB, 1 GM/10ML SUSPENSION)	tier 3	
sucralfate susp 1 gm/10ml gm/0ml	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sucralfate tab 1 gm	tier 1	
PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)		
ACIPHEX (*rabeprazole sodium*) 20 MG TAB DR	tier 3	QLC (3 tabs/day)
DEXILANT (*dexlansoprazole*) (30 MG CAP DR, 60 MG CAP DR)	tier 3	PA, QLC (1 cap/day)
dexlansoprazole cap delayed release 30 mg	tier 1	PA, QLC (1 cap/day)
dexlansoprazole cap delayed release 60 mg	tier 1	PA, QLC (1 cap/day)
esomeprazole magnesium cap delayed release 40 mg (base eq)	tier 1	ST, QLC (2 caps/day)
esomeprazole magnesium for delayed release susp pack 2.5 mg	tier 1	PA, QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 10 mg	tier 1	ST, QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 20 mg	tier 1	ST, QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 40 mg	tier 1	ST, QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 5 mg	tier 1	PA, QLC (1 packet/day)
KONVOMEP (*omeprazole-sodium bicarbonate*) 2-84 MG/ML RECON SUSP	tier 3	PA, QLC (20 ml/day)
lansoprazole cap delayed release 30 mg	tier 1	QLC (2 caps/day)
lansoprazole tab delayed release orally disintegrating 30 mg	tier 1	ST, QLC (2 tabs/day)
NEXIUM (*esomeprazole magnesium*) (10 MG PACKET, 20 MG PACKET, 40 MG PACKET)	tier 3	ST, QLC (1 packet/day)
NEXIUM (*esomeprazole magnesium*) 2.5 MG PACKET	tier 3	PA, QLC (1 packet/day)
NEXIUM (*esomeprazole magnesium*) 40 MG CAP DR	tier 3	PA, QLC (2 caps/day)
NEXIUM (*esomeprazole magnesium*) 5 MG PACKET	tier 3	PA, QLC (1 packet/day)
omeprazole cap delayed release 10 mg	tier 1	QLC (8 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
omeprazole cap delayed release 20 mg	tier 1	QLC (4 caps/day)
omeprazole cap delayed release 40 mg	tier 1	QLC (2 caps/day)
omeprazole-sodium bicarbonate cap 40-1100 mg	tier 1	PA, QLC (1 cap/day)
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	tier 1	PA, QLC (1 packet/day)
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	tier 1	PA, QLC (1 packet/day)
pantoprazole sodium ec tab 20 mg (base equiv)	tier 1	QLC (4 tabs/day)
pantoprazole sodium ec tab 40 mg (base equiv)	tier 1	QLC (2 tabs/day)
pantoprazole sodium for delayed release susp packet 40 mg	tier 1	QLC (2 packets/day)
PREVACID (*lansoprazole*) 30 MG CAP DR	tier 3	QLC (2 caps/day)
PREVACID SOLUTAB (*lansoprazole*) SOLU30 MG DR DISP	tier 3	ST, QLC (2 tabs/day)
PRILOSEC (*omeprazole magnesium*) 10 MG PACKET	tier 3	PA, QLC (2 packs/day)
PRILOSEC (*omeprazole magnesium*) 2.5 MG PACKET	tier 3	PA, QLC (3 packs/day)
PROTONIX (*pantoprazole sodium*) 20 MG TAB DR	tier 3	QLC (4 tabs/day)
PROTONIX (*pantoprazole sodium*) 40 MG PACKET	tier 3	QLC (2 packets/day)
PROTONIX (*pantoprazole sodium*) 40 MG TAB DR	tier 3	QLC (2 tabs/day)
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	tier 3	ST, QLC (1 cap/day)
rabeprazole sodium ec tab 20 mg	tier 1	QLC (3 tabs/day)
ZEGERID (*omeprazole-sodium bicarbonate*) (20-1680 MG PACKET, 40-1680 MG PACKET)	tier 3	PA, QLC (1 packet/day)
ZEGERID (*omeprazole-sodium bicarbonate*) 40-1100 MG CAP	tier 3	PA, QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders) (Drugs for Genetic, Enzyme or Protein Disorders)		
betaine powder for oral solution**	tier 4	S (Specialty Drug)
AGAMREE (*vamorolone*) 40 MG/ML SUSPENSION	tier 4	PA, LA, QLC (7.5 ml/day)
AQNEURSA (*levacetylleucine*) 1 GM PACKET	tier 4	PA, LA, QLC (4 packets/day)
BUPHENYL (*sodium phenylbutyrate*) 3 GM/TSP POWDER	tier 4	PA, LA, S (Specialty Drug), QLC (20 gm/day)
BUPHENYL (*sodium phenylbutyrate*) 500 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (40 tabs/day)
CARBAGLU (*carglumic acid*) 200 MG TAB SOL	tier 4	PA, LA, QLC (35 tabs/day)
carglumic acid soluble tab 200 mg	tier 4	PA, LA, S (Specialty Drug), QLC (35 tabs/day)
CERDELGA (*eliglustat tartrate*) 84 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
CHOLBAM (*cholic acid*) 250 MG CAP	tier 4	PA, LA, QLC (5 caps/day)
CHOLBAM (*cholic acid*) 50 MG CAP	tier 4	PA, LA, QLC (4 caps/day)
CREON (*pancrelipase (lipase-protease-amylase)*) (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	tier 2	
CYSTADANE (*betaine*) POWDER	tier 4	LA
CYSTADROPS (*cysteamine hcl*) 0.37 % SOLUTION	tier 4	PA, LA, QLC (20 ml(4 bottles)/28 days)
CYSTAGON (*cysteamine bitartrate*) 150 MG CAP	tier 3	LA, S (Specialty Drug), QLC (26 caps/day)
CYSTAGON (*cysteamine bitartrate*) 50 MG CAP	tier 3	LA, S (Specialty Drug), QLC (4 caps/day)
CYSTARAN (*cysteamine hcl*) 0.44 % SOLUTION	tier 4	PA, LA, QLC (4 bottles/28 days)
DAYBUE (*trofinetide*) 200 MG/ML SOLUTION	tier 4	PA, LA, QLC (120 ml/day)
dichlorphenamide tab 50 mg	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dichlorphenamide tab 50 mg (Ormalvi)	tier 4	PA, LA, QLC (4 tabs/day)
DROXIA (*hydroxyurea (sickle cell disease)*) (200 MG CAP, 300 MG CAP, 400 MG CAP)	tier 2	
DUVYZAT (*givinostat hcl*) 8.86 MG/ML SUSPENSION	tier 4	PA, LA, QLC (12 ml/day)
ENDARI (*glutamine (sickle cell)*) 5 GM PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
EVRYSDI (*risdiplam*) 0.75 MG/ML RECON SOLN	tier 4	PA, LA, QLC (6.67 ml/day)
EVRYSDI (*risdiplam*) 5 MG TAB	tier 4	PA, LA, QLC (1 tab/day)
FORZINITY (*elamipretide hcl*) 280 MG/3.5ML SOLUTION	tier 4	PA, LA, QLC (14ml (4 vials)/28 days)
GALAFOLD (*migalastat hcl*) 123 MG CAP	tier 4	PA, LA, QLC (14 caps/28 days)
glutamine (sickle cell) powd pack 5 gm (L-GLUTAMINE)	tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
glycerol phenylbutyrate liquid 1.1 gm/ml	tier 4	PA, S (Specialty Drug), QLC (17.5 ml/day)
HARLIKU (*nitisinone (aku)*) 2 MG TAB	tier 4	PA, LA, QLC (1 tab/day)
JOENJA (*leniolisib phosphate*) 70 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
KEVEYIS (*dichlorphenamide*) 50 MG TAB	tier 4	PA, LA, QLC (4 tabs/day)
KUVAN (*sapropterin dihydrochloride*) 100 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (14 packs/day)
KUVAN (*sapropterin dihydrochloride*) 100 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (14 tabs/day)
KUVAN (*sapropterin dihydrochloride*) 500 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (3 packs/day)
miglustat cap 100 mg	tier 4	PA, S (Specialty Drug), QLC (3 caps/day)
miglustat cap 100 mg (Yargesa)	tier 4	PA, LA, QLC (3 caps/day)
MIPLYFFA (*arimoclomol citrate*) (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	tier 4	PA, LA, QLC (3 caps/day)
MYALEPT (*metreleptin*) 11.3 MG RECON SOLN	tier 4	PA, LA, QLC (1 vial/day)
nitisinone cap 10 mg	tier 4	PA, S (Specialty Drug), QLC (14 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nitisinone cap 2 mg	tier 4	PA, S (Specialty Drug), QLC (10 caps/day)
nitisinone cap 20 mg	tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
nitisinone cap 5 mg	tier 4	PA, S (Specialty Drug), QLC (2 caps/day)
NITYR (*nitisinone*) 10 MG TAB	tier 4	PA, LA, QLC (14 tabs/day)
NITYR (*nitisinone*) 2 MG TAB	tier 4	PA, LA, QLC (70 tabs/day)
NITYR (*nitisinone*) 5 MG TAB	tier 4	PA, LA, QLC (28 tabs/day)
OLPRUVA (2 GM DOSE) (*sodium phenylbutyrate*) (THER PACK	tier 4	PA, LA, QLC (180 packets/30 days)
OLPRUVA (3 GM DOSE) (*sodium phenylbutyrate*) (THER PACK	tier 4	PA, LA, QLC (180 packets/30 days)
OLPRUVA (4 GM DOSE) (*sodium phenylbutyrate*) 2 & 2 THER PACK	tier 4	PA, LA, QLC (270 packets/30 days)
OLPRUVA (5 GM DOSE) (*sodium phenylbutyrate*) 2 & 3 THER PACK	tier 4	PA, LA, QLC (270 packets/30 days)
OLPRUVA (6 GM DOSE) (*sodium phenylbutyrate*) 3 & 3 THER PACK	tier 4	PA, LA, QLC (270 packets/30 days)
OLPRUVA (6.67 GM DOSE) (*sodium phenylbutyrate*) 3 & 3.67 THER PACK	tier 4	PA, LA, QLC (270 packets/30 days)
OPFOLDA (*miglustat (gaa deficiency)*) 65 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/28 days)
ORFADIN (*nitisinone*) 10 MG CAP	tier 4	PA, LA, QLC (14 caps/day)
ORFADIN (*nitisinone*) 2 MG CAP	tier 4	PA, LA, QLC (10 caps/day)
ORFADIN (*nitisinone*) 20 MG CAP	tier 4	PA, LA, QLC (8 caps/day)
ORFADIN (*nitisinone*) 4 MG/ML SUSPENSION	tier 4	PA, LA, QLC (35 ml/day)
ORFADIN (*nitisinone*) 5 MG CAP	tier 4	PA, LA, QLC (2 caps/day)
PALYNZIQ (*pegvaliase-pqpz*) 10 MG/0.5ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/day)
PALYNZIQ (*pegvaliase-pqpz*) 2.5 MG/0.5ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
PALYNZIQ (*pegvaliase-pqpz*) 20 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (3 syringes/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PANCREAZE (*pancrelipase (lipase-protease-amylase)*) (2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART)	tier 3	PA
PERTZYE (*pancrelipase (lipase-protease-amylase)*) (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART)	tier 3	PA
PHEBURANE (*sodium phenylbutyrate*) 483 MG/GM PELLET	tier 4	PA, LA, S (Specialty Drug), QLC (42 gm/day)
PROCYSBI (*cysteamine bitartrate*) 25 MG CAP DR	tier 4	PA, LA, QLC (4 caps/day)
PROCYSBI (*cysteamine bitartrate*) 300 MG PACKET	tier 4	PA, LA, QLC (6 packets/day)
PROCYSBI (*cysteamine bitartrate*) 75 MG CAP DR	tier 4	PA, LA, QLC (26 caps/day)
PROCYSBI (*cysteamine bitartrate*) 75 MG PACKET	tier 4	PA, LA, QLC (4 packets/day)
PYRUKYND (*mitapivat sulfate*) (5 MG TAB, 20 MG TAB, 50 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day)
RAVICTI (*glycerol phenylbutyrate*) 1.1 GM/ML LIQUID	tier 4	PA, LA, S (Specialty Drug), QLC (17.5 ml/day)
REVCOVI (*elapegademase-lvlr*) 2.4 MG/1.5ML SOLUTION	tier 4	PA, LA, QLC (56 vials/30 days)
RIVFLOZA (*nedosiran sodium*) 128 MG/0.8ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (0.8 ml/30 days)
RIVFLOZA (*nedosiran sodium*) 160 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/30 days)
RIVFLOZA (*nedosiran sodium*) 80 MG/0.5ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (0.5 ml/30 days)
sapropterin dihydrochloride powder packet 100 mg	tier 4	PA, S (Specialty Drug), QLC (14 packs/day)
sapropterin dihydrochloride powder packet 100 mg (Javygtor)	tier 4	PA, LA, QLC (14 packs/day)
sapropterin dihydrochloride powder packet 100 mg (Zelvysia)	tier 4	PA, S (Specialty Drug), QLC (14 packs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sapropterin dihydrochloride powder packet 500 mg	tier 4	PA, S (Specialty Drug), QLC (3 packs/day)
sapropterin dihydrochloride powder packet 500 mg (Javygtor)	tier 4	PA, LA, QLC (3 packs/day)
sapropterin dihydrochloride powder packet 500 mg (Zelvysia)	tier 4	PA, S (Specialty Drug), QLC (3 packs/day)
sapropterin dihydrochloride tab 100 mg	tier 4	PA, S (Specialty Drug), QLC (14 tabs/day)
sapropterin dihydrochloride tab 100 mg (Javygtor)	tier 4	PA, LA, QLC (14 tabs/day)
SEPHIENCE (*sepiapterin*) 1000 MG PACKET	tier 4	PA, LA, QLC (6 packets/day)
SEPHIENCE (*sepiapterin*) 250 MG PACKET	tier 4	PA, LA, QLC (3 packets/day)
SIKLOS (*hydroxyurea (sickle cell anemia)*) (100 MG TAB, 1000 MG TAB)	tier 3	PA
SKYCLARYS (*omaveloxolone*) 50 MG CAP	tier 4	PA, LA, QLC (3 caps/day)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	tier 4	PA, S (Specialty Drug), QLC (20 gm/day)
sodium phenylbutyrate tab 500 mg	tier 4	PA, S (Specialty Drug), QLC (40 tabs/day)
SOHONOS (*palovarotene*) (1.5 MG CAP, 10 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
SOHONOS (*palovarotene*) 1 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day)
SOHONOS (*palovarotene*) 2.5 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (5 caps/day)
SOHONOS (*palovarotene*) 5 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day)
STRENSIQ (*asfotase alfa*) (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	tier 4	PA, LA, QLC (24 vials/28 days)
SUCRAID (*sacrosidase*) 8500 UNIT/ML SOLUTION	tier 4	PA, LA, QLC (12 ml/day)
TEGSEDI (*inotersen sodium*) 284 MG/1.5ML SOLN PRSYR	tier 4	PA, LA, QLC (1 syringe/week)
VIOKACE (*pancrelipase (lipase-protease-amylase)*) (10440-39150 TAB, 20880-78300 TAB)	tier 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VOXZOGO (*vosoritide*) (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/day)
VYNDAMAX (*tafamidis*) 61 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
VYNDAQEL (*tafamidis meglumine (cardiac)*) 20 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
XOLREMDI (*mavorixafor*) 100 MG CAP	tier 4	PA, LA, QLC (4 caps/day)
XROMI (*hydroxyurea (sickle cell disease)*) 100 MG/ML SOLUTION	tier 3	AL1 (Up to 17 yrs old), QLC (148 ml/30 days)
XURIDEN (*uridine triacetate*) 2 GM PACKET	tier 4	PA, LA, QLC (4 packets/day)
ZAVESCA (*miglustat*) 100 MG CAP	tier 4	PA, LA, QLC (3 caps/day)
ZENPEP (*pancrelipase (lipase-protease-amylase)*) (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	tier 2	
ZOKINVY (*lonafarnib*) (50 MG CAP, 75 MG CAP)	tier 4	PA, LA, QLC (4 caps/day)

GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney) (Drugs for Genital, Bladder, and Kidney)

