Standard Drug Formulary

January 2027

Blue Shield of California

This formulary corresponds with the following plans:
IFP: $0 Cost Share, Bronze 60 HDHP PPO, Bronze 60, Bronze 7250 PPO, Bronze 7500 Trio HMO, Gold 80, Minimum Coverage PPO, Platinum 90, Silver 1850 PPO, Silver 2800 HDHP PPO, Silver 70 Off Exchange, Silver 70, Silver 73, Silver 87, Silver 94

Small Group: Bronze Access+ HMO, Bronze Full PPO, Bronze Full PPO Savings, Bronze Local Access+, Bronze Tandem PPO, Bronze Tandem PPO Savings, Bronze 60, Bronze Trio HMO 7000/65, Gold Access+ HMO, Gold Full PPO, Gold Full PPO Savings, Gold Local Access+ HMO, Gold Tandem PPO, Gold Tandem PPO Savings, Gold Trio HMO, Gold 80, Platinum Access+ HMO, Platinum Full PPO, Platinum Local Access+ HMO, Platinum Tandem PPO, Platinum Trio HMO, Platinum 90, Silver Access+ HMO, Silver Full PPO, Silver Full PPO Savings, Silver Local Access+ HMO, Silver Tandem PPO, Silver Tandem PPO Savings, Silver Trio HMO, Silver 70

This formulary was last updated on 1/1/2027. This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Standard 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 Standard 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.

Term
"Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
"Exigent circumstances" are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
"Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase letters***.
"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.

Term
"Prior authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
"Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
"Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

* 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[†]	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than $600 for a one-month supply

[†] 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.

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 Standard 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 a request is approved, it will continue to be covered for the length of the prescription, including refills. For urgent or exigent requests that are approved, the drug will 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 a drug that we have previously approved and your doctor continues to prescribe the drug because it 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**.

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
butalbital-aspirin-caffeine cap 50-325-40 mg	tier 1	QLC (6 caps/day; max 48 caps/30 days)
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)
diclofenac potassium tab 50 mg	tier 1	
diclofenac potassium tab 50 mg (Cataflam)	tier 1	
diclofenac sodium soln 1.5%	tier 1	QLC (1 bottle/30 days)
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	
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	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	tier 1	
flurbiprofen tab