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER)	tier 1	QLC (1 tab/day)
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER)	tier 1	QLC (2 tabs/day)
DETROL (*tolterodine tartrate*) (1 MG TAB, 2 MG TAB)	tier 3	ST, QLC (2 tabs/day)
DETROL LA (*tolterodine tartrate*) (2 MG CAP ER 24H, 4 MG CAP ER 24H)	tier 3	ST, QLC (1 tab/day)
DITROPAN XL (*oxybutynin chloride*) 10 MG TAB ER 24H	tier 3	QLC (3 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DITROPAN XL (*oxybutynin chloride*) 5 MG TAB ER 24H	tier 3	QLC (1 tab/day)
ENABLEX (*darifenacin hydrobromide*) 7.5 MG TAB ER 24H	tier 3	QLC (2 tabs/day)
fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER) *2hr*	tier 1	QLC (1 tab/day)
fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER)	tier 1	QLC (1 tab/day)
flavoxate hcl tab 100 mg	tier 1	
GELNIQUE (*oxybutynin chloride*) 10 %	tier 3	ST, QLC (1 pack/day)
GEMTESA (*vibegron*) 75 MG TAB	tier 3	ST, QLC (1 tab/day)
mirabegron tab er 24 hr 25 mg (MIRABEGRON ER)	tier 1	ST, QLC (1 tab/day)
mirabegron tab er 24 hr 50 mg (MIRABEGRON ER)	tier 1	ST, QLC (1 tab/day)
MYRBETRIQ (*mirabegron*) (25 MG TAB ER 24H, 50 MG TAB ER 24H)	tier 3	ST, QLC (1 tab/day)
MYRBETRIQ (*mirabegron*) 8 MG/ML SRER	tier 3	PA, QLC (10 ml/day)
OXYBUTYNIN CHLORIDE 2.5 MG TAB	tier 1	PA, QLC (4 tabs/day)
oxybutynin chloride solution 5 mg/5ml mg/ml	tier 1	QLC (20 ml/day)
oxybutynin chloride tab 5 mg	tier 1	
oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER)	tier 1	QLC (3 tabs/day)
oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER)	tier 1	QLC (2 tabs/day)
oxybutynin chloride tab er 24hr 5 mg (OXYBUTYNIN CHLORIDE ER)	tier 1	QLC (1 tab/day)
OXYTROL (*oxybutynin*) 3.9 MG/24HR PATCH TW	tier 3	ST, QLC (8 patches/month)
solifenacin succinate tab 10 mg	tier 1	QLC (1 tab/day)
solifenacin succinate tab 5 mg	tier 1	QLC (1 tab/day)
tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER) *4hr*	tier 1	QLC (1 tab/day)
tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER) *2hr*	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tolterodine tartrate tab 1 mg	tier 1	QLC (2 tabs/day)
tolterodine tartrate tab 2 mg	tier 1	QLC (2 tabs/day)
TOVIAZ (*fesoterodine fumarate*) (4 MG TAB ER 24H, 8 MG TAB ER 24H)	tier 3	QLC (1 tab/day)
trospium chloride cap er 24hr 60 mg (TROSPIUM CHLORIDE ER)	tier 1	QLC (1 cap/day)
trospium chloride tab 20 mg	tier 1	QLC (2 tabs/day)
VESICARE (*solifenacin succinate*) (5 MG TAB, 10 MG TAB)	tier 3	QLC (1 tab/day)
VESICARE LS (*solifenacin succinate*) 5 MG/5ML SUSPENSION	tier 3	PA, QLC (10 ml/day)
BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)		
alfuzosin hcl tab er 24hr 10 mg (ALFUZOSIN HCL ER)	tier 1	
AVODART (*dutasteride*) 0.5 MG CAP	tier 3	QLC (1 cap/day)
CARDURA XL (*doxazosin mesylate (bph)*) (4 MG TAB ER 24H, 8 MG TAB ER 24H)	tier 3	PA, QLC (1 tab/day)
CIALIS (*tadalafil*) (10 MG TAB, 20 MG TAB)	tier 3	PA, RO (Retail Only), QLC (8 tabs/month)
CIALIS (*tadalafil*) (2.5 MG TAB, 5 MG TAB)	tier 3	PA, RO (Retail Only), QLC (1 tab/day)
dutasteride cap 0.5 mg	tier 1	QLC (1 cap/day)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	tier 1	PA, QLC (1 cap/day)
ENTADFI (*finasteride-tadalafil*) 5-5 MG CAP	tier 3	PA, QLC (1 cap/day; max 182 caps/year)
finasteride tab 5 mg	tier 1	
FLOMAX (*tamsulosin hcl*) 0.4 MG CAP	tier 3	
JALYN (*dutasteride-tamsulosin hcl*) 0.5-0.4 MG CAP	tier 3	PA, QLC (1 cap/day)
PROSCAR (*finasteride*) 5 MG TAB	tier 3	
RAPAFLO (*silodosin*) (4 MG CAP, 8 MG CAP)	tier 3	QLC (1 cap/day)
silodosin cap 4 mg	tier 1	QLC (1 cap/day)
silodosin cap 8 mg	tier 1	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tadalafil tab 10 mg	tier 1	RO (Retail Only), QLC (8 tabs/month)
tadalafil tab 2.5 mg	tier 1	RO (Retail Only), QLC (1 tab/day)
tadalafil tab 20 mg	tier 1	RO (Retail Only), QLC (8 tabs/month)
tadalafil tab 20 mg (pah) (TADALAFIL (PAH))	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
tadalafil tab 5 mg	tier 1	RO (Retail Only), QLC (1 tab/day)
tamsulosin hcl cap 0.4 mg	tier 1	
TEZRULY (*terazosin hcl*) 1 MG/ML SOLUTION	tier 3	PA, QLC (20 ml/day)
UROXATRAL (*alfuzosin hcl*) 10 MG TAB ER 24H	tier 3	
GENITOURINARY AGENTS, OTHER (Other Drugs for the Genital, Bladder, and Kidney) (Other Drugs for Genital, Bladder, and Kidney)		
avanafil tab 100 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
avanafil tab 200 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
avanafil tab 50 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
bethanechol chloride tab 10 mg	tier 1	
bethanechol chloride tab 25 mg	tier 1	
bethanechol chloride tab 5 mg	tier 1	
bethanechol chloride tab 50 mg	tier 1	
CYTRA K CRYSTALS (*potassium citrate-citric acid*) 3300-1002 MG PACET	tier 1	
ELMIRON (*pentosan polysulfate sodium*) 100 MG CAP	tier 3	
FILSPARI (*sparsentan*) (200 MG TAB, 400 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
INTRAROSA (*prasterone vaginal*) 6.5 MG INSERT	tier 3	PA, QLC (1 insert/day)
K-PHOS (*potassium phosphate monobasic*) 500 MG TAB	tier 3	
K-PHOS NO 2 (*potassium & sodium acid phosphates*) 305-700 MG TAB	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
K-PHOS-NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB	tier 3	
LITHOSTAT (*acetohydroxamic acid*) 250 MG TAB	tier 3	
ORACIT (*sodium citrate & citric acid*) 490-640 MG/5ML SOLUTION	tier 3	
ORAL CITRATE (*sodium citrate & citric acid*) 490-640 MG/5ML SOLUTION	tier 3	
phenazopyridine hcl tab 100 mg	tier 1	
phenazopyridine hcl tab 200 mg	tier 1	
PHEXX (*lactic acid-citric acid-potassium bitartrate*) 1.8-1-0.4 % GEL	tier 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
PHEXXI (*lactic acid-citric acid-potassium bitartrate*) 1.8-1-0.4 % GEL	tier 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (POT & SOD CIT-CIT AC)	tier 1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Tricitrates)	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ic	tier 1	
potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID)	tier 1	
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PYRIDIUM (*phenazopyridine hcl*) (100 MG TAB, 200 MG TAB)	tier 3	
RENACIDIN (*citric acid-gluconolactone-magnesium carbonate*) SOLUTION	tier 3	PA, QLC (180 ml/day)
sildenafil citrate tab 100 mg	tier 1	RO (Retail Only), QLC (8 tabs/month)
sildenafil citrate tab 25 mg	tier 1	RO (Retail Only), QLC (8 tabs/month)
sildenafil citrate tab 50 mg	tier 1	RO (Retail Only), QLC (8 tabs/month)
sodium citrate & citric acid soln 500-334 mg/5ml (SOD CITRATE-CITRIC ACID)	tier 1	
sodium citrate & citric acid soln 500-334 mg/5ml (SODIUM CITRATE-CITRIC ACID)	tier 1	
THIOLA (*tiopronin*) 100 MG TAB	tier 4	PA, LA
THIOLA EC (*tiopronin*) (EC 100 MG TAB DR, EC 300 MG TAB DR)	tier 4	PA, LA
tiopronin tab 100 mg	tier 4	PA, S (Specialty Drug)
tiopronin tab delayed release 100 mg	tier 4	PA, S (Specialty Drug)
tiopronin tab delayed release 100 mg (Venxxiva)	tier 4	PA, LA
tiopronin tab delayed release 300 mg	tier 4	PA, S (Specialty Drug)
tiopronin tab delayed release 300 mg (Venxxiva)	tier 4	PA, LA
VANRAFIA (*atrasentan hcl*) 0.75 MG TAB	tier 4	PA, LA, QLC (1 tab/day)
vardenafil hcl orally disintegrating tab 10 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
vardenafil hcl tab 10 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
vardenafil hcl tab 2.5 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
vardenafil hcl tab 20 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
vardenafil hcl tab 5 mg	tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
VIAGRA (*sildenafil citrate*) (25 MG TAB, 50 MG TAB, 100 MG TAB)	tier 3	PA, RO (Retail Only), QLC (8 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Glucocorticoids)		
ACTHAR (*corticotropin*) 80 UNIT/ML GEL	tier 4	PA, LA, S (Specialty Drug)
ACTHAR GEL (*corticotropin*) 40 UNIT/0.5ML PEN	tier 4	PA, LA, S (Specialty Drug), QLC (0.5 ml/day)
ACTHAR GEL (*corticotropin*) 80 UNIT/ML PEN	tier 4	PA, LA, S (Specialty Drug), QLC (1 ml/day)
CORTISONE ACETATE 25 MG TAB	tier 1	
CORTROPHIN (*corticotropin*) 80 UNIT/ML GEL	tier 4	PA, LA, S (Specialty Drug)
CORTROPHIN GEL (*corticotropin*) 40 UNIT/0.5ML PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (0.5ml/day)
CORTROPHIN GEL (*corticotropin*) 80 UNIT/ML PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1ml/day)
deflazacort susp 22.75 mg/ml	tier 4	PA, LA, S (Specialty Drug), QLC (78ml (6 bottles)/30 days)
deflazacort susp 22.75 mg/ml (Pyqui)	tier 4	PA, LA, S (Specialty Drug), QLC (78ml (6 bottles)/30 days)
deflazacort tab 18 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
deflazacort tab 18 mg (Jaythari)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
deflazacort tab 18 mg (Kymbee)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
deflazacort tab 30 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
deflazacort tab 30 mg (Jaythari)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
deflazacort tab 30 mg (Kymbee)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
deflazacort tab 36 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
deflazacort tab 36 mg (Jaythari)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
deflazacort tab 36 mg (Kymbee)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
deflazacort tab 6 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
deflazacort tab 6 mg (Jaythari)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
deflazacort tab 6 mg (Kymbee)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
DEXABLISS (*dexamethasone*) 1.5 MG (39) TAB THPK	tier 3	PA
DEXAMETHASONE (1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK)	tier 1	PA
DEXAMETHASONE 0.5 MG/5ML SOLUTION	tier 1	
dexamethasone elixir 0.5 mg/5ml	tier 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	tier 1	
dexamethasone tab 0.5 mg	tier 1	
dexamethasone tab 0.5 mg (Decadron)	tier 1	
dexamethasone tab 0.75 mg	tier 1	
dexamethasone tab 0.75 mg (Decadron)	tier 1	
dexamethasone tab 1 mg	tier 1	
dexamethasone tab 1.5 mg	tier 1	
dexamethasone tab 2 mg	tier 1	
dexamethasone tab 4 mg	tier 1	
dexamethasone tab 4 mg (Decadron)	tier 1	
dexamethasone tab 6 mg	tier 1	
dexamethasone tab 6 mg (Decadron)	tier 1	
dexamethasone tab therapy pack 1.5 mg (21)	tier 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day)	tier 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day)	tier 1	PA
DXEVO 11-DAY (*dexamethasone*) 1.5 MG TAB THPK	tier 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMFLAZA (*deflazacort*) (6 MG TAB, 30 MG TAB, 36 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day)
EMFLAZA (*deflazacort*) 18 MG TAB	tier 4	PA, LA, QLC (1 tab/day)
EMFLAZA (*deflazacort*) 22.75 MG/ML SUSPENSION	tier 4	PA, LA, QLC (78ml (6 bottles)/30 days)
fludrocortisone acetate tab 0.1 mg	tier 1	
MEDROL (*methylprednisolone*) (4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB)	tier 3	
MEDROL (*methylprednisolone*) 2 MG TAB	tier 2	
methylprednisolone tab 16 mg	tier 1	
methylprednisolone tab 32 mg	tier 1	
methylprednisolone tab 4 mg	tier 1	
methylprednisolone tab 8 mg	tier 1	
methylprednisolone tab therapy pack 4 mg (21)	tier 1	
MIFEPREX (*mifepristone*) 200 MG TAB	tier 3	QLC (1 tablet/fill)
mifepristone tab 200 mg	tier 1	QLC (1 tablet/fill)
MILLIPRED (*prednisolone*) 5 MG TAB	tier 3	PA
ORAPRED ODT (*prednisolone sodium phosphate*) (ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP)	tier 3	PA
PEDIAPRED (*prednisolone sodium phosphate*) 5 MG/5ML SOLUTION	tier 3	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, 30 MG TAB DISP)	tier 2	PA
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP	tier 1	PA
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	tier 1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	tier 1	
prednisolone soln 15 mg/5ml	tier 1	
prednisolone tab 5 mg	tier 1	PA
prednisolone tab 5 mg (Millipred)	tier 1	PA
PREDNISONE 5 MG/5ML SOLUTION	tier 1	
PREDNISONE INTENSOL 5 MG/ML CONC	tier 1	
prednisone tab 1 mg	tier 1	
prednisone tab 10 mg	tier 1	
prednisone tab 2.5 mg	tier 1	
prednisone tab 20 mg	tier 1	
prednisone tab 5 mg	tier 1	
prednisone tab 50 mg	tier 1	
prednisone tab therapy pack 10 mg (21)	tier 1	
prednisone tab therapy pack 10 mg (48)	tier 1	
prednisone tab therapy pack 5 mg (21)	tier 1	
prednisone tab therapy pack 5 mg (48)	tier 1	
RAYOS (*prednisone*) 1 MG TAB DR	tier 3	PA, QLC (1 tab/day)
RAYOS (*prednisone*) 2 MG TAB DR	tier 3	PA, QLC (2 tabs/day)
RAYOS (*prednisone*) 5 MG TAB DR	tier 3	PA, QLC (12 tabs/day)
TAPERDEX 12-DAY (*dexamethasone*) 1.5 MG (49) TAB THPK	tier 1	PA
TAPERDEX 7-DAY (*dexamethasone*) 1.5 MG (27) TAB THPK	tier 1	PA
TARPEYO (*budesonide*) 4 MG CAP DR	tier 4	PA, LA, QLC (4 caps/day)
ZCORT 7-DAY (*dexamethasone*) 1.5 MG (25) TAB THPK	tier 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs to Replace/Stimulate Pituitary Gland Hormones)		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	tier 4	PA, S (Specialty Drug)
DDAVP (*desmopressin acetate*) (0.1 MG TAB, 0.2 MG TAB)	tier 3	
DDAVP RHINAL TUBE (*desmopressin acetate refrigerated*) 0.01 % SOLUTION	tier 3	PA
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	tier 4	LA, QLC (2.5 ml/month)
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)	tier 1	
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG)	tier 1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	tier 1	
desmopressin acetate tab 0.1 mg	tier 1	
desmopressin acetate tab 0.2 mg	tier 1	
EGRIFTA SV (*tesamorelin acetate*) 2 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/day)
EGRIFTA WR (*tesamorelin acetate*) 11.6 MG KIT	tier 4	PA, S (Specialty Drug), QLC (4 vials/28 days)
FOLLISTIM AQ (*follitropin beta*) (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION)	tier 4	PA, S (Specialty Drug)
GENOTROPIN (*somatropin*) (5 MG CARTRIDGE, 12 MG CARTRIDGE)	tier 4	PA, S (Specialty Drug)
GENOTROPIN MINIQUICK (*somatropin*) (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	tier 4	PA, S (Specialty Drug)
GONAL-F (*follitropin alfa*) (450 RECON SOLN, 1050 RECON SOLN)	tier 4	PA, S (Specialty Drug)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GONAL-F RFF (*follitropin alfa*) 75 UNIT RECON SOLN	tier 4	PA, S (Specialty Drug)
GONAL-F RFF REDIJECT (*follitropin alfa*) (300 UNT/0.48ML SOLN PEN, 450 UNT/0.72ML SOLN PEN, 900 UNT/1.44ML SOLN PEN)	tier 4	PA, S (Specialty Drug)
INCRELEX (*mecasermin*) 40 MG/4ML SOLUTION	tier 4	PA, LA
ISTURISA (*osilodrostat phosphate*) 1 MG TAB	tier 4	PA, LA, QLC (8 tabs/day)
ISTURISA (*osilodrostat phosphate*) 10 MG TAB	tier 4	PA, LA, QLC (6 tabs/day)
ISTURISA (*osilodrostat phosphate*) 5 MG TAB	tier 4	PA, LA, QLC (2 tabs/day)
MENOPUR (*menotropins*) 75 UNIT RECON SOLN	tier 4	PA, S (Specialty Drug)
MYFEMBREE (*relugolix-estradiol-norethindrone acetate*) 40-1-0.5 MG TAB	tier 3	PA, QLC (1 tab/day)
NGENLA (*somatrogon-ghla*) (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	tier 4	PA, LA, S (Specialty Drug)
NOCDURNA (*desmopressin acetate*) 27.7 MCG SL TAB	tier 3	PA, QLC (1 tab/day)
NOCDURNA (*desmopressin acetate*) 55.3 MCG SL TAB	tier 3	PA, QLC (1 tab/day)
NORDITROPIN FLEXPRO (*somatropin*) (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	tier 4	PA, S (Specialty Drug)
NOVAREL (*chorionic gonadotropin*) (5000 RECON SOLN, 10000 RECON SOLN)	tier 4	PA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 10 (*somatropin*) MG/2ML SOLN PEN	tier 4	PA, LA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 20 (*somatropin*) MG/2ML SOLN PEN	tier 4	PA, LA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 5 (*somatropin*) MG/2ML SOLN PEN	tier 4	PA, LA, S (Specialty Drug)
OMNITROPE (*somatropin*) (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	tier 4	PA, LA, S (Specialty Drug)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OVIDREL (*choriogonadotropin alfa*) 250 MCG/0.5ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
PREGNYL (*chorionic gonadotropin*) 10000 UNIT RECON SOLN	tier 4	PA, S (Specialty Drug)
SAIZEN (*somatropin (non-refrigerated)*) (5 MG RECON SOLN, 8.8 MG RECON SOLN)	tier 4	PA, LA, S (Specialty Drug)
SAIZENPREP (*somatropin (non-refrigerated)*) 8.8 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug)
SEROSTIM (*somatropin (non-refrigerated)*) (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	tier 4	PA, LA, S (Specialty Drug)
SKYTROFA (*lonapegsomatropin-tcgd*) (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE, 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	tier 4	PA, LA, S (Specialty Drug)
SOGROYA (*somapacitan-beco*) (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	tier 4	PA, LA, S (Specialty Drug)
STIMATE (*desmopressin acetate*) 1.5 MG/ML SOLUTION	tier 4	S (Specialty Drug), QLC (2.5 ml/month)
ZOMACTON (FOR ZOMA-JET 10) (*somatropin*) MG RECON SOLN	tier 4	PA, S (Specialty Drug)
ZOMACTON (*somatropin*) (5 MG RECON SOLN, 10 MG RECON SOLN)	tier 4	PA, S (Specialty Drug)
ZORBTIVE (*somatropin (non-refrigerated)*) 8.8 MG RECON SOLN	tier 4	PA, S (Specialty Drug)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)		
CAVERJECT (*alprostadil (vasodilator)*) (20 MCG RECON SOLN, 40 MCG RECON SOLN)	tier 3	PA, QLC (6 injections/month)
CAVERJECT IMPULSE (*alprostadil (vasodilator)*) (10 MCG KIT, 20 MCG KIT)	tier 3	PA, QLC (6 injections/month)
CYTOTEC (*misoprostol*) (100 MCG TAB, 200 MCG TAB)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EDEX (*alprostadil (vasodilator)*) (10 MCG KIT, 20 MCG KIT, 40 MCG KIT)	tier 3	PA, QLC (6 injections/month)
misoprostol tab 100 mcg	tier 1	
misoprostol tab 200 mcg	tier 1	
MUSE (*alprostadil (vasodilator)*) (250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET)	tier 3	PA, QLC (6 suppositories/month)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)		
ANABOLIC STEROIDS		
OXANDROLONE 10 MG TAB	tier 1	QLC (2 tabs/day)
OXANDROLONE 2.5 MG TAB	tier 1	QLC (8 tabs/day)
oxandrolone tab 10 mg	tier 1	QLC (2 tabs/day)
oxandrolone tab 2.5 mg	tier 1	QLC (8 tabs/day)
ANDROGENS		
ANDRODERM (*testosterone*) (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	tier 3	PA, QLC (1 patch/day)
ANDROGEL (*testosterone*) (25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL)	tier 3	PA, QLC (300 grams/month)
ANDROGEL (*testosterone*) 20.25 MG/1.25GM (1.62%)	tier 3	PA, QLC (1 packet/day)
ANDROGEL (*testosterone*) 40.5 MG/2.5GM (1.62%)	tier 3	PA, QLC (2 packets/day)
ANDROGEL PUMP (*testosterone*) 20.25 MG/ACT (1.62%)	tier 3	PA, QLC (2 bottles/month)
danazol cap 100 mg	tier 1	
danazol cap 200 mg	tier 1	
danazol cap 50 mg	tier 1	
FORTESTA (*testosterone*) 10 MG/ACT (2%) GEL	tier 3	PA, QLC (2 bottles/month)
JATENZO (*testosterone undecanoate*) (158 MG CAP, 198 MG CAP)	tier 3	PA, QLC (4 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JATENZO (*testosterone undecanoate*) 237 MG CAP	tier 3	PA, QLC (2 caps/day)
METHITEST (*methyltestosterone*) 10 MG TAB	tier 1	PA
methyltestosterone cap 10 mg	tier 1	PA
NATESTO (*testosterone*) 5.5 MG/ACT GEL	tier 3	PA, QLC (3 bottles/month)
TESTIM (*testosterone*) 50 MG/5GM (1%) GEL	tier 3	PA, QLC (300 grams/month)
TESTOSTERONE (12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL)	tier 1	PA, QLC (300 grams/month)
TESTOSTERONE 10 MG/ACT (2%) GEL	tier 1	PA, QLC (2 bottles/month)
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	tier 1	PA, QLC (1 packet/day)
testosterone cypionate im inj in oil 100 mg/ml	tier 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml	tier 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	tier 1	QLC (5 ml/month)
testosterone td gel 10mg/act (2%)	tier 1	PA, QLC (2 bottles/month)
testosterone td gel 12.5 mg/act (1%)	tier 1	PA, QLC (300 grams/month)
testosterone td gel 20.25 mg/1.25gm (1.62%)	tier 1	PA, QLC (1 packet/day)
testosterone td gel 20.25 mg/act (1.62%)	tier 1	PA, QLC (2 bottles/month)
testosterone td gel 25 mg/2.5gm (1%)	tier 1	PA, QLC (300 grams/month)
testosterone td gel 40.5 mg/2.5gm (1.62%)	tier 1	PA, QLC (2 packets/day)
testosterone td gel 50 mg/5gm (1%)	tier 1	PA, QLC (300 grams/month)
testosterone td soln 30 mg/act	tier 1	PA, QLC (2 bottles/month)
TLANDO (*testosterone undecanoate*) 112.5 MG CAP	tier 3	PA, QLC (4 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNDECATREX (*testosterone undecanoate*) 200 MG CAP	tier 3	PA, QLC (4 caps/day)
VOGELXO (*testosterone*) 50 MG/5GM (1%)	tier 3	PA, QLC (300 grams/month)
VOGELXO PUMP (*testosterone*) 12.5 MG/ACT (1%)	tier 3	PA, QLC (300 grams/month)
XYOSTED (*testosterone enanthate*) (50 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN A-INJ, 100 MG/0.5ML SOLN A-INJ)	tier 3	PA, QLC (1 injection/week)
ESTROGENS (Contraceptives and Drugs for Menopause)		
ALORA (*estradiol*) (0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	tier 3	QLC (16 patches/28 days)
ANGELIQ (*drospirenone-estradiol*) (0.25-0.5 MG TAB, 0.5-1 MG TAB)	tier 3	QLC (1 tab/day)
ANNOVERA (*segesterone acetate-ethinyl estradiol*) 0.013-0.15 MG/24HR RING	tier 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
ARANELLE (*norethindrone-eth estradiol (triphasic)*) 0.5/1/0.5-35 MG-MCG TAB	tier 1	ACA (Preventive Health)
AVERI (*desogestrel-ethinyl estradiol & iron*) 0.15-0.03 MG TAB	tier 1	ACA (Preventive Health)
BALCOLTRA (*levonorgestrel-ethinyl estradiol-ferrous bisglycinate*) 0.1-20 MG-MCG(21) TAB	tier 3	
BEYAZ (*drospirenone-ethinyl estradiol-levomefolate calcium*) 3-0.02-0.451 MG TAB	tier 3	
BIJUVA (*estradiol-progesterone*) 0.5-100 MG CAP	tier 3	QLC (1 cap/day)
CLIMARA (*estradiol*) (0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK)	tier 3	QLC (8 patches/28 days)
CLIMARA PRO (*estradiol-levonorgestrel*) 0.045-0.015 MG/DAY PATCH WK	tier 2	QLC (4 patches/month)
DELESTROGEN (*estradiol valerate*) (10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEPO-ESTRADIOL (*estradiol cypionate*) 5 MG/ML OIL	tier 3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	tier 1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIVIGEL (*estradiol*) (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL)	tier 3	QLC (1 pack/day)
DIVIGEL (*estradiol*) 0.75 MG/0.75GM	tier 3	QLC (1 pack/day)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	tier 1	ACA (Preventive Health)
ELESTRIN (*estradiol*) 0.52 MG/0.87 GM (0.06%) GEL	tier 3	QLC (1 package (2 bottles)/ 30 days)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS)	tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST)	tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS)	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST)	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	tier 1	
ESTRACE (*estradiol vaginal*) 0.01 % CREAM	tier 3	
ESTRACE (*estradiol*) (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	tier 3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	tier 1	QLC (1 bottle/month)
estradiol tab 0.5 mg	tier 1	
estradiol tab 1 mg	tier 1	
estradiol tab 2 mg	tier 1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	tier 1	QLC (1 pack/day)
estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm	tier 1	QLC (1 pack/day)
estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm	tier 1	QLC (1 pack/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td gel 1 mg/gm (0.1%) (0.%)	tier 1	QLC (1 pack/day)
estradiol td gel 1.25 mg/1.25gm (0.1%)	tier 1	QLC (1 pack/day)
estradiol td patch twice weekly 0.025 mg/24hr	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr	tier 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	tier 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.05 mg/24hr	tier 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.06 mg/24hr	tier 1	QLC (8 patches/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch weekly 0.075 mg/24hr	tier 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.1 mg/24hr	tier 1	QLC (8 patches/28 days)
estradiol vaginal cream 0.01%	tier 1	
estradiol vaginal tab 10 mcg	tier 1	
estradiol vaginal tab 10 mcg (Yuvafem)	tier 1	
estradiol valerate im in oil 10 mg/ml	tier 1	
estradiol valerate im in oil 20 mg/ml	tier 1	
estradiol valerate im in oil 40 mg/ml	tier 1	
ESTRING (*estradiol vaginal*) (2 MG RING, 7.5 MCG/24HR RING)	tier 2	QLC (1 ring/90 days)
ESTROGEL (*estradiol*) 0.75 MG/1.25 GM (0.06%)	tier 3	QLC (1 bottle/month)
estrogens, conjugated tab 0.3 mg (ESTROGENS CONJUGATED)	tier 1	
estrogens, conjugated tab 0.45 mg (ESTROGENS CONJUGATED)	tier 1	
estrogens, conjugated tab 0.625 mg (ESTROGENS CONJUGATED)	tier 1	
estrogens, conjugated tab 0.9 mg (ESTROGENS CONJUGATED)	tier 1	
estrogens, conjugated tab 1.25 mg (ESTROGENS CONJUGATED)	tier 1	
ESTROSTEP FE (*norethindrone acetate-ethinyl estradiol-fe*) 1-20/1-30/1-35 MG-MCG TAB	tier 3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Valtya 1/35)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)	tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)	tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	tier 1	ACA (Preventive Health)
EVAMIST (***estradiol***) 1.53 MG/SPRAY SOLUTION	tier 3	QLC (2 bottles/month)
FEMHRT (***norethindrone acetate-ethinyl estradiol***) 0.5-2.5 MG-MCG TAB	tier 3	QLC (1 tab/day)
FEMLYV (***norethindrone acet & eth estra***) 1-0.02 MG TAB DISP	tier 3	ACA (Preventive Health)
FEMRING (***estradiol acetate vaginal***) (0.05 MG/24HR RING, 0.1 MG/24HR RING)	tier 3	QLC (1 ring/3 months)
GENERESS FE (***norethindrone & ethinyl estradiol-fe***) 0.8-25 MG-MCG CHEW TAB	tier 3	
IMVEXXY MAINTENANCE PACK (***estradiol vaginal***) 10 MCG INSERT	tier 3	PA, QLC (8 inserts/28 days)
IMVEXXY MAINTENANCE PACK (***estradiol vaginal***) 4 MCG INSERT	tier 3	PA, QLC (8 inserts/28 days)
IMVEXXY STARTER PACK (***estradiol vaginal***) 10 MCG INSERT	tier 3	PA, QLC (18 inserts/28 days; 2 fills/year)
IMVEXXY STARTER PACK (***estradiol vaginal***) 4 MCG INSERT	tier 3	PA, QLC (18 inserts/28 days; 2 fills/year)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Fayosim)	tier 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (LEVONORGEST-ETH EST & ETH EST)	tier 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Rivelsa)	tier 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Rosyrah)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (LEVONORGEST-ETH ESTRAD 91-DAY)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVONORGESTREL-ETHINYL ESTRAD)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28))	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (LEVONORGEST-ETH ESTRADIOL-IRON)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	tier 1	ACA (Preventive Health)
LO LOESTRIN FE (***norethindrone acetate-ethinyl estradiol-fe fum (biphasic)***) ESTRIN 1 MG-10 MCG 10 MCG TAB	tier 2	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOSEASONIQUE (*levonorgestrel-ethinyl estradiol (91-day)*) 0.1-0.02 & 0.01 MG TAB	tier 3	
MENEST (*esterified estrogens*) (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	tier 3	
MENOSTAR (*estradiol*) 14 MCG/24HR PATCH WK	tier 3	QLC (4 patches/28 days)
MINASTRIN 24 FE (*norethin acet & estrad-fe*) 1-20 MG-MCG() CHEW TAB	tier 3	
MINIVELLE (*estradiol*) (0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	tier 3	QLC (16 patches/28 days)
MIRCETTE (*desogestrel-ethinyl estradiol (biphasic)*) 0.15-0.02/0.01 MG (21/5) TAB	tier 3	
NATAZIA (*estradiol valerate-dienogest*) 3/2-2/2-3/1 MG TAB	tier 3	ACA (Preventive Health)
NEXTSTELLIS (*drospirenone-estetrol*) 3-14.2 MG TAB	tier 3	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (NORELGESTROMIN-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	tier 1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BRIELLYN)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (NORETHIN-ETH ESTRADIOL-FE)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Xelria Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Galbriela)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (NORETHIN-ETH ESTRADIOL-FE)	tier 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (NORETHINDRON-ETHINYL ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe)	tier 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Xarah Fe)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21))	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Luizza 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21))	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Luizza 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Feirza 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Feirza 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL)	tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL)	tier 1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	tier 1	ACA (Preventive Health)
NUVARING (***etonogestrel-ethinyl estradiol***) NUVA0.12-0.015 MG/24HR	tier 3	
PREMARIN (***estrogens, conjugated vaginal***) 0.625 MG/GM CREAM	tier 2	
PREMARIN (***estrogens, conjugated***) (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	tier 3	
PREMPHASE (***conjugated estrogens-medroxyprogesterone acetate***) 0.625-5 MG TAB	tier 2	QLC (28 tabs/month)
PREMPRO (***conjugated estrogens-medroxyprogesterone acetate***) (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	tier 2	QLC (28 tabs/month)
QUARTETTE (***levonorgestrel-ethinyl estradiol (91-day)***) 42-21-21-7 DAYS TAB	tier 3	
SAFYRAL (***drospirenone-ethinyl estradiol-levomefolate calcium***) 3-0.03-0.451 MG TAB	tier 3	
SEASONIQUE (***levonorgestrel-ethinyl estradiol (91-day)***) 0.15-0.03 &0.01 MG TAB	tier 3	
TAYTULLA (***norethin acet & estrad-fe***) 1-20 MG-MCG(24) CAP	tier 3	
TYBLUME (***levonorgestrel & eth estradiol***) 0.1-20 MG-MCG CHEW TAB	tier 3	ACA (Preventive Health)
VAGIFEM (***estradiol vaginal***) 10 MCG TAB	tier 3	
VELIVET (***desogestrel-ethinyl estradiol (triphasic)***) 0.1/0.125/0.15 -0.025 MG TAB	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIVELLE-DOT (*estradiol*) (0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	tier 3	QLC (16 patches/28 days)
YASMIN 28 (*drospirenone-ethinyl estradiol*) 3-0.03 MG TAB	tier 3	
YAZ (*drospirenone-ethinyl estradiol*) 3-0.02 MG TAB	tier 3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
ACTIVELLA (*estradiol & norethindrone acetate*) 1-0.5 MG TAB	tier 3	QLC (1 tab/day)
BIJUVA (*estradiol-progesterone*) 1-100 MG CAP	tier 3	QLC (1 cap/day)
COMBIPATCH (*estradiol & norethindrone acetate*) (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	tier 3	QLC (8 patches/month)
estradiol & norethindrone acetate tab 0.5-0.1 mg (Abigale Lo)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Abigale)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	tier 1	QLC (1 tab/day)
PREFEST (*estradiol-norgestimate*) 1/1-0.09 MG (15/15) TAB	tier 3	QLC (1 tab/day)
PROGESTINS		
AYGESTIN (*norethindrone acetate*) 5 MG TAB	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CRINONE (*progesterone (vaginal)*) (4 % GEL, 8 % GEL)	tier 3	PA
ELLA (*ulipristal acetate*) 30 MG TAB	tier 3	ACA (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN (*progesterone (vaginal)*) 100 MG INSERT	tier 2	PA
hydroxyprogesterone caproate im in oil 250 mg/ml	tier 4	PA, S (Specialty Drug), QLC (5 ml/month)
MAKENA (*hydroxyprogesterone caproate*) 250 MG/ML OIL	tier 4	PA, S (Specialty Drug), QLC (5 ml/month)
MAKENA (*hydroxyprogesterone caproate*) 275 MG/1.1ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 injection/week)
medroxyprogesterone acetate tab 10 mg	tier 1	
medroxyprogesterone acetate tab 2.5 mg	tier 1	
medroxyprogesterone acetate tab 5 mg	tier 1	
MEGESTROL ACETATE (*megestrol acetate (appetite)*) 625 MG/5ML SUSPENSION	tier 1	OAC
megestrol acetate susp 40 mg/ml	tier 1	OAC
megestrol acetate susp 625 mg/5ml	tier 1	OAC
megestrol acetate tab 20 mg	tier 1	OAC
megestrol acetate tab 40 mg	tier 1	OAC
norethindrone acetate tab 5 mg	tier 1	
norethindrone acetate tab 5 mg (Gallifrey)	tier 1	
norethindrone tab 0.35 mg	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone tab 0.35 mg (Lyleq)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Meleya)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Nora-Be)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Orquidea)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Sharobel)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	tier 1	ACA (Preventive Health)
ORTHO MICRONOR (*norethindrone (contraceptive)*) 0.35 MG TAB	tier 3	
progesterone cap 100 mg	tier 1	
progesterone cap 200 mg	tier 1	
progesterone im in oil 50 mg/ml	tier 1	
progesterone vaginal insert 100 mg	tier 1	PA
PROMETRIUM (*progesterone*) (100 MG CAP, 200 MG CAP)	tier 3	
PROVERA (*medroxyprogesterone acetate*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	tier 3	
SLYND (*drospirenone*) 4 MG TAB	tier 3	ACA (Preventive Health)
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
CLOMIPHENE CITRATE 50 MG TAB	tier 1	
clomiphene citrate tab 50 mg	tier 1	
clomiphene citrate tab 50 mg (Clomid)	tier 1	
clomiphene citrate tab 50 mg (Milophene)	tier 1	
DUAVEE (*conjugated estrogens-bazedoxifene*) 0.45-20 MG TAB	tier 2	QLC (1 tab/day)
EVISTA (*raloxifene hcl*) 60 MG TAB	tier 3	QLC (1 tab/day)
OSPHENA (*ospemifene*) 60 MG TAB	tier 3	PA, QLC (1 tab/day)
raloxifene hcl tab 60 mg	tier 1	ACA (Preventive Health), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for the Thyroid)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs to Replace Thyroid Hormone)		
ADTHYZA (*thyroid*) (15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 65 MG TAB, 90 MG TAB, 97.5 MG TAB, 120 MG TAB, 130 MG TAB)	tier 2	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	tier 2	
CYTOMEL (*liothyronine sodium*) (5 MCG TAB, 25 MCG TAB, 50 MCG TAB)	tier 3	
ERMEZA (*levothyroxine sodium*) 150 MCG/5ML SOLUTION	tier 3	PA, QLC (10ml/day)
EVEXITHROID (*thyroid*) (15 MG TAB, 30 MG TAB, 45 MG TAB, 60 MG TAB, 75 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	tier 2	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	tier 3	
levothyroxine sodium tab 100 mcg	tier 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 100 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 100 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 100 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 112 mcg	tier 1	
levothyroxine sodium tab 112 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 112 mcg (Levo-T)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 112 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 112 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 125 mcg	tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 125 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 125 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 125 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 137 mcg	tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 137 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 137 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 137 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 150 mcg	tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 150 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 150 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 150 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 175 mcg	tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 175 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 175 mcg (Levoxyl)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 175 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 200 mcg	tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 200 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 200 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 200 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 25 mcg	tier 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 25 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 25 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 25 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 300 mcg	tier 1	
levothyroxine sodium tab 300 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 300 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 50 mcg	tier 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 50 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 50 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 50 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 75 mcg	tier 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 75 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 75 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 75 mcg (Unithroid)	tier 3	
levothyroxine sodium tab 88 mcg	tier 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 88 mcg (Levo-T)	tier 3	
levothyroxine sodium tab 88 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 88 mcg (Unithroid)	tier 3	
liothyronine sodium tab 25 mcg	tier 1	
liothyronine sodium tab 25 mcg (Liomny)	tier 1	
liothyronine sodium tab 5 mcg	tier 1	
liothyronine sodium tab 5 mcg (Liomny)	tier 1	
liothyronine sodium tab 50 mcg	tier 1	
liothyronine sodium tab 50 mcg (Liomny)	tier 1	
NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	tier 2	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	tier 2	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	tier 2	
REZDIFFRA (***resmetirom***) (60 MG TAB, 80 MG TAB, 100 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
SYNTHROID (***levothyroxine sodium***) (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	tier 2	
THYQUIDITY (***levothyroxine sodium***) 100 MCG/5ML SOLUTION	tier 3	QLC (300 ml/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	tier 2	
TIROSINT (*levothyroxine sodium*) (13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	tier 3	
TIROSINT-SOL (*levothyroxine sodium*) (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION)	tier 3	
YORVIPATH (*palopegteriparatide*) 168 MCG/0.56ML SOLN PEN	tier 4	PA, LA, QLC (1.12 ml/28 days)
YORVIPATH (*palopegteriparatide*) 294 MCG/0.98ML SOLN PEN	tier 4	PA, LA, QLC (1.96 ml/28 days)
YORVIPATH (*palopegteriparatide*) 420 MCG/1.4ML SOLN PEN	tier 4	PA, LA, QLC (2.8 ml/28 days)
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)		
BYNFEZIA PEN (*octreotide acetate*) 2500 MCG/ML SOLN	tier 4	PA, S (Specialty Drug)
cabergoline tab 0.5 mg	tier 1	QLC (16 tabs/month)
cetrorelix acetate for inj kit 0.25 mg	tier 4	PA, S (Specialty Drug)
CETROTIDE (*cetrorelix acetate*) 0.25 MG KIT	tier 4	PA, S (Specialty Drug)
CRENESSITY (*crinecerfont*) (25 MG CAP, 50 MG CAP, 100 MG CAP)	tier 4	PA, LA, QLC (2 caps/day)
CRENESSITY (*crinecerfont*) 50 MG/ML SOLUTION	tier 4	PA, LA, QLC (4 ml/day)
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	tier 4	PA, S (Specialty Drug)
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	tier 4	PA, S (Specialty Drug)
KORLYM (*mifepristone (hyperglycemia)*) 300 MG TAB	tier 4	PA, LA, QLC (4 tabs/day)
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	tier 4	PA, S (Specialty Drug)
leuprolide acetate inj kit 5 mg/ml	tier 4	PA, S (Specialty Drug)
mifepristone tab 300 mg	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
MYCAPSSA (*octreotide acetate*) MYSSA 20 MG DR	tier 4	PA, LA, QLC (4 caps/day)
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	tier 4	PA, S (Specialty Drug)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	tier 4	PA, S (Specialty Drug)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	tier 4	PA, S (Specialty Drug)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	tier 4	PA, S (Specialty Drug)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	tier 4	PA, S (Specialty Drug)
ORGOVYX (*relugolix*) 120 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
ORIAHNN (*elagolix sodium-estradiol-norethindrone acetate*) 300-1-0.5 & 300 MG CAP THPK	tier 3	PA, QLC (2 caps/day)
ORILISSA (*elagolix sodium*) 150 MG TAB	tier 3	PA, QLC (1 tab/day)
ORILISSA (*elagolix sodium*) 200 MG TAB	tier 3	PA, QLC (2 tabs/day)
PALSONIFY (*paltusotine hcl*) (20 MG TAB, 30 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day)
RECORLEV (*levoketoconazole*) 150 MG TAB	tier 4	PA, LA, QLC (8 tabs/day)
SANDOSTATIN (*octreotide acetate*) (50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION)	tier 4	PA, S (Specialty Drug)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIGNIFOR (*pasireotide diaspartate*) (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	tier 4	PA, LA, QLC (2 ampules/day)
SOMAVERT (*pegvisomant*) (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/day)
SYNAREL (*nafarelin acetate*) 2 MG/ML SOLUTION	tier 4	PA, QLC (16 ml/30 days)

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid)

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

methimazole tab 10 mg	tier 1	
methimazole tab 5 mg	tier 1	
propylthiouracil tab 50 mg	tier 1	

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

ANGIOEDEMA AGENTS

BERINERT (*c1 esterase inhibitor (human)*) 500 UNIT KIT	tier 4	PA, LA, S (Specialty Drug), QLC (3 kits/30 days)
CINRYZE (*c1 esterase inhibitor (human)*) 500 UNIT RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (20 vials/30 days)
DAWNZERA (*donidalorsen sodium*) 80 MG/0.8ML SOLN A-INJ	tier 4	PA, LA, QLC (0.8ml (1 pen)/28 days)
EKTERLY (*sebetralstat*) 300 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/30 days)
FIRAZYR (*icatibant acetate*) 30 MG/3ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (3 syringes/month)
HAEGARDA (*c1 esterase inhibitor (human)*) (2000 RECON SOLN, 3000 RECON SOLN)	tier 4	PA, LA, S (Specialty Drug)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	tier 4	PA, S (Specialty Drug), QLC (3 syringes/month)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	tier 4	PA, LA, QLC (3 syringes/month)
ORLADEYO (*berotralstat hcl*) (110 MG CAP, 150 MG CAP)	tier 4	PA, LA, QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RUCONEST (*c1 esterase inhibitor (recombinant)*) 2100 UNIT RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/30 days)
TAKHZYRO (*lanadelumab-flyo*) (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
TAKHZYRO (*lanadelumab-flyo*) 300 MG/2ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/28 days)
IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)		
ACTEMRA (*tocilizumab*) 162 MG/0.9ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week)
ACTEMRA ACTPEN (*tocilizumab*) 162 MG/0.9ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/week)
ARCALYST (*rilonacept*) 220 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug)
AURANOFIN 3 MG CAP	tier 2	
BENLYSTA (*belimumab*) (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week)
BIMZELX (*bimekizumab-bkzx*) (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
BIMZELX (*bimekizumab-bkzx*) 320 MG/2ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 pen/56 days)
BIMZELX (*bimekizumab-bkzx*) 320 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
COSENTYX (300 MG DOSE) (*secukinumab*) 150 /ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX (*secukinumab*) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (*secukinumab*) 150 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (*secukinumab*) 150 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
COSENTYX UNOREADY (*secukinumab*) 300 MG/2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days)
DUPIXENT (*dupilumab*) (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUPIXENT (*dupilumab*) 200 MG/1.14ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (*dupilumab*) 300 MG/2ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4 pens (8 ml)/ 28 days)
DUPIXENT (*dupilumab*) 300 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4 syringes (8 ml)/28 days)
EMPAVELI (*pegcetacoplan*) 1080 MG/20ML SOLUTION	tier 4	PA, LA, QLC (40 ml/7 days)
ENSPRYNG (*satralizumab-mwge*) 120 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
ENTYVIO PEN (*vedolizumab*) 108 MG/0.68ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pen injectors/28 days)
GRASTEK (*timothy grass pollen allergen extract*) 2800 BAU SL TAB	tier 3	PA, QLC (1 tab/day)
KEVZARA (*sarilumab*) (150 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN A-INJ)	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)
KEVZARA (*sarilumab*) (150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
KINERET (*anakinra*) 100 MG/0.67ML SOLN PRSYR	tier 4	PA, LA, QLC (28 syringes/28 days)
NEMLUVIO (*nemolizumab-ilto*) 30 MG A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
ODACTRA (*dust mite mixed allergen extract*) 12 SQ-HDM SL TAB	tier 3	PA, QLC (1 tab/day)
OLUMIANT (*baricitinib*) (1 MG TAB, 2 MG TAB, 4 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR (*grass mixed pollens allergen extract*) ORALA300 SL TAB	tier 3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (*grass mixed pollens allergen extract*) ORALA300 SL TAB	tier 3	PA, LA, S (Specialty Drug), QLC (1 tab/day; 2 fills/365 days)
ORENCIA (*abatacept*) (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT (*abatacept*) 125 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
OTEZLA (*apremilast*) 10 & 20 & 30 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTEZLA (*apremilast*) 4 X 10 & 51 X20 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year)
OTEZLA/OTEZLA XR INITIATION PK (*apremilast*) 10&20&30&(ER)75 MG TAB TH	tier 4	PA, S (Specialty Drug), QLC (41 tabs/28 days, max 2 fills/365 days)
OTULFI (*ustekinumab-aauz*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
OTULFI (*ustekinumab-aauz*) 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
PALFORZIA (1 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X CSPK	tier 4	PA, LA, QLC (15 caps/14 days)
PALFORZIA (12 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X & 0 CSPK	tier 4	PA, LA, QLC (45 caps/14 days)
PALFORZIA (120 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) & 100 CSPK	tier 4	PA, LA, QLC (30 caps/14 days)
PALFORZIA (160 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 3 X 20 & 100 CSPK	tier 4	PA, LA, QLC (60 caps/14 days)
PALFORZIA (20 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) CSPK	tier 4	PA, LA, QLC (15 caps/14 days)
PALFORZIA (200 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (00 X 100 CSPK	tier 4	PA, LA, QLC (30 caps/14 days)
PALFORZIA (240 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (40 X 0 & X 100 CSPK	tier 4	PA, LA, QLC (60 caps/14 days)
PALFORZIA (3 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X 1 CSPK	tier 4	PA, LA, QLC (45 caps/14 days)
PALFORZIA (300 MG MAINTENANCE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (PACKET	tier 4	PA, LA, QLC (1 packet/day)
PALFORZIA (300 MG TITRATION) (*peanut (arachis hypogaea) allergen powder-dnfp*) (PACKET	tier 4	PA, LA, QLC (1 packet/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PALFORZIA (40 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 2 X 20 CSPK	tier 4	PA, LA, QLC (30 caps/14 days)
PALFORZIA (6 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X 1 CSPK	tier 4	PA, LA, QLC (90 caps/14 days)
PALFORZIA (80 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 4 X 20 CSPK	tier 4	PA, LA, QLC (60 caps/14 days)
PYZCHIVA (*ustekinumab-ttwe*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
PYZCHIVA (*ustekinumab-ttwe*) 45 MG/0.5ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (0.5 ml/(1 auto injector)/84 days))
PYZCHIVA (*ustekinumab-ttwe*) 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial (0.5 ml)/84 days)
PYZCHIVA (*ustekinumab-ttwe*) 90 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 ml (1 auto-injector)/84 days))
RAGWITEK (*short ragweed pollen allergen extract*) RGWITEK 12 MB 1-U SL TB	tier 3	PA, QLC (1 tab/day)
REZUROCK (*belumosudil mesylate*) 200 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
RHAPSIDO (*remibrutinib*) 25 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
RIDAURA (*auranofin*) 3 MG CAP	tier 2	
RINVOQ (*upadacitinib*) (15 MG TAB ER 24H, 30 MG TAB ER 24H)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
RINVOQ (*upadacitinib*) 45 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ (*upadacitinib*) 1 MG/ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
SELARSDI (*ustekinumab-aekn*) 45 MG/0.5ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (0.5 ml/84 day)
SELARSDI (*ustekinumab-aekn*) 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (0.5ml/84 days)
SELARSDI (*ustekinumab-aekn*) 90 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 ml/84 days)
SILIQ (*brodalumab*) 210 MG/1.5ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI (150 MG DOSE) (*risankizumab-rzaa*) 75 /0.83ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI (*risankizumab-rzaa (crohn's)*) (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
SKYRIZI (*risankizumab-rzaa*) 150 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
SKYRIZI PEN (*risankizumab-rzaa*) 150 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days)
SOTYKTU (*deucravacitinib*) 6 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
STARJEMZA (*ustekinumab-hmny*) 45 MG/0.5ML SOLN PRSYR	tier 4	PA, LA, QLC (one syringe (0.5ml)/84 days)
STARJEMZA (*ustekinumab-hmny*) 45 MG/0.5ML SOLUTION	tier 4	PA, LA, QLC (1 vial (0.5ml)/ 84 days)
STARJEMZA (*ustekinumab-hmny*) 90 MG/ML SOLN PRSYR	tier 4	PA, LA, QLC (one syringe (1ml)/84 days))
STELARA (*ustekinumab*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA (*ustekinumab*) 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
STEQEYMA (*ustekinumab-stba*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
TALTZ (*ixekizumab*) (20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
TALTZ (*ixekizumab*) 80 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
TAVNEOS (*avacopan*) 10 MG CAP	tier 4	PA, LA, QLC (6 caps/day)
TREMFYA (*guselkumab*) 100 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
TREMFYA (*guselkumab*) 200 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TREMFYA ONE-PRESS (*guselkumab*) 100 MG/ML SOLN PEN	tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA PEN (*guselkumab (gastrointestinal)*) 200 MG/2ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TREMFYA PEN (*guselkumab*) 100 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA-CD/UC INDUCTION (*guselkumab (gastrointestinal)*) 200 MG/2ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4ml/28 days, max of 3 fills per 180 days)
TYENNE (*tocilizumab-aazg*) 162 MG/0.9ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4 pens/28 days)
TYENNE (*tocilizumab-aazg*) 162 MG/0.9ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
USTEKINUMAB 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
USTEKINUMAB-AAUZ (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, LA, QLC (1 syringe/84 days)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	tier 4	PA, LA, QLC (0.5 ml/84 day)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	tier 4	PA, LA, QLC (1 ml/84 days)
USTEKINUMAB-TTWE (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, LA, QLC (1 syringe/84 days)
VELSIPITY (*etrasimod arginine*) 2 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
VOYDEYA (*danicopan*) (50 & 100 MG TAB THPK, 100 MG TAB)	tier 4	PA, LA, QLC (6 tabs/day)
WAYRILZ (*rilzabrutinib*) 400 MG TAB	tier 4	PA, LA, QLC (2 tabs/day)
WEZLANA (*ustekinumab-auub*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, LA, QLC (1 syringe/84 days)
WEZLANA (*ustekinumab-auub*) 45 MG/0.5ML SOLUTION	tier 4	PA, LA, QLC (1 vial/84 days)
XELJANZ (*tofacitinib citrate*) (5 MG TAB, 10 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ (*tofacitinib citrate*) 1 MG/ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
XELJANZ XR (*tofacitinib citrate*) (11 MG TAB ER 24H, 22 MG TAB ER 24H)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
XOLAIR (*omalizumab*) (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XOLAIR (*omalizumab*) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
XOLAIR (*omalizumab*) 300 MG/2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (4 pens/28 days)
XOLAIR (*omalizumab*) 300 MG/2ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
YESINTEK (*ustekinumab-kfce*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
YESINTEK (*ustekinumab-kfce*) 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)		
ACTIMMUNE (*interferon gamma-1b*) 100 MCG/0.5ML SOLUTION	tier 4	PA, LA, S (Specialty Drug)
BESREMI (*ropeginterferon alfa-2b-njft*) 500 MCG/ML SOLN PRSYR	tier 4	PA, LA, QLC (2 syringes (2 ml)/28 days)
INTRON A (*interferon alfa-2b*) (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	tier 4	LA, S (Specialty Drug)
PEGASYS (*peginterferon alfa-2a*) 180 MCG/0.5ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/week)
PEGASYS (*peginterferon alfa-2a*) 180 MCG/ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/week)
IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)		
ABRILADA (1 PEN) (*adalimumab-afzb*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (2 pens/28 days)
ABRILADA (2 PEN) (*adalimumab-afzb*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (2 pens/28 days)
ABRILADA (2 SYRINGE) (*adalimumab-afzb*) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	tier 4	PA, LA, QLC (2 syringes/28 days)
ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens (1 carton)/28 days)
ADALIMUMAB-AACF (2 SYRINGE) RINGE) 40 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days)
ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (6 kits/year)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 kits/year)
ADALIMUMAB-AATY (1 PEN) (40 MG/0.4ML AUT-IJ KIT, 80 MG/0.8ML AUT-IJ KIT)	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 PEN) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 SYRINGE) (20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-AATY CD/UC/HS START 80 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (3 pens/year)
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ (40 MG/0.4ML SOLN A-INJ, 80 MG/0.8ML SOLN A-INJ)	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, LA, QLC (2 pens/28 days)
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	tier 4	PA, LA, QLC (2 syringes/28 days)
ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, LA, QLC (6 pens/year)
ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, LA, QLC (4 pens/year)
ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-FKJP (2 PEN) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADALIMUMAB-FKJP (2 SYRINGE) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-RYVK (1 PEN) 80 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-RYVK (2 PEN) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-RYVK (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	tier 4	PA, LA, QLC (2 syringes/28 days)
AMJEVITA (*adalimumab-atto*) (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
AMJEVITA (*adalimumab-atto*) (40 MG/0.4ML SOLN A-INJ, 80 MG/0.8ML SOLN A-INJ)	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
AMJEVITA (*adalimumab-atto*) 20 MG/0.4ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes (0.8 ml/28 days)
AMJEVITA (*adalimumab-atto*) 40 MG/0.8ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (2 auto injector pens (1.6 ml)/28 days)
AMJEVITA (*adalimumab-atto*) 40 MG/0.8ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes (1.6 ml)/28 days)
AMJEVITA-PED 15KG TO <30KG (*adalimumab-atto*) 20 MG/0.2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ARAVA (*leflunomide*) (10 MG TAB, 20 MG TAB)	tier 3	
ASTAGRAF XL (*tacrolimus*) (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H)	tier 3	
azathioprine tab 100 mg	tier 1	
azathioprine tab 100 mg (Azasan)	tier 1	
azathioprine tab 50 mg	tier 1	
azathioprine tab 75 mg	tier 1	
azathioprine tab 75 mg (Azasan)	tier 1	
CELLCEPT (*mycophenolate mofetil*) (200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB)	tier 3	
CIMZIA (1 SYRINGE) (*certolizumab pegol*) RINGE) 200 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIMZIA (2 SYRINGE) (*certolizumab pegol*) RINGE) 200 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER (*certolizumab pegol*) 200 MG/ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
cyclosporine cap 100 mg	tier 1	
cyclosporine cap 25 mg	tier 1	
cyclosporine modified cap 100 mg	tier 1	
cyclosporine modified cap 100 mg (Gengraf)	tier 1	
cyclosporine modified cap 25 mg	tier 1	
cyclosporine modified cap 25 mg (Gengraf)	tier 1	
cyclosporine modified cap 50 mg	tier 1	
cyclosporine modified oral soln 100 mg/ml	tier 1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	tier 1	
CYLTEZO (2 PEN) (*adalimumab-adbm*) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, LA, QLC (2 pens/28 days)
CYLTEZO (2 PEN) (*adalimumab-adbm*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO (2 SYRINGE) (*adalimumab-adbm*) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	tier 4	PA, LA, QLC (2 syringes/28 days)
CYLTEZO-CD/UC/HS STARTER (*adalimumab-adbm*) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, LA, QLC (6 pens/year)
CYLTEZO-CD/UC/HS STARTER (*adalimumab-adbm*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO-PSORIASIS/UV STARTER (*adalimumab-adbm*) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, LA, QLC (4 pens/year)
CYLTEZO-PSORIASIS/UV STARTER (*adalimumab-adbm*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENBREL (*etanercept*) (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL (*etanercept*) 25 MG RECON SOLN	tier 4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL (*etanercept*) 25 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI (*etanercept*) 50 MG/ML SOLN CART	tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL SURECLICK (*etanercept*) 50 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENVARSUS XR (*tacrolimus*) 0.75 MG TAB ER 24H	tier 3	ST, QLC (11 tabs/day)
ENVARSUS XR (*tacrolimus*) 1 MG TAB ER 24H	tier 3	ST, QLC (8 tabs/day)
ENVARSUS XR (*tacrolimus*) 4 MG TAB ER 24H	tier 3	ST, QLC (2 tabs/day)
everolimus tab 0.25 mg	tier 1	QLC (2 tabs/day)
everolimus tab 0.5 mg	tier 1	QLC (4 tabs/day)
everolimus tab 0.75 mg	tier 1	QLC (2 tabs/day)
everolimus tab 1 mg	tier 1	QLC (2 tabs/day)
HADLIMA (*adalimumab-bwwd*) 40 MG/0.4ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HADLIMA (*adalimumab-bwwd*) 40 MG/0.8ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HADLIMA PUSHTOUCH (*adalimumab-bwwd*) 40 MG/0.4ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
HADLIMA PUSHTOUCH (*adalimumab-bwwd*) 40 MG/0.8ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
HULIO (2 PEN) (*adalimumab-fkjp*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days)
HULIO (2 SYRINGE) (*adalimumab-fkjp*) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HUMIRA (1 PEN) (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA (2 PEN) (*adalimumab*) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA (2 PEN) (*adalimumab*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA (2 PEN) (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens (1 kit)/ 28 days)
HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 10 MG/0.1ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 20 MG/0.2ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 40 MG/0.4ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 40 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HUMIRA (*adalimumab*) 10 MG/0.1ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA (*adalimumab*) 40 MG/0.4ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA-CD/UC/HS STARTER (*adalimumab*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-CD/UC/HS STARTER (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PED<40KG CROHNS STARTER (*adalimumab*) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (2 syr [1 kit]/year)
HUMIRA-PED>/=40KG CROHNS START (*adalimumab*) 80 MG/0.8ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (3 syr [1 kit]/year)
HUMIRA-PED>/=40KG UC STARTER (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PS/UV/ADOL HS STARTER (*adalimumab*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-PSORIASIS/UVEIT STARTER (*adalimumab*) 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (1 carton/year)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYRIMOZ (*adalimumab-adaz*) (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HYRIMOZ (*adalimumab-adaz*) 40 MG/0.4ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
HYRIMOZ (*adalimumab-adaz*) 40 MG/0.8ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days)
HYRIMOZ (*adalimumab-adaz*) 40 MG/0.8ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HYRIMOZ (*adalimumab-adaz*) 80 MG/0.8ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-CROHNS/UC STARTER (*adalimumab-adaz*) 80 MG/0.8ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-CROHNS/UC STARTER PACK (*adalimumab-adaz*) 80 MG/0.8ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-PED CROHNS STARTER (*adalimumab-adaz*) 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 kit year)
HYRIMOZ-PED CROHNS STARTER (*adalimumab-adaz*) 80 MG/0.8ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (3 syringes/year)
HYRIMOZ-PLAQ PSOR/UVEIT START (*adalimumab-adaz*) 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 kit/year)
HYRIMOZ-PLAQUE PSORIASIS START (*adalimumab-adaz*) 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 kit/year)
IDACIO (2 PEN) (*adalimumab-aacf*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 inj (1 box)/28 days)
IDACIO (2 SYRINGE) (*adalimumab-aacf*) RINGE) 40 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days)
IDACIO-CROHNS/UC STARTER (*adalimumab-aacf*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (6 inj (3 kits)/365 days)
IDACIO-PSORIASIS STARTER (*adalimumab-aacf*) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 inj (2 kits)/365 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMURAN (*azathioprine*) 50 MG TAB	tier 3	
JYLAMVO (*methotrexate*) 2 MG/ML SOLUTION	tier 3	PA, QLC (120 ml/30 days), OAC
leflunomide tab 10 mg	tier 1	
leflunomide tab 20 mg	tier 1	
LUPKYNIS (*voclosporin*) 7.9 MG CAP	tier 4	PA, LA, QLC (6 caps/day)
METHOTREXATE SODIUM (PF) (1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION)	tier 1	QLC (8 ml/month)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	tier 1	QLC (one vial/28 days)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	tier 1	QLC (8 ml/month)
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/month)
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/month)
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/month)
methotrexate sodium tab 2.5 mg (base equiv)	tier 1	OAC
mycophenolate mofetil cap 250 mg	tier 1	
mycophenolate mofetil for oral susp 200 mg/ml	tier 1	
mycophenolate mofetil tab 500 mg	tier 1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	tier 1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	tier 1	
MYFORTIC (*mycophenolate sodium*) (180 MG TAB DR, 360 MG TAB DR)	tier 3	
MYHIBBIN (*mycophenolate mofetil*) 200 MG/ML SUSPENSION	tier 3	PA, QLC (15 ml/day)
NEORAL (*cyclosporine modified (for microemulsion)*) (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTREXUP (*methotrexate (antirheumatic)*) (10 MG/0.4ML SOLN A-INJ, 12.5 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
PROGRAF (*tacrolimus*) (0.2 MG PACKET, 1 MG PACKET)	tier 3	PA
PROGRAF (*tacrolimus*) (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	tier 3	
RAPAMUNE (*sirolimus*) (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB)	tier 3	
RASUVO (*methotrexate (antirheumatic)*) (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
REDITREX (*methotrexate (antirheumatic)*) (7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
SANDIMMUNE (*cyclosporine*) (25 MG CAP, 100 MG CAP)	tier 3	
SANDIMMUNE (*cyclosporine*) 100 MG/ML SOLUTION	tier 2	
SIMLANDI (1 PEN) (*adalimumab-ryvk*) (40 MG/0.4ML AUT-IJ KIT, 80 MG/0.8ML AUT-IJ KIT)	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (1 SYRINGE) (*adalimumab-ryvk*) RINGE) 80 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 PEN) (*adalimumab-ryvk*) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIMLANDI (2 SYRINGE) (*adalimumab-ryvk*) (20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMPONI (*golimumab*) (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
sirolimus oral soln 1 mg/ml	tier 1	
sirolimus tab 0.5 mg	tier 1	
sirolimus tab 1 mg	tier 1	
sirolimus tab 2 mg	tier 1	
SPEVIGO (*spesolimab-sbzo*) 150 MG/ML SOLN PRSYR	tier 4	PA, LA, QLC (2 syringes/28 days)
SPEVIGO (*spesolimab-sbzo*) 300 MG/2ML SOLN PRSYR	tier 4	PA, LA, QLC (1 syringe (2 ml)/28 days)
tacrolimus cap 0.5 mg	tier 1	
tacrolimus cap 1 mg	tier 1	
tacrolimus cap 5 mg	tier 1	
TREXALL (*methotrexate sodium*) (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	tier 3	OAC
XATMEP (*methotrexate*) 2.5 MG/ML SOLUTION	tier 4	AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC
YUFLYMA (1 PEN) (*adalimumab-aaty*) (40 MG/0.4ML AUT-IJ KIT, 80 MG/0.8ML AUT-IJ KIT)	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
YUFLYMA (2 PEN) (*adalimumab-aaty*) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
YUFLYMA (2 SYRINGE) (*adalimumab-aaty*) (20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
YUFLYMA-CD/UC/HS STARTER (*adalimumab-aaty*) 80 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (3 pens/year)
YUSIMRY (*adalimumab-aqvh*) 40 MG/0.8ML SOLN A-INJ	tier 4	PA, LA, QLC (2 pens/28 days)
ZORTRESS (*everolimus (immunosuppressant)*) (0.25 MG TAB, 0.75 MG TAB, 1 MG TAB)	tier 3	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZORTRESS (*everolimus (immunosuppressant)*) 0.5 MG TAB	tier 3	QLC (4 tabs/day)
ZYMFENTRA (1 PEN) (*infliximab-dyyb*) 120 MG/ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ZYMFENTRA (2 PEN) (*infliximab-dyyb*) 120 MG/ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ZYMFENTRA (2 SYRINGE) (*infliximab-dyyb*) RINGE) 120 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)		
AMINOSALICYLATES		
APRISO (*mesalamine*) 0.375 GM CAP ER 24H	tier 3	QLC (4 caps/day)
ASACOL HD (*mesalamine*) 800 MG TAB DR	tier 3	ST, QLC (6 tabs/day)
AZULFIDINE (*sulfasalazine*) 500 MG TAB	tier 3	
AZULFIDINE EN-TABS (*sulfasalazine*) 500 MG DR	tier 3	
balsalazide disodium cap 750 mg	tier 1	QLC (9 caps/day)
CANASA (*mesalamine*) 1000 MG SUPPOS	tier 3	QLC (1 suppository/day)
COLAZAL (*balsalazide disodium*) 750 MG CAP	tier 3	QLC (9 caps/day)
DELZICOL (*mesalamine*) 400 MG CAP DR	tier 3	ST, QLC (6 caps/day)
DIPENTUM (*olsalazine sodium*) 250 MG CAP	tier 3	ST, QLC (4 caps/day)
LIALDA (*mesalamine*) 1.2 GM TAB DR	tier 3	QLC (4 tabs/day)
mesalamine cap dr 400 mg	tier 1	ST, QLC (6 caps/day)
mesalamine cap er 24hr 0.375 gm (MESALAMINE ER)	tier 1	QLC (4 caps/day)
mesalamine cap er 500 mg (MESALAMINE ER)	tier 1	ST, QLC (8 caps/day)
mesalamine enema 4 gm	tier 1	
mesalamine suppos 1000 mg	tier 1	QLC (1 suppository/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
mesalamine tab delayed release 1.2 gm	tier 1	QLC (4 tabs/day)
mesalamine tab delayed release 800 mg	tier 1	ST, QLC (6 tabs/day)
PENTASA (*mesalamine*) 250 MG CAP ER	tier 3	ST, QLC (4 caps/day)
PENTASA (*mesalamine*) 500 MG CAP ER	tier 3	ST, QLC (8 caps/day)
SFROWASA (*mesalamine*) 4 GM/60ML ENEMA	tier 3	
sulfasalazine tab 500 mg	tier 1	
sulfasalazine tab delayed release 500 mg	tier 1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE (*hydrocortisone*) (0.5 MG CAP SPRINK, 1 MG CAP SPRINK)	tier 4	PA, LA, QLC (100 caps/30 days)
ALKINDI SPRINKLE (*hydrocortisone*) (2 MG CAP SPRINK, 5 MG CAP SPRINK)	tier 4	PA, LA, QLC (200 caps/30 days)
budesonide delayed release particles cap 3 mg	tier 1	PA, QLC (3 caps/day)
budesonide rectal foam 2 mg/act	tier 1	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
budesonide tab er 24hr 9 mg (BUDESONIDE ER)	tier 1	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)
CORTEF (*hydrocortisone*) (5 MG TAB, 10 MG TAB, 20 MG TAB)	tier 3	
CORTENEMA (*hydrocortisone (intrarectal)*) CORT100 MG/60ML	tier 3	
CORTIFOAM (*hydrocortisone acetate (intrarectal)*) 10 %	tier 2	
ENTOCORT EC (*budesonide*) 3 MG CP DR PART	tier 3	PA, QLC (3 caps/day)
EOHILIA (*budesonide*) 2 MG/10ML SUSPENSION	tier 3	PA, QLC (20 ml/day)
hydrocortisone enema 100 mg/60ml	tier 1	
hydrocortisone tab 10 mg	tier 1	
hydrocortisone tab 20 mg	tier 1	
hydrocortisone tab 5 mg	tier 1	
KHINDIVI (*hydrocortisone*) 1 MG/ML SOLUTION	tier 4	PA, LA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORTIKOS (*budesonide*) (6 MG CAP ER 24H, 9 MG CAP ER 24H)	tier 3	PA, QLC (1 cap/day)
UCERIS (*budesonide (intrarectal)*) 2 MG/ACT FOAM	tier 3	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
UCERIS (*budesonide*) 9 MG TAB 24H	tier 3	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

METABOLIC BONE DISEASE AGENTS

ACTONEL (*risedronate sodium*) 150 MG TAB	tier 3	QLC (1 tab/month)
ACTONEL (*risedronate sodium*) 35 MG TAB	tier 3	QLC (4 tabs/month)
ALENDRONATE SODIUM 5 MG TAB	tier 1	
alendronate sodium oral soln 70 mg/75ml	tier 1	QLC (4 bottles/month)
alendronate sodium tab 10 mg	tier 1	
alendronate sodium tab 35 mg	tier 1	QLC (4 tabs/month)
alendronate sodium tab 70 mg	tier 1	QLC (4 tabs/month)
ATELVIA (*risedronate sodium*) 35 MG TAB	tier 3	QLC (4 tabs/month)
BINOSTO (*alendronate sodium*) 70 MG EFFER TAB	tier 3	ST, QLC (4 tabs/month)
BONIVA (*ibandronate sodium*) 150 MG TAB	tier 3	QLC (1 tab/month)
BONSITY (*teriparatide*) 560 MCG/2.24ML SOLN PEN	tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
calcitonin (salmon) inj 200 unit/ml	tier 1	
calcitonin (salmon) nasal soln 200 unit/act	tier 1	QLC (1 bottle/month)
calcitriol cap 0.25 mcg	tier 1	
calcitriol cap 0.5 mcg	tier 1	
calcitriol oral soln 1 mcg/ml	tier 1	
cinacalcet hcl tab 30 mg (base equiv)	tier 1	PA
cinacalcet hcl tab 60 mg (base equiv)	tier 1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cinacalcet hcl tab 90 mg (base equiv)	tier 1	PA
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	tier 1	
doxercalciferol cap 0.5 mcg	tier 1	
doxercalciferol cap 1 mcg	tier 1	
doxercalciferol cap 2.5 mcg	tier 1	
DRISDOL (*ergocalciferol*) 1.25 MG (50000 UT) CAP	tier 3	
ergocalciferol cap 1.25 mg (50000 unit)	tier 1	
ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))	tier 1	
FORTEO (*teriparatide*) 560 MCG/2.24ML SOLN PEN	tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
FOSAMAX (*alendronate sodium*) 70 MG TAB	tier 3	QLC (4 tabs/month)
FOSAMAX PLUS D (*alendronate sodium-cholecalciferol*) (70-2800 TAB, 70-5600 TAB)	tier 3	QLC (4 tabs/month)
ibandronate sodium tab 150 mg (base equivalent)	tier 1	QLC (1 tab/month)
MIACALCIN (*calcitonin (salmon)*) 200 UNIT/ML SOLUTION	tier 4	
NATPARA (*parathyroid hormone (recombinant)*) (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	tier 4	PA, S (Specialty Drug), QLC (2 cartridges/month)
paricalcitol cap 1 mcg	tier 1	
paricalcitol cap 2 mcg	tier 1	
paricalcitol cap 4 mcg	tier 1	
RAYALDEE (*calcifediol*) 30 MCG CAP ER	tier 3	PA
risedronate sodium tab 150 mg	tier 1	QLC (1 tab/month)
risedronate sodium tab 30 mg	tier 1	PA
risedronate sodium tab 35 mg	tier 1	QLC (4 tabs/month)
risedronate sodium tab 5 mg	tier 1	QLC (1 tab/day)
risedronate sodium tab delayed release 35 mg	tier 1	QLC (4 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROCALTROL (*calcitriol*) (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	tier 3	
SENSIPAR (*cinacalcet hcl*) (30 MG TAB, 60 MG TAB, 90 MG TAB)	tier 3	PA
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
teriparatide soln pen-inj 560 mcg/2.24ml	tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
TYMLOS (*abaloparatide*) 3120 MCG/1.56ML SOLN PEN	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/month)
ZEMPLAR (*paricalcitol*) (1 MCG CAP, 2 MCG CAP)	tier 3	

MISCELLANEOUS THERAPEUTIC AGENTS

AEROCHAMBER HOLDING CHAMBER DEVICE	tier 2	
AEROCHAMBER MINI CHAMBER DEVICE	tier 2	
AEROCHAMBER MV MISC	tier 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	tier 2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	tier 2	
AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC)	tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC)	tier 2	
AEROCHAMBER PLUS FLO-VU MISC	tier 2	
AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC)	tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK MISC	tier 2	
AEROCHAMBER PLUS FLOW VU MISC	tier 2	
AEROCHAMBER W/FLOWSIGNAL MISC	tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	tier 2	
AEROCHAMBER Z-STAT PLUS MISC	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER Z-STAT PLUS/LARGE MISC	tier 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL MISC	tier 2	
AEROCHAMBER2GO ANTI-STATIC DEVICE	tier 2	
AEROVENT PLUS DEVICE	tier 2	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	tier 2	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	tier 2	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC	tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	tier 2	
BD MICROTAINER LANCETS MISC	tier 2	QLC (200 lancets/30 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	tier 2	
BD SYRINGE LUER-LOK 3MLMISC	tier 3	QLC (100 syringes/30 days)
BREATHE EASE LARGE DEVICE	tier 2	
BREATHE EASE MEDIUM DEVICE	tier 2	
BREATHE EASE SMALL DEVICE	tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	tier 2	
CAYA (*diaphragm arc-spring*)	tier 2	ACA (Preventive Health)
CEQUR SIMPLICITY 2U DEVICE	tier 3	PA, QLC (10 patches/30 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	tier 2	
COMPACT SPACE CHAMBER DEVICE	tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMPACT SPACE CHAMBER/SM MASK DEVICE	tier 2	
D-CARE BLOOD GLUCOSE (*glucose blood*) STRIP	tier 3	PA, QLC (200 units/month)
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	tier 2	PA, QLC (1 box/month)
DEXCOM G5 MOBILE RECEIVER DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G5 MOBILE TRANSMITTER MISC	tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G5 RECEIVER KIT DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 RECEIVER DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	tier 2	PA, QLC (1 box/month)
DEXCOM G6 TRANSMITTER MISC	tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G7 15 DAY SENSOR MISC	tier 2	PA, QLC (2 boxes (sensors)/30 days)
DEXCOM G7 RECEIVER DEVICE	tier 2	PA, QLC (One reader/receiver per year)
DEXCOM G7 SENSOR MISC	tier 2	PA, QLC (3 sensors/month)
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	tier 2	
EASIVENT MASK LARGE MISC	tier 2	
EASIVENT MASK MEDIUM MISC	tier 2	
EASIVENT MASK SMALL MISC	tier 2	
EASIVENT MISC	tier 2	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	tier 2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	tier 2	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	tier 2	
FEMCAP (*cervical caps*) (22 DEVICE, 26 DEVICE, 30 DEVICE)	tier 2	ACA (Preventive Health)
FILSUVEZ (*birch triterpenes*) 10 % GEL	tier 4	PA, LA, QLC (23.4gm/day)
FLEXICHAMBER ADULT MASK/SMALL MISC	tier 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	tier 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	tier 2	
FLEXICHAMBER DEVICE	tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	tier 3	PA, QLC (One receiver/reader per year)
FREESTYLE LIBRE 14 DAY SENSOR MISC	tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 2 PLUS SENSOR MISC	tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 2 READER DEVICE	tier 3	PA, QLC (One receiver/reader per year)
FREESTYLE LIBRE 2 SENSOR MISC	tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 3 PLUS SENSOR MISC	tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 3 READER DEVICE	tier 3	PA, QLC (one receiver/reader per year)
FREESTYLE LIBRE 3 SENSOR MISC	tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE READER DEVICE	tier 3	PA, QLC (One receiver/reader per year)
GUARDIAN 4 GLUCOSE SENSOR MISC	tier 3	PA, QLC (5 sensors/month)
GUARDIAN 4 TRANSMITTER MISC	tier 3	PA, QLC (1 transmitter/year)
GUARDIAN CONNECT TRANSMITTER MISC	tier 3	PA, QLC (1 transmitter/year)
GUARDIAN REAL-TIME REPLACE PED DEVICE	tier 3	PA, QLC (One receiver/reader per year)
GUARDIAN SENSOR (3) MISC	tier 3	PA, QLC (5 sensors/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GUARDIAN SENSOR 3 MISC	tier 3	PA, QLC (5 sensors/month)
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	tier 3	PA, QLC (1 pen/year)
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	tier 3	PA, QLC (1 pen/year)
INPEN 100-GREY-LILLY-HUMALOG DEVICE	tier 3	PA, QLC (1 pen/year)
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	tier 3	PA, QLC (1 pen/year)
INPEN 100-PINK-LILLY-HUMALOG DEVICE	tier 3	PA, QLC (1 pen/year)
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	tier 3	PA, QLC (1 pen/year)
INSPIREASE MISC	tier 2	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	tier 2	
IQIRVO (*elafibranor*) 80 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
LEQSELVI (*deuruxolitinib phosphate*) 8 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
LIVDELZI (*seladelpar lysine*) 10 MG CAP	tier 4	PA, LA, QLC (1 cap/day)
MAGELLAN INSULIN SAFETY SYR (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC)	tier 2	
MARATHON MEDICAL PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	tier 2	
methylergonovine maleate tab 0.2 mg	tier 1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	tier 1	QLC (28 tabs/30 days)
MICROCHAMBER (DEVICE, MISC)	tier 2	
MICROSPACER MISC	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MODD1 PATIENT WELCOME KIT	tier 3	PA, QLC (1 kit/90 days)
MODD1 SUPPLY KIT	tier 3	PA, QLC (1 kit/30 days)
MONOJECT INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC)	tier 2	
MONOJECT ULTRA COMFORT SYRINGE (28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC)	tier 2	
NOVOPEN ECHO DEVICE	tier 3	PA, QLC (1 pen/year)
OMNIFLEX DIAPHRAGM (*diaphragms*)	tier 2	ACA (Preventive Health)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	tier 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	tier 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G6 PODS (GEN 5) MISC	tier 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	tier 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G7 PODS (GEN 5) MISC	tier 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 GKIT	tier 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	tier 3	PA, QLC (1 pod/2 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	tier 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH INTRO (GEN 4) KIT	tier 3	PA, QLC (1 kit/2 years)
OMNIPOD DASH PODS (GEN 4) MISC	tier 3	PA, QLC (1 pod/2 days)
OMNIPOD GO (15 UNIT/24HR KIT, 20 UNIT/24HR KIT, 25 UNIT/24HR KIT, 30 UNIT/24HR KIT, 35 UNIT/24HR KIT, 40 UNIT/24HR KIT)	tier 3	PA, QLC (10 kits/month)
OMNIPOD GO 10 UNIT/24HR KIT	tier 3	PA, QLC (10 kits/month)
OPTICHAMBER DIAMOND (DEVICE, MISC)	tier 2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	tier 2	
OPTICHAMBER DIAMOND-MD MASK MISC	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPTICHAMBER DIAMOND-SM MASK MISC	tier 2	
OPVEE (*nalmefene hcl (antidote)*) 2.7 MG/0.1ML SOLUTION	tier 3	QLC (2 sprayers/30 days)
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	tier 2	
PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	tier 2	
POCKET CHAMBER DEVICE	tier 2	
POCKET SPACER DEVICE	tier 2	
PRO COMFORT PEN NEEDLES (PEN 4 MISC, PEN 5 MISC)	tier 2	
PROCHAMBER VHC DEVICE	tier 2	
QBREXZA (*glycopyrronium tosylate*) 2.4 % PAD	tier 3	PA, QLC (1 towelette/day)
RITEFLO DEVICE	tier 2	
SIMPLERA SENSOR MISC	tier 3	PA, QLC (5 sensors/30 days)
SIMPLERA SYNC SENSOR MISC	tier 3	PA, QLC (5 sensors/30 days)
SIMPLERA SYSTEM MISC	tier 3	PA, QLC (5 sensors/30 days)
SURE COMFORT PEN NEEDLES (PEN 31G 6 MISC, PEN 32G 4 MISC)	tier 2	
ULTICARE INSULIN SAFETY SYR (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	tier 2	
V-GO 20 UNIT/24HR KIT	tier 3	PA, QLC (1 device/day)
V-GO 30 UNIT/24HR KIT	tier 3	PA, QLC (1 device/day)
V-GO 40 UNIT/24HR KIT	tier 3	PA, QLC (1 device/day)
VISTOGARD (*uridine triacetate (emergency treatment)*) 10 GM PACKET	tier 4	LA, QLC (20 packets/month)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	tier 2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VOWST (*fecal microbiota spores, live-brpk*) CAP	tier 4	PA, LA, QLC (12 caps/30 days)
WAINUA (*eplontersen sodium*) 45 MG/0.8ML SOLN A-INJ	tier 4	PA, LA, QLC (1 pen/28 days)
WIDE-SEAL DIAPHRAGM 60 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 65 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 70 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 75 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 80 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 85 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 90 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 95 (*diaphragm wide seal*) 2 %	tier 2	ACA (Preventive Health)
XPHOZAH (*tenapanor hcl (ckd)*) (20 MG TAB, 30 MG TAB)	tier 4	PA, LA, QLC (2 tabs/day)
ZURNAI (*nalmefene hcl (antidote)*) 1.5 MG/0.5ML SOLN A-INJ	tier 3	QLC (1ml (2 doses)/30 days)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ALCAINE (*proparacaine hcl*) 0.5 % SOLUTION	tier 3	
ATROPINE SULFATE (*atropine sulfate (ophthalmic)*) 1 % SOLUTION	tier 1	
atropine sulfate ophth soln 1%	tier 1	
bacitracin-polymyxin b ophth oint	tier 1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	tier 1	
bacitracin-polymyxin b ophth oint (Polycin)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC)	tier 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	tier 1	
BLEPHAMIDE (***sulfacetamide sod-prednisolone***) 10-0.2 % SUSPENSION	tier 2	
BLEPHAMIDE S.O.P. (***sulfacetamide sod-prednisolone***) 10-0.2 % OINTMENT	tier 3	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	tier 1	
CEQUA (***cyclosporine (ophth)***) 0.09 % SOLUTION	tier 3	PA, QLC (60 vials/month)
COMBIGAN (***brimonidine tartrate-timolol maleate***) 0.2-0.5 % SOLUTION	tier 3	
COSOPT (***dorzolamide hcl-timolol maleate***) 22.3-6.8 MG/ML SOLUTION	tier 3	
COSOPT PF (***dorzolamide hcl-timolol maleate***) 2-0.5 % SOLUTION	tier 3	QLC (2 droperettes/day)
CYCLOGYL (***cyclopentolate hcl***) (0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION)	tier 3	
CYCLOMYDRIL (***cyclopentolate w/ phenylephrine***) 0.2-1 % SOLUTION	tier 3	
cyclopentolate hcl ophth soln 0.5%	tier 1	
cyclopentolate hcl ophth soln 1%	tier 1	
cyclopentolate hcl ophth soln 2%	tier 1	
cyclosporine (ophth) emulsion 0.05%	tier 1	QLC (2 vials/day)
DORZOLAMIDE HCL-TIMOLOL MAL (***dorzolamide hcl-timolol maleate***) 22.3-6.8 MG/ML SOLUTION	tier 1	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (DORZOLAMIDE HCL-TIMOLOL MAL PF)	tier 1	QLC (2 droperettes/day)
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	tier 1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (DORZOLAMIDE HCL-TIMOLOL MAL PF)	tier 1	QLC (2 droperettes/day)
HOMATROPAIRE (***homatropine hbr***) 5 % SOLUTION	tier 1	
ISOPTO ATROPINE (***atropine sulfate (ophthalmic)***) 1 % SOLUTION	tier 3	
LACRISERT (***artificial tear insert***) 5 MG	tier 3	
MAXITROL (***neomycin-polymy-dexameth***) (0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION)	tier 3	
MIEBO (***perfluorohexyloctane***) 1.338 GM/ML SOLUTION	tier 3	PA, QLC (1 bottle (3 ml)/ 30 days)
MYDRIACYL (***tropicamide***) 1 % SOLUTION	tier 3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)	tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEOMYCIN-BACITRACIN ZN-POLYMYX)	tier 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	tier 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION	tier 1	
NEOMYCIN-POLYMYXIN-HC (***neomycin-polymyxin-hc (ophth)***) 3.5-10000-1SUSPENSION	tier 1	
OXERVATE (***cenegermin-bkbj***) 0.002 % SOLUTION	tier 4	PA, LA, QLC (28 ml/28 days)
PHENYLEPHRINE HCL (***phenylephrine hcl (mydriatic)***) 2.5 % SOLUTION	tier 3	
phenylephrine hcl ophth soln 10%	tier 1	
phenylephrine hcl ophth soln 10% (Altafrin)	tier 1	
phenylephrine hcl ophth soln 2.5%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
phenylephrine hcl ophth soln 2.5% (Altafrin)	tier 1	
PRED-G (*gentamicin-prednisolone acetate*) 0.3-1 % SUSPENSION	tier 3	
PRED-G S.O.P. (*gentamicin-prednisolone acetate*) 0.3-0.6 % OINTMENT	tier 3	
proparacaine hcl ophth soln 0.5%	tier 1	
RESTASIS (*cyclosporine (ophth)*) 0.05 % EMULSION	tier 1	QLC (2 vials/day)
RESTASIS MULTIDOSE (*cyclosporine (ophth)*) 0.05 % EMULSION	tier 2	QLC (one 5.5 ml bottle/month)
ROCKLATAN (*netarsudil dimesylate-latanoprost*) 0.02-0.005 % SOLUTION	tier 3	PA, QLC (2.5 ml/25 days)
SULFACETAMIDE-PREDNISOLONE (*sulfacetamide sod-prednisolone*) 10-0.23 % SOLUTION	tier 1	
TOBRADEX (*tobramycin-dexamethasone*) 0.3-0.1 % OINTMENT	tier 2	
TOBRADEX (*tobramycin-dexamethasone*) 0.3-0.1 % SUSPENSION	tier 3	
TOBRADEX ST (*tobramycin-dexamethasone*) 0.3-0.05 % SUSPENSION	tier 3	QLC (1 bottle/fill)
tobramycin-dexamethasone ophth susp 0.3-0.1%	tier 1	
tropicamide ophth soln 0.5%	tier 1	
tropicamide ophth soln 1%	tier 1	
TRYPTYR (*acoltremon*) 0.003 % SOLUTION	tier 3	PA, QLC (2 vials/day)
TYRVAYA (*varenicline tartrate (cholinergic agonist)*) 0.03 MG/ACT SOLUTION	tier 3	PA, QLC (2 bottles (8.4 ml)/30 days)
UPNEEQ (*oxymetazoline hcl (blepharoptosis)*) 0.1 % SOLUTION	tier 3	PA, QLC (1 dropperette/day)
VERKAZIA (*cyclosporine (ophth)*) 0.1 % EMULSION	tier 3	PA, QLC (4 vials/day)
VEVYE (*cyclosporine (ophth)*) 0.1 % SOLUTION	tier 3	PA, QLC (one 2ml bottle/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIZZ (*aceclidine hcl*) 1.44 % SOLUTION	tier 3	PA, QLC (1 vial/day)
XDEMVY (*lotilaner*) 0.25 % SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (10 ml/30 days)
XIIDRA (*lifitegrast*) 5 % SOLUTION	tier 2	QLC (60 vials/month)
ZYLET (*loteprednol etabonate-tobramycin*) 0.5-0.3 % SUSPENSION	tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)		
ALOCRIL (*nedocromil sodium (ophth)*) 2 % SOLUTION	tier 3	
ALOMIDE (*lodoxamide tromethamine*) 0.1 % SOLUTION	tier 3	
azelastine hcl ophth soln 0.05%	tier 1	
bepotastine besilate ophth soln 1.5%	tier 1	QLC (5 ml/month)
BEPREVE (*bepotastine besilate*) 1.5 % SOLUTION	tier 3	QLC (5 ml/month)
CROMOLYN SODIUM (*cromolyn sodium (ophth)*) 4 % SOLUTION	tier 1	
cromolyn sodium ophth soln 4%	tier 1	
epinastine hcl ophth soln 0.05%	tier 1	
ZERVIATE (*cetirizine hcl (ophth)*) 0.24 % SOLUTION	tier 3	PA, QLC (2 droperettes/day)
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
AZASITE (*azithromycin (ophth)*) 1 % SOLUTION	tier 3	
BACITRACIN (*bacitracin (ophthalmic)*) 500 UNIT/GM OINTMENT	tier 1	
BLEPH-10 (*sulfacetamide sodium (ophth)*) % SOLUTION	tier 3	
ERYTHROMYCIN (*erythromycin (ophth)*) 5 MG/GM OINTMENT	tier 1	
erythromycin ophth oint 5 mg/gm	tier 1	
gatifloxacin ophth soln 0.5%	tier 1	QLC (one 2.5 ml bottle/month)
GENTAK (*gentamicin sulfate (ophth)*) 0.3 % OINTMENT	tier 1	
gentamicin sulfate ophth soln 0.3%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVOFLOXACIN (*levofloxacin (ophth)*) 1.5 % SOLUTION	tier 1	
levofloxacin ophth soln 0.5%	tier 1	
MOXEZA (*moxifloxacin hcl (ophth)*) 0.5 % SOLUTION	tier 3	
MOXIFLOXACIN HCL (2X DAY) (*moxifloxacin hcl (ophth)*) 0.5 % SOLUTION	tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	tier 1	
NATACYN (*natamycin*) 5 % SUSPENSION	tier 3	
OCUFLOX (*ofloxacin (ophth)*) 0.3 % SOLUTION	tier 3	
ofloxacin ophth soln 0.3%	tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	tier 1	
POLYTRIM (*polymyxin b-trimethoprim*) 10000-0.1 UNIT/ML-% SOLUTION	tier 3	
SULFACETAMIDE SODIUM (*sulfacetamide sodium (ophth)*) (10 % OINTMENT, 10 % SOLUTION)	tier 1	
sulfacetamide sodium ophth soln 10%	tier 1	
tobramycin ophth soln 0.3%	tier 1	
TOBREX (*tobramycin (ophth)*) 0.3 % OINTMENT	tier 2	
TOBREX (*tobramycin (ophth)*) 0.3 % SOLUTION	tier 3	
TRIFLURIDINE 1 % SOLUTION	tier 1	
VIGAMOX (*moxifloxacin hcl (ophth)*) 0.5 % SOLUTION	tier 3	
ZIRGAN (*ganciclovir ophthalmic*) 0.15 % GEL	tier 3	QLC (1 tube/month)
ZYMAXID (*gatifloxacin (ophth)*) 0.5 % SOLUTION	tier 3	QLC (one 2.5 ml bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)		
ACULAR (*ketorolac tromethamine (ophth)*) 0.5 % SOLUTION	tier 3	
ACULAR LS (*ketorolac tromethamine (ophth)*) 0.4 % SOLUTION	tier 3	
ACUVAIL (*ketorolac tromethamine (ophth)*) 0.45 % SOLUTION	tier 2	QLC (30 vials/30 days)
ALREX (*loteprednol etabonate*) 0.2 % SUSPENSION	tier 3	
bromfenac sodium ophth soln 0.07% (base equivalent)	tier 1	PA, QLC (1 bottle/month)
bromfenac sodium ophth soln 0.075% (base equivalent)	tier 1	PA, QLC (1 bottle/month)
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (BROMFENAC SODIUM (ONCE-DAILY))	tier 1	
BROMSITE (*bromfenac sodium (ophth)*) 0.075 % SOLUTION	tier 3	PA, QLC (1 bottle/month)
DEXAMETHASONE SODIUM PHOSPHATE (*dexamethasone sodium phosphate (ophth)*) 0.1 % SOLUTION	tier 1	
diclofenac sodium ophth soln 0.1%	tier 1	
difluprednate ophth emulsion 0.05%	tier 1	
DUREZOL (*difluprednate*) 0.05 % EMULSION	tier 3	
EYSUVIS (*loteprednol etabonate*) 0.25 % SUSPENSION	tier 3	PA, QLC (1 bottle (8.3 ml)/30 days)
FLAREX (*fluorometholone acetate*) 0.1 % SUSPENSION	tier 3	
fluorometholone ophth susp 0.1%	tier 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	tier 1	
FML (*fluorometholone (ophth)*) 0.1 % OINTMENT	tier 3	
FML FORTE (*fluorometholone (ophth)*) 0.25 % SUSPENSION	tier 2	
FML LIQUIFILM (*fluorometholone (ophth)*) 0.1 % SUSPENSION	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ILEVRO (*nepafenac*) 0.3 % SUSPENSION	tier 3	PA, QLC (1 bottle/month)
INVELTYS (*loteprednol etabonate*) 1 % SUSPENSION	tier 3	PA
ketorolac tromethamine ophth soln 0.4%	tier 1	
ketorolac tromethamine ophth soln 0.5%	tier 1	
LOTEMAX (*loteprednol etabonate*) (0.5 % GEL, 0.5 % SUSPENSION)	tier 3	
LOTEMAX (*loteprednol etabonate*) 0.5 % OINTMENT	tier 3	QLC (1 tube/month)
LOTEMAX SM (*loteprednol etabonate*) 0.38 % GEL	tier 3	
loteprednol etabonate ophth gel 0.5%	tier 1	
loteprednol etabonate ophth susp 0.2%	tier 1	
loteprednol etabonate ophth susp 0.5%	tier 1	
MAXIDEX (*dexamethasone (ophth)*) 0.1 % SUSPENSION	tier 3	
NEVANAC (*nepafenac*) 0.1 % SUSPENSION	tier 3	
PRED FORTE (*prednisolone acetate (ophth)*) 1 % SUSPENSION	tier 3	
PRED MILD (*prednisolone acetate (ophth)*) 0.12 % SUSPENSION	tier 2	
prednisolone acetate ophth susp 1%	tier 1	
PREDNISOLONE ACETATE P-F (*prednisolone acetate (ophth)*) 1 % SUSPENSION	tier 1	
PREDNISOLONE SODIUM PHOSPHATE (*prednisolone sodium phosphate (ophth)*) 1 % SOLUTION	tier 1	
PROLENSA (*bromfenac sodium (ophth)*) 0.07 % SOLUTION	tier 3	PA, QLC (1 bottle/month)
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)		
BETAXOLOL HCL (*betaxolol hcl (ophth)*) 0.5 % SOLUTION	tier 1	
betaxolol hcl ophth soln 0.5%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETIMOL (*timolol*) 0.25 % SOLUTION	tier 2	
BETIMOL (*timolol*) 0.5 % SOLUTION	tier 3	
BETOPTIC-S (*betaxolol hcl (ophth)*) 0.25 % SUSPENSION	tier 2	
CARTEOLOL HCL (*carteolol hcl (ophth)*) 1 % SOLUTION	tier 1	
ISTALOL (*timolol maleate (ophth)*) 0.5 % SOLUTION	tier 3	
LEVOBUNOLOL HCL 0.5 % SOLUTION	tier 1	
timolol maleate ophth gel forming soln 0.25%	tier 1	
timolol maleate ophth gel forming soln 0.5%	tier 1	
timolol maleate ophth soln 0.25%	tier 1	
timolol maleate ophth soln 0.5%	tier 1	
timolol maleate ophth soln 0.5% (once-daily) (TIMOLOL MALEATE (ONCE-DAILY))	tier 1	
timolol maleate preservative free ophth soln 0.25% (TIMOLOL MALEATE PF)	tier 1	ST
timolol maleate preservative free ophth soln 0.5% (TIMOLOL MALEATE OCUDOSE)	tier 1	ST
timolol maleate preservative free ophth soln 0.5% (TIMOLOL MALEATE PF)	tier 1	ST
timolol ophth soln 0.5% (TIMOLOL HEMIHYDRATE)	tier 1	
TIMOPTIC (*timolol maleate (ophth)*) (0.25 % SOLUTION, 0.5 % SOLUTION)	tier 3	
TIMOPTIC OCUDOSE (*timolol maleate (ophth)*) (0.25 % SOLUTION, 0.5 % SOLUTION)	tier 3	ST
TIMOPTIC-XE (*timolol maleate (ophth)*) (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)	tier 3	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALPHAGAN P (*brimonidine tartrate*) (ALHAGAN 0.1 % SOLUTION, ALHAGAN 0.15 % SOLUTION)	tier 3	
APRACLONIDINE HCL 0.5 % SOLUTION	tier 1	
apraclonidine hcl ophth soln 0.5% (base equivalent)	tier 1	
AZOPT (*brinzolamide*) 1 % SUSPENSION	tier 3	ST
brimonidine tartrate ophth soln 0.1%	tier 1	
brimonidine tartrate ophth soln 0.15%	tier 1	
brimonidine tartrate ophth soln 0.2%	tier 1	
brinzolamide ophth susp 1%	tier 1	ST
DORZOLAMIDE HCL 2 % SOLUTION	tier 3	
dorzolamide hcl ophth soln 2%	tier 1	
ISOPTO CARPINE (*pilocarpine hcl*) (1 % SOLUTION, 2 % SOLUTION)	tier 3	
methazolamide tab 25 mg	tier 1	
methazolamide tab 50 mg	tier 1	
PHOSPHOLINE IODIDE (*echothiophate iodide*) 0.125 % RECON SOLN	tier 3	PA, LA, QLC (5 ml/30 days)
pilocarpine hcl ophth soln 1%	tier 1	
pilocarpine hcl ophth soln 1.25%	tier 1	PA, QLC (5 ml/25 days)
pilocarpine hcl ophth soln 2%	tier 1	
pilocarpine hcl ophth soln 4%	tier 1	
RHOPRESSA (*netarsudil dimesylate*) 0.02 % SOLUTION	tier 3	PA, QLC (1 bottle/month)
SIMBRINZA (*brinzolamide-brimonidine tartrate*) 1-0.2 % SUSPENSION	tier 2	
TRUSOPT (*dorzolamide hcl*) 2 % SOLUTION	tier 3	
VUITY (*pilocarpine hcl*) 1.25 % SOLUTION	tier 3	PA, QLC (5 ml/25 days)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)		
bimatoprost ophth soln 0.03%	tier 1	ST, QLC (7.5 ml/month)
IYUZEH (*latanoprost*) 0.005 % SOLUTION	tier 3	PA, QLC (1 container/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LATANOPROST 0.005 % SOLUTION	tier 1	QLC (5 ml/ month)
latanoprost ophth soln 0.005%	tier 1	QLC (5 ml/ month)
LUMIGAN (*bimatoprost*) 0.01 % SOLUTION	tier 2	ST, QLC (5 ml/month)
tafluprost preservative free (pf) ophth soln 0.0015% (TAFLUPROST (PF))	tier 1	ST, QLC (1 dropperette/day)
TRAVATAN Z (*travoprost*) 0.004 % SOLUTION	tier 3	ST, QLC (5 ml/month)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))	tier 1	ST, QLC (5 ml/month)
VYZULTA (*latanoprostene bunod*) 0.024 % SOLUTION	tier 3	PA, QLC (1 bottle/month)
XALATAN (*latanoprost*) 0.005 % SOLUTION	tier 3	QLC (5 ml/ month)
XELPROS (*latanoprost*) 0.005 % EMULSION	tier 3	ST, QLC (1 bottle/month)
ZIOPTAN (*tafluprost*) 0.0015 % SOLUTION	tier 3	ST, QLC (1 dropperette/day)

OTIC AGENTS (Drugs for the Ears)

OTIC AGENTS (Drugs for Ears)

acetic acid otic soln 2%	tier 1	
CETRAXAL (*ciprofloxacin hcl (otic)*) 0.2 % SOLUTION	tier 3	
CIPRO HC (*ciprofloxacin-hydrocortisone*) 0.2-1 % SUSPENSION	tier 3	ST
CIPRODEX (*ciprofloxacin-dexamethasone*) 0.3-0.1 % SUSPENSION	tier 3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	tier 1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	tier 1	
CIPROFLOXACIN-FLUOCINOLONE PF (*ciprofloxacin-fluocinolone acetonide*) 0.3-0.025 % SOLUTION	tier 1	QLC (14 vials/7 days)
CIPROFLOXACIN-HYDROCORTISONE 0.2-1 % SUSPENSION	tier 3	ST

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CORTISPORIN-TC (*neomycin-colistin-hc-thonzonium*) 3.3-3-10-0.5 MG/ML SUSPENSION	tier 3	
DERMOTIC (*fluocinolone acetonide (otic)*) 0.01 % OIL	tier 2	
fluocinolone acetonide (otic) oil 0.01%	tier 1	
fluocinolone acetonide (otic) oil 0.01% (Flac)	tier 1	
hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID)	tier 1	
neomycin-polymyxin-hc otic soln 1%	tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	tier 1	
ofloxacin otic soln 0.3%	tier 1	
OTOVEL (*ciprofloxacin-fluocinolone acetonide*) 0.3-0.025 % SOLUTION	tier 3	QLC (14 vials/7 days)
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD Symptoms) (Drugs for Asthma and COPD)		
ALVESCO (*ciclesonide*) 160 MCG/ACT AERO SOLN	tier 3	ST, QLC (2 inhalers/month)
ALVESCO (*ciclesonide*) 80 MCG/ACT AERO SOLN	tier 3	ST, QLC (1 inhaler/month)
ARMONAIR DIGIHALER (*fluticasone propionate with sensor (inhalation)*) (55 MCG/ACT AER POW BA, 113 MCG/ACT AER POW BA, 232 MCG/ACT AER POW BA)	tier 3	PA, QLC (1 inhaler/month)
ARNUITY ELLIPTA (*fluticasone furoate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/30 days)
ARNUITY ELLIPTA (*fluticasone furoate (inhalation)*) 200 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
ASMANEX (120 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASMANEX (14 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX (30 METERED DOSES) (*mometasone furoate (inhalation)*) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) (*mometasone furoate (inhalation)*) 110 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX HFA (*mometasone furoate (inhalation)*) (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	tier 2	QLC (1 inhaler/month)
BECONASE AQ (*beclomethasone diprop monohyd*) 42 MCG/SPRAY SUSPENSION	tier 3	ST, QLC (1 bottle/month)
budesonide inhalation susp 0.25 mg/2ml	tier 1	QLC (4 ml/day)
budesonide inhalation susp 0.5 mg/2ml	tier 1	QLC (4 ml/day)
budesonide inhalation susp 1 mg/2ml	tier 1	QLC (2 ml/day)
FLOVENT DISKUS (*fluticasone propionate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	tier 3	PA, QLC (1 inhaler/month)
FLOVENT DISKUS (*fluticasone propionate (inhalation)*) 250 MCG/ACT AER POW BA	tier 3	PA, QLC (4 inhalers/month)
FLOVENT HFA (*fluticasone propionate hfa*) (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	tier 3	PA, QLC (2 inhalers/month)
FLUTICASONE FUROATE ELLIPTA (*fluticasone furoate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	tier 3	PA, QLC (1 inhaler/30 days)
FLUTICASONE FUROATE ELLIPTA (*fluticasone furoate (inhalation)*) 200 MCG/ACT AER POW BA	tier 3	PA, QLC (1 inhaler/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUTICASONE PROPIONATE DISKUS (*fluticasone propionate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	tier 3	PA, QLC (1 inhaler/month)
FLUTICASONE PROPIONATE DISKUS (*fluticasone propionate (inhalation)*) 250 MCG/ACT AER POW BA	tier 3	PA, QLC (4 inhalers/month)
FLUTICASONE PROPIONATE HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	tier 3	PA, QLC (2 inhalers/month)
PULMICORT (*budesonide (inhalation)*) (0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION)	tier 3	QLC (4 ml/day)
PULMICORT (*budesonide (inhalation)*) 1 MG/2ML SUSPENSION	tier 3	QLC (2 ml/day)
PULMICORT FLEXHALER (*budesonide (inhalation)*) (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	tier 2	QLC (2 inhalers/month)
QNASL (*beclomethasone dipropionate (nasal)*) 80 MCG/ACT AERO SOLN	tier 3	ST, QLC (1 bottle (10.6 ml)/month)
QNASL CHILDRENS (*beclomethasone dipropionate (nasal)*) 40 MCG/ACT AERO SOLN	tier 3	ST, QLC (1 bottle (6.8 ml)/month)
QVAR REDIHALER (*beclomethasone dipropionate hfa*) (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	tier 2	QLC (2 inhalers/month)
XHANCE (*fluticasone propionate (nasal)*) 93 MCG/ACT EXHU	tier 3	PA, QLC (2 bottles/month)
ANTIHISTAMINES (Drugs for Allergies)		
azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)	tier 1	QLC (1 bottle/25 days)
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	tier 1	
CARBINOXAMINE MALEATE 6 MG TAB	tier 1	PA, QLC (4 tabs/day)
carbinoxamine maleate tab 4 mg	tier 1	
carbinoxamine maleate tab 6 mg	tier 1	PA, QLC (4 tabs/day)
carbinoxamine maleate tab 6 mg (Ryvent)	tier 1	PA, QLC (4 tabs/day)
CARBZAH (*carbinoxamine maleate*) 4 MG/5ML SOLUTION	tier 1	PA, QLC (40 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLARINEX (*desloratadine*) 5 MG TAB	tier 3	
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	tier 1	PA, QLC (60 ml/day)
CLEMASTINE FUMARATE 2.68 MG TAB	tier 1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	tier 1	PA, QLC (60 ml/day)
CLEMASZ (*clemastine fumarate*) 2.68 MG TAB	tier 1	PA, QLC (3 tabs/day)
CLEMSZA (*clemastine fumarate*) 2.68 MG TAB	tier 1	PA, QLC (3 tabs/day)
cyproheptadine hcl syrup 2 mg/5ml	tier 1	
cyproheptadine hcl tab 4 mg	tier 1	
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	tier 1	ST
desloratadine tab 5 mg	tier 1	
DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION	tier 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
hydroxyzine hcl syrup 10 mg/5ml	tier 1	
hydroxyzine hcl tab 10 mg	tier 1	
hydroxyzine hcl tab 25 mg	tier 1	
hydroxyzine hcl tab 50 mg	tier 1	
HYDROXYZINE PAMOATE 100 MG CAP	tier 1	
hydroxyzine pamoate cap 25 mg	tier 1	
hydroxyzine pamoate cap 50 mg	tier 1	
olopatadine hcl nasal soln 0.6%	tier 1	QLC (1 bottle/month)
PATANASE (*olopatadine hcl (nasal)*) 0.6 % SOLUTION	tier 3	QLC (1 bottle/month)
promethazine hcl oral soln 6.25 mg/5ml	tier 1	
RYCLORA (*dexchlorpheniramine maleate*) 2 MG/5ML SOLUTION	tier 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
VISTARIL (*hydroxyzine pamoate*) (25 MG CAP, 50 MG CAP)	tier 3	

ANTILEUKOTRIENES (Drugs for Asthma)

ACCOLATE (*zafirlukast*) (10 MG TAB, 20 MG TAB)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
montelukast sodium chew tab 4 mg (base equiv)	tier 1	QLC (1 tab/day)
montelukast sodium chew tab 5 mg (base equiv)	tier 1	QLC (1 tab/day)
montelukast sodium oral granules packet 4 mg (base equiv)	tier 1	QLC (1 pack/day)
montelukast sodium tab 10 mg (base equiv)	tier 1	QLC (1 tab/day)
SINGULAIR (*montelukast sodium*) (4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB)	tier 3	QLC (1 tab/day)
SINGULAIR (*montelukast sodium*) 4 MG PACKET	tier 3	QLC (1 pack/day)
zafirlukast tab 10 mg	tier 1	
zafirlukast tab 20 mg	tier 1	
zileuton tab er 12hr 600 mg (ZILEUTON ER)	tier 1	PA
ZYFLO (*zileuton*) 600 MG TAB	tier 3	PA
BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)		
ATROVENT HFA (*ipratropium bromide hfa*) 17 MCG/ACT AERO SOLN	tier 2	QLC (2 inhalers/month)
INCRUSE ELLIPTA (*umeclidinium bromide*) 62.5 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ipratropium bromide inhal soln 0.02%	tier 1	QLC (120 doses/month)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	tier 1	QLC (1 bottle/month)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	tier 1	QLC (3 bottles/month)
LONHALA MAGNAIR REFILL KIT (*glycopyrrolate (inhalation)*) 25 MCG/ML SOLUTION	tier 4	PA, QLC (2 vials/day)
LONHALA MAGNAIR STARTER KIT (*glycopyrrolate (inhalation)*) 25 MCG/ML SOLUTION	tier 4	PA, QLC (2 vials/day)
SPIRIVA HANDIHALER (*tiotropium bromide monohydrate*) 18 MCG CAP	tier 3	PA, QLC (30 caps/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPIRIVA RESPIMAT (*tiotropium bromide monohydrate*) (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	tier 2	QLC (1 inhaler/month)
tiotropium bromide inhal cap 18 mcg (base equiv)	tier 3	PA, QLC (30 caps/month)
TUDORZA PRESSAIR (*aclidinium bromide*) 400 MCG/ACT AER POW BA	tier 3	ST, QLC (1 inhaler/month)
YUPELRI (*revefenacin*) 175 MCG/3ML SOLUTION	tier 4	PA, QLC (3 ml/day)
BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)		
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	tier 1	QLC (4 bottles/month)
ALBUTEROL SULFATE ER (ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H)	tier 1	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN	tier 1	QLC (2 inhalers/month)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA)	tier 1	QLC (2 inhalers/month)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	tier 1	QLC (12.5 ml (4 vials)/day)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	tier 1	QLC (5 boxes (150 ml)/ month)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	tier 1	QLC (12.5 mL/day (4 vials/day))
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	tier 1	QLC (12.5 mL/day (4 vials/day))
albuterol sulfate syrup 2 mg/5ml	tier 1	
albuterol sulfate tab 2 mg	tier 1	
albuterol sulfate tab 4 mg	tier 1	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	tier 1	QLC (120 ml/month)
AUVI-Q (*epinephrine (anaphylaxis)*) (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	tier 4	PA, QLC (4 injections/30 days; max 6 fills per year)
BROVANA (*arformoterol tartrate*) 15 MCG/2ML NEBU SOLN	tier 3	QLC (120 ml/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPINEPHRINE (*epinephrine (anaphylaxis)*) (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	tier 1	QLC (4 injections/30 days; max 6 fills per year)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	tier 1	QLC (4 injections/30 days; max 6 fills per year)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	tier 1	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN 2-PAK (*epinephrine (anaphylaxis)*) 0.3 MG/0.3ML SOLN A-INJ	tier 3	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN JR 2-PAK (*epinephrine (anaphylaxis)*) 0.15 MG/0.3ML SOLN A-INJ	tier 3	QLC (4 injections/30 days; max 6 fills per year)
formoterol fumarate soln nebu 20 mcg/2ml	tier 1	QLC (120 ml/month)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	tier 1	QLC (90 nebs/month)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	tier 1	QLC (90 nebs/month)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	tier 1	QLC (90 nebs/month)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	tier 1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	tier 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
NEFFY (*epinephrine (anaphylaxis)*) 1 MG/0.1ML SOLUTION	tier 3	PA, QLC (4 sprayers (2 cartons)/30 days)
NEFFY (*epinephrine (anaphylaxis)*) 2 MG/0.1ML SOLUTION	tier 3	PA, QLC (4 sprayers/30 days; max 6 fills/year)
PERFOROMIST (*formoterol fumarate*) 20 MCG/2ML NEBU SOLN	tier 3	QLC (120 ml/month)
PROAIR DIGIHALER (*albuterol sulfate with sensor*) 108 (90 BASE) MCG/ACT AER POW BA	tier 3	PA, QLC (2 inhalers/month)
PROAIR HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN	tier 3	QLC (2 inhalers/month)
PROAIR RESPICLICK (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AER POW BA	tier 3	ST, QLC (2 inhalers/month)
PROVENTIL HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN	tier 3	QLC (2 inhalers/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEREVENT DISKUS (*salmeterol xinafoate*) 50 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
STRIVERDI RESPIMAT (*olodaterol hcl*) 2.5 MCG/ACT AERO SOLN	tier 2	QLC (1 inhaler/month)
SYMJEPI (*epinephrine (anaphylaxis)*) (0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR)	tier 3	PA, QLC (4 injections/30 days; max 6 fills per year)
terbutaline sulfate tab 2.5 mg	tier 1	
terbutaline sulfate tab 5 mg	tier 1	
VENTOLIN HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN	tier 3	QLC (2 inhalers/month)
XOPENEX HFA (*levalbuterol tartrate*) 45 MCG/ACT AEROSOL	tier 3	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
CYSTIC FIBROSIS AGENTS		
ALYFTREK (*vanzacaftor-tezacaftor-deutivacaftor*) 10-50-125 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (56 tabs/28 days)
ALYFTREK (*vanzacaftor-tezacaftor-deutivacaftor*) 4-20-50 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (84 tabs/28 days)
BETHKIS (*tobramycin*) 300 MG/4ML NEBU SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 box (224 ml)/2 months)
BRONCHITOL (*mannitol (cystic fibrosis)*) 40 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (20 caps/day)
KALYDECO (*ivacaftor*) (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET)	tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
KALYDECO (*ivacaftor*) (50 MG PACKET, 75 MG PACKET)	tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
KALYDECO (*ivacaftor*) 150 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
KITABIS PAK (*tobramycin*) 300 MG/5ML NEBU SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
ORKAMBI (*lumacaftor-ivacaftor*) (100-125 MG PACKET, 150-188 MG PACKET)	tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
ORKAMBI (*lumacaftor-ivacaftor*) (100-125 MG TAB, 200-125 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
ORKAMBI (*lumacaftor-ivacaftor*) 75-94 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
PULMOZYME (*dornase alfa*) 2.5 MG/2.5ML SOLUTION	tier 4	LA, S (Specialty Drug), QLC (5 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMDEKO (*tezacaftor-ivacaftor*) (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TOBI (*tobramycin*) 300 MG/5ML NEBU SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
TOBI PODHALER (*tobramycin*) 28 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (224 caps/2 months)
tobramycin nebu soln 300 mg/4ml	tier 4	PA, S (Specialty Drug), QLC (1 box (224 ml)/2 months)
tobramycin nebu soln 300 mg/5ml	tier 4	PA, S (Specialty Drug), QLC (1 box/2 months)
TRIKAFTA (*elexacaftor-tezacaftor-ivacaftor*) (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
TRIKAFTA (*elexacaftor-tezacaftor-ivacaftor*) (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
MAST CELL STABILIZERS (Drugs to Block Mast Cells)		
cromolyn sodium soln nebu 20 mg/2ml	tier 1	QLC (2 boxes/month)
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	tier 1	
DALIRESP (*roflumilast*) 250 MCG TAB	tier 3	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
DALIRESP (*roflumilast*) 500 MCG TAB	tier 3	PA, QLC (1 tab/day)
JASCAYD (*nerandomilast*) (9 MG TAB, 18 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
OHTUVAYRE (*ensifentrine*) 3 MG/2.5ML SUSPENSION	tier 4	PA, LA, S (Specialty Drug), QLC (2 ampules (5 ml)/day)
roflumilast tab 250 mcg	tier 1	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
roflumilast tab 500 mcg	tier 1	PA, QLC (1 tab/day)
THEO-24 (*theophylline*) (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	tier 2	
theophylline elixir 80 mg/15ml	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
theophylline elixir 80 mg/15ml (Elixophyllin)	tier 1	
THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H)	tier 1	
theophylline soln 80 mg/15ml	tier 1	
theophylline tab er 12hr 300 mg (THEOPHYLLINE ER)	tier 1	
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)	tier 1	
theophylline tab er 24hr 400 mg (THEOPHYLLINE ER)	tier 1	
theophylline tab er 24hr 600 mg (THEOPHYLLINE ER)	tier 1	
PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)		
ADCIRCA (*tadalafil (pulmonary hypertension)*) 20 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
ADEMPAS (*riociguat*) (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
ambrisentan tab 10 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ambrisentan tab 5 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
bosentan tab 125 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
bosentan tab 62.5 mg	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
bosentan tab for oral susp 32 mg	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
LETAIRIS (*ambrisentan*) (5 MG TAB, 10 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
LIQREV (*sildenafil citrate (pulmonary hypertension)*) 10 MG/ML SUSPENSION	tier 4	PA, S (Specialty Drug), QLC (6 ml/day)
OPSUMIT (*macitentan*) 10 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
OPSYNVI (*macitentan-tadalafil*) (10-20 MG TAB, 10-40 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM (*treprostinil diolamine*) (0.125 MG TAB ER, 0.25 MG TAB ER)	tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORENITRAM (*treprostinil diolamine*) 1 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM (*treprostinil diolamine*) 2.5 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM (*treprostinil diolamine*) 5 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (24 tabs/day)
ORENITRAM MONTH 1 (*treprostinil diolamine*) 0.25 & 0.25 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (*treprostinil diolamine*) 0.15 & 0.5 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (336 tabs/28 days)
ORENITRAM MONTH 3 (*treprostinil diolamine*) 0.125 & 0.25 &1 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (252 tabs/28 days)
REVATIO (*sildenafil citrate (pulmonary hypertension)*) 10 MG/ML RECON SUSP	tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
REVATIO (*sildenafil citrate (pulmonary hypertension)*) 20 MG TAB	tier 4	PA, S (Specialty Drug), QLC (12 tabs/day)
sildenafil citrate for suspension 10 mg/ml	tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
sildenafil citrate tab 20 mg	tier 4	PA, S (Specialty Drug), QLC (12 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
tadalafil tab 20 mg (pah) (TADALAFIL (PAH))	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
TADLIQ (*tadalafil (pulmonary hypertension)*) 20 MG/5ML SUSPENSION	tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
TRACLEER (*bosentan*) (62.5 MG TAB, 125 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TRACLEER (*bosentan*) 32 MG TAB SOL	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
TYVASO DPI MAINTENANCE KIT (*treprostinil*) (KIT 112 32MCG 112 48MCG POWDER, KIT 112 32MCG 112 64MCG POWDER, KIT 112 48MCG 112 64MCG POWDER)	tier 4	PA, LA, S (Specialty Drug), QLC (8 cartridges/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYVASO DPI MAINTENANCE KIT (*treprostinil*) (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER, KIT 80 MCG POWDER)	tier 4	PA, LA, S (Specialty Drug), QLC (4 cartridges/day)
TYVASO DPI TITRATION KIT (*treprostinil*) 112 X 16MCG & 84 X 32MCG POWDER	tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/6 months)
TYVASO DPI TITRATION KIT (*treprostinil*) 16 & 32 & 48 MCG POWDER	tier 4	PA, LA, S (Specialty Drug), QLC (1 kit (252 units)/6 months)
UPTRAVI (*selexipag*) (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
UPTRAVI (*selexipag*) 200 & 800 MCG TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (200 tabs/6 months)
UPTRAVI (*selexipag*) 200 MCG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
WINREVAIR (*sotatercept-csrk*) (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/21 days)
YUTREPIA (*treprostinil sodium*) (26.5 MCG CAP, 53 MCG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (112 caps/28 days)
YUTREPIA (*treprostinil sodium*) (79.5 MCG CAP, 106 MCG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (224 caps/28 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET (*pirfenidone*) 267 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (9 caps/day)
ESBRIET (*pirfenidone*) 267 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ESBRIET (*pirfenidone*) 801 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
OFEV (*nintedanib esylate*) (100 MG CAP, 150 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
PIRFENIDONE 534 MG TAB	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
pirfenidone cap 267 mg	tier 4	PA, S (Specialty Drug), QLC (9 caps/day)
pirfenidone tab 267 mg	tier 4	PA, S (Specialty Drug), QLC (9 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pirfenidone tab 801 mg	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions) (Other Drugs for Breathing Conditions)		
acetylcysteine inhal soln 10%	tier 1	
acetylcysteine inhal soln 20%	tier 1	
ADVAIR DISKUS (*fluticasone-salmeterol*) (100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA)	tier 3	QLC (1 inhaler/month)
ADVAIR HFA (*fluticasone-salmeterol*) (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	tier 2	QLC (1 inhaler/month)
AIRDUO DIGIHALER (*fluticasone-salmeterol with sensor*) (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	tier 3	PA, QLC (1 inhaler/month)
AIRDUO RESPICLICK 113/14 (*fluticasone-salmeterol*) 113-14 MCG/ACT AER POW BA	tier 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 232/14 (*fluticasone-salmeterol*) 232-14 MCG/ACT AER POW BA	tier 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 55/14 (*fluticasone-salmeterol*) 55-14 MCG/ACT AER POW BA	tier 3	QLC (1 inhaler/month)
AIRSUPRA (*albuterol-budesonide*) 90-80 MCG/ACT AEROSOL	tier 3	PA, QLC (3 inhalers/30 days)
ANORO ELLIPTA (*umeclidinium-vilanterol*) 62.5-25 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (AZELASTINE-FLUTICASONE)	tier 1	QLC (1 bottle/month)
BENZONATATE 150 MG CAP	tier 1	
benzonatate cap 100 mg	tier 1	
benzonatate cap 150 mg	tier 1	
benzonatate cap 200 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BEVESPI AEROSPHERE (*glycopyrrolate-formoterol fumarate*) 9-4.8 MCG/ACT AEROSOL	tier 3	ST, QLC (1 inhaler/month)
BREO ELLIPTA (*fluticasone furoate-vilanterol*) (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/month)
BREO ELLIPTA (*fluticasone furoate-vilanterol*) 50-25 MCG/INH AER POW BA	tier 2	QLC (1 inhaler (60 blisters)/30 days)
BREZTRI AEROSPHERE (*budesonide-glycopyrrolate-formoterol fumarate*) 160-9-4.8 MCG/ACT AEROSOL	tier 3	PA, QLC (1 inhaler/30 days)
BRINSUPRI (*brensocatib*) (10 MG TAB, 25 MG TAB)	tier 4	PA, LA, QLC (1 tab/day)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	tier 1	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breyna)	tier 1	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	tier 1	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breyna)	tier 1	QLC (1 inhaler/month)
CLARINEX-D 12 HOUR (*desloratadine-pseudoephedrine*) 2.5-0 MG TAB ER H	tier 3	ST
COMBIVENT RESPIMAT (*ipratropium-albuterol*) 20-100 MCG/ACT AERO SOLN	tier 2	QLC (1 inhaler/month)
DUAKLIR PRESSAIR (*aclidinium bromide-formoterol fumarate*) 400-12 MCG/ACT AER POW BA	tier 3	ST, QLC (1 inhaler/30 days)
DULERA (*mometasone furoate-formoterol fumarate dihydrate*) (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	tier 3	PA, QLC (1 inhaler/month)
DYMISTA (*azelastine hcl-fluticasone propionate*) 137-50 MCG/ACT SUSPENSION	tier 3	QLC (1 bottle/month)
FASENRA PEN (*benralizumab*) 30 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/56 days)
flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)	tier 1	QLC (2 bottles/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	tier 3	PA, QLC (1 inhaler/month)
fluticasone propionate nasal susp 50 mcg/act	tier 1	QLC (1 bottle/month)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	tier 3	PA, QLC (1 inhaler/month)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/month)
HYCODAN (***hydrocodone bitartrate-homatropine methylbromide***) 5-1.5 MG/5ML SOLUTION	tier 3	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
HYCODAN (***hydrocodone w/ homatropine***) 5-1.5 MG TAB	tier 3	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
HYDROCOD POLI-CHLORPHE POLI ER (***hydrocodone polistirex-chlorpheniramine polistirex***) 10-8 MG/5ML SUSP	tier 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (HYDROCOD POLI-CHLORPHE POLI ER)	tier 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROCODONE BIT-HOMATROP MBR)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROCODONE BIT-HOMATROP MBR)	tier 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
HYPERSAL (***sodium chloride (inhalant)***) (3.5 % NEBU SOLN, 7 % NEBU SOLN)	tier 3	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	tier 1	QLC (6 boxes [30 doses/box]/month)
NEBUSAL (***sodium chloride (inhalant)***) 6 % SOLN	tier 3	
NUCALA (***mepolizumab***) 100 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (3 auto-injectors/28 days)
NUCALA (***mepolizumab***) 100 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (3 syringes/28 days)
NUCALA (***mepolizumab***) 40 MG/0.4ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
OMNARIS (***ciclesonide (nasal)***) 50 MCG/ACT SUSPENSION	tier 3	ST, QLC (1 bottle/month)
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE-PHENYLEPHRINE)	tier 1	
PROMETHAZINE VC (***promethazine & phenylephrine***) 6.25-5 MG/5ML SYRUP	tier 1	
PROMETHAZINE VC/CODEINE (***promethazine-phenylephrine-codeine***) 6.25-5-10 MG/5ML SYRUP	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
promethazine-dm syrup 6.25-15 mg/5ml	tier 1	
PROMETHAZINE-PHENYLEPHRINE (***promethazine & phenylephrine***) 6.25-5 MG/5ML SYRUP	tier 1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE-PHENYLEPH-CODEINE)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM)	tier 1	
RYALTRIS (*olopatadine hcl-mometasone furoate*) 665-25 MCG/ACT SUSPENSION	tier 3	ST, QLC (29 gm/30 days)
sodium chloride soln nebu 0.9%	tier 1	
sodium chloride soln nebu 10%	tier 1	
sodium chloride soln nebu 3%	tier 1	
sodium chloride soln nebu 3% (Nebusal)	tier 1	
sodium chloride soln nebu 7%	tier 1	
sodium chloride soln nebu 7% (Pulmosal)	tier 1	
STIOLTO RESPIMAT (*tiotropium bromide-olodaterol hcl*) 2.5-2.5 MCG/ACT AERO SOLN	tier 3	ST, QLC (1 inhaler/month)
SYMBICORT (*budesonide-formoterol fumarate dihydrate*) 160-4.5 MCG/ACT AEROSOL	tier 3	QLC (1 inhaler/month)
SYMBICORT (*budesonide-formoterol fumarate dihydrate*) 80-4.5 MCG/ACT AEROSOL	tier 3	QLC (1 inhaler/month)
TEZSPIRE (*tezepelumab-ekko*) 210 MG/1.91ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
TRELEGY ELLIPTA (*fluticasone-umeclidinium-vilanterol*) (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	tier 2	QLC (60 blister packs/30 days)
TUSSICAPS (*hydrocodone polistirex-chlorpheniramine polistirex*) TUSSIS 10-8 MG ER 12H	tier 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day; max 7 days therapy/month)
TUXARIN ER (*chlorpheniramine w/ codeine*) 54.3-8 MG TAB 12H	tier 3	AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days)
TUZISTRA XR (*codeine polistirex-chlorpheniramine polistirex*) 14.7-2.8 MG/5ML SUSP	tier 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
UMECLIDINIUM-VILANTEROL 62.5-25 MCG/ACT AER POW BA	tier 3	ST, QLC (1 inhaler/month)
ZETONNA (*ciclesonide (nasal)*) 37 MCG/ACT AERO SOLN	tier 3	ST, QLC (1 bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness) (Drugs for Muscle Tightness)		
AMRIX (*cyclobenzaprine hcl*) (15 MG CAP ER 24H, 30 MG CAP ER 24H)	tier 3	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
carisoprodol tab 250 mg	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
carisoprodol tab 350 mg	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
carisoprodol tab 350 mg (Vanadom)	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
chlorzoxazone tab 250 mg	tier 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 375 mg	tier 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 375 mg (Lorzone)	tier 3	PA, QLC (4 tabs/day)
chlorzoxazone tab 500 mg	tier 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 750 mg	tier 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 750 mg (Lorzone)	tier 3	PA, QLC (4 tabs/day)
cyclobenzaprine hcl cap er 24hr 15 mg (CYCLOBENZAPRINE HCL ER)	tier 1	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
cyclobenzaprine hcl cap er 24hr 30 mg (CYCLOBENZAPRINE HCL ER)	tier 1	ST, AL1 (Up to 64 yrs old), QLC (1 CAP/DAY)
cyclobenzaprine hcl tab 10 mg	tier 1	AL1 (Up to 64 yrs old)
cyclobenzaprine hcl tab 5 mg	tier 1	AL1 (Up to 64 yrs old)
cyclobenzaprine hcl tab 7.5 mg	tier 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	tier 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
metaxalone tab 400 mg	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
metaxalone tab 800 mg	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
METHOCARBAMOL 1000 MG TAB	tier 1	PA, QLC (4 tabs/day)
methocarbamol tab 1000 mg	tier 1	PA, QLC (4 tabs/day)
methocarbamol tab 1000 mg (Tanlor)	tier 1	PA, QLC (4 tabs/day)
methocarbamol tab 500 mg	tier 1	AL1 (Up to 64 yrs old)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methocarbamol tab 750 mg	tier 1	AL1 (Up to 64 yrs old)
NORGESIC (*orphenadrine w/ aspirin & caff*) 25-385-30 MG TAB	tier 1	PA, QLC (8 tabs/day)
NORGESIC FORTE (*orphenadrine w/ aspirin & caff*) 50-770-60 MG TAB	tier 3	PA, QLC (4 tabs/day)
orphenadrine citrate tab er 12hr 100 mg (ORPHENADRINE CITRATE ER)	tier 1	AL1 (Up to 64 yrs old)
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (ORPHENADRINE-ASA-CAFFEINE)	tier 1	PA, QLC (4 tabs/day)
ORPHENADRINE-ASPIRIN-CAFFEINE (*orphenadrine w/ aspirin & caff*) 25-385-30 MG TAB	tier 1	PA, QLC (8 tabs/day)
ORPHENGESIC FORTE (*orphenadrine w/ aspirin & caff*) 50-770-60 MG TAB	tier 1	PA, QLC (4 tabs/day)
SKELAXIN (*metaxalone*) 800 MG TAB	tier 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
SOMA (*carisoprodol*) (250 MG TAB, 350 MG TAB)	tier 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
SLEEP DISORDER AGENTS (Drugs for Sleep Problems)		
SLEEP PROMOTING AGENTS (Drugs for Insomnia)		
AMBIEN (*zolpidem tartrate*) 10 MG TAB	tier 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN (*zolpidem tartrate*) 5 MG TAB	tier 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
AMBIEN CR (*zolpidem tartrate*) 12.5 MG TAB ER	tier 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN CR (*zolpidem tartrate*) 6.25 MG TAB ER	tier 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
BELSOMRA (*suvorexant*) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	tier 3	ST, QLC (1 tab/day)
DAYVIGO (*lemborexant*) (5 MG TAB, 10 MG TAB)	tier 3	ST, QLC (1 tab/day)
doxepin hcl (sleep) tab 3 mg (base equiv)	tier 1	ST, QLC (1 tab/day)
doxepin hcl (sleep) tab 6 mg (base equiv)	tier 1	ST, QLC (1 tab/day)
EDLUAR (*zolpidem tartrate*) (5 MG SL TAB, 10 MG SL TAB)	tier 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estazolam tab 1 mg	tier 1	QLC (2 tabs/day)
estazolam tab 2 mg	tier 1	QLC (1 tab/day)
eszopiclone tab 1 mg	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
eszopiclone tab 2 mg	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
eszopiclone tab 3 mg	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
FLURAZEPAM HCL 15 MG CAP	tier 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
FLURAZEPAM HCL 30 MG CAP	tier 1	AL1 (Up to 64 yrs old), QLC (1 cap/day)
HALCION (*triazolam*) 0.25 MG TAB	tier 3	QLC (2 tabs/day)
HETLIOZ (*tasimelteon*) 20 MG CAP	tier 4	PA, LA, QLC (1 cap/day)
HETLIOZ LQ (*tasimelteon*) 4 MG/ML SUSPENSION	tier 4	PA, LA, QLC (5.27 ml/day)
LUNESTA (*eszopiclone*) (1 MG TAB, 2 MG TAB, 3 MG TAB)	tier 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUVIVIQ (*daridorexant hcl*) (25 MG TAB, 50 MG TAB)	tier 3	ST, QLC (1 tab/day)
ramelteon tab 8 mg	tier 1	ST, QLC (1 tab/day)
RESTORIL (*temazepam*) (22.5 MG CAP, 30 MG CAP)	tier 3	QLC (1 cap/day)
RESTORIL (*temazepam*) 15 MG CAP	tier 3	QLC (2 caps/day)
RESTORIL (*temazepam*) 7.5 MG CAP	tier 3	QLC (4 caps/day)
ROZEREM (*ramelteon*) 8 MG TAB	tier 3	ST, QLC (1 tab/day)
SILENOR (*doxepin hcl (sleep)*) (3 MG TAB, 6 MG TAB)	tier 3	ST, QLC (1 tab/day)
tasimelteon capsule 20 mg	tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
temazepam cap 15 mg	tier 1	QLC (2 caps/day)
temazepam cap 22.5 mg	tier 1	QLC (1 cap/day)
temazepam cap 30 mg	tier 1	QLC (1 cap/day)
temazepam cap 7.5 mg	tier 1	QLC (4 caps/day)
triazolam tab 0.125 mg	tier 1	QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
triazolam tab 0.25 mg	tier 1	QLC (2 tabs/day)
zaleplon cap 10 mg	tier 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
zaleplon cap 5 mg	tier 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	tier 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
ZOLPIDEM TARTRATE 7.5 MG CAP	tier 3	AL1 (Up to 64 yrs old), QLC (1 cap/day)
zolpidem tartrate tab 10 mg	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
zolpidem tartrate tab 5 mg	tier 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
zolpidem tartrate tab er 12.5 mg (ZOLPIDEM TARTRATE ER)	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM TARTRATE ER)	tier 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
ZOLPIMIST (*zolpidem tartrate*) 5 MG/ACT SOLUTION	tier 3	PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month)
WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)		
armodafinil tab 150 mg	tier 1	QLC (1 tab/day)
armodafinil tab 200 mg	tier 1	QLC (1 tab/day)
armodafinil tab 250 mg	tier 1	QLC (1 tab/day)
armodafinil tab 50 mg	tier 1	QLC (2 tabs/day)
LUMRYZ (*sodium oxybate*) (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
LUMRYZ STARTER PACK (*sodium oxybate*) 4.5 & 6 & 7.5 GM THER	tier 4	PA, LA, S (Specialty Drug), QLC (56 packets/365 days)
modafinil tab 100 mg	tier 1	QLC (3 tabs/day)
modafinil tab 200 mg	tier 1	QLC (2 tabs/day)
NUVIGIL (*armodafinil*) (150 MG TAB, 200 MG TAB, 250 MG TAB)	tier 3	QLC (1 tab/day)
NUVIGIL (*armodafinil*) 50 MG TAB	tier 3	QLC (2 tabs/day)
PROVIGIL (*modafinil*) 100 MG TAB	tier 3	QLC (3 tabs/day)
PROVIGIL (*modafinil*) 200 MG TAB	tier 3	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SODIUM OXYBATE 500 MG/ML SOLUTION	tier 4	PA, LA, QLC (18 ml (9 grams)/day)
SUNOSI (*solriamfetol hcl*) (75 MG TAB, 150 MG TAB)	tier 3	PA, QLC (1 tab/day)
WAKIX (*pitolisant hcl*) (4.45 MG TAB, 17.8 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
XYREM (*sodium oxybate*) 500 MG/ML SOLUTION	tier 4	PA, LA, QLC (18 ml (9 grams)/day)
XYWAV (*calcium, magnesium, potassium, & sodium oxybates*) 500 MG/ML SOLUTION	tier 4	PA, LA, QLC (18 ml/day)
WEIGHT LOSS AGENTS		
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) (LIRAGLUTIDE - WEIGHT MANAGEMENT)	tier 1	PA, QLC (5 pens/30 days)
SAXENDA (*liraglutide (weight management)*) 18 MG/3ML SOLN PEN	tier 3	PA, QLC (5 pens/30 days)
WEGOVY (*semaglutide (weight management)*) (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	tier 3	PA, QLC (4 pens/month)
WEGOVY (*semaglutide (weight management)*) 1 MG/0.5ML SOLN A-INJ	tier 3	PA, QLC (4 pens/28 days)
ZEPBOUND (*tirzepatide (weight management)*) (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	tier 3	PA, QLC (4 pens/28 days)

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NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Grievances

You can file a grievance online, by mail, or by phone. If you need help, call Customer Service at **(800) 393-6130 (TTY: 711). blueshieldca.com/grievance**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711).**

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

Reclamos

Puede hacer un reclamo por Internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio al Cliente al **(800) 393-6130 (TTY: 711). blueshieldca.com/grievance.**

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

申訴

線上：您可透過線上、郵遞或電話來提出申訴。如果您需要幫助，請致電客戶服務部，電話：**(800) 393-6130 (TTY: 711) 。blueshieldca.com/grievance。**

Blue Shield of California Life & Health Insurance Company

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California Life & Health Insurance Company does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California Life & Health Insurance Company Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. You can file a grievance with:

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

Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833

Complaint forms are available at **www.insurance.ca.gov/01-consumers/101-help**

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201

(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

Blue Shield of California Life & Health Insurance Company is an independent licensee of the Blue Shield Association A49727-DOI (12/19)

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、ＩＤカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند.برای دریافت کمک،با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید.برای دریافت کمک بیشتر، به CA Dept. of Insurance(اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید.Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ' ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل بنا علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي الرقم 1-800-927-4357. Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

Doo bááh ílínígó saad bee yát'i' bee aná'áwo'. Díí shá ata'halne'dooígí hóló̱o̱doo nínízingo éí bíighah. Naaltsoos naaniná́hájeehígí shich'į' yíidooltah éí doodagó ła' shich'į' ádoolníił nínízingo bíighah. Shíká a'doowoł nínízingo nihich'į' béésh bee hodíilnih dóó námboo éí díí ninaaltsoos dootł'ízhígí bee néího'dílzinígí bine'déé' bikáá' éí doodagó éí (866)346-7198jį' hodíilnih. Hózhó shíká aná́á'doowoł nínízingo éí díí béeso ách'a̱a̱h naa'nil bił haz'á̱a̱jį' 1-800-927-4357jį' hodíilnih. Navajo

ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະ-ສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສຳລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສຳລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian

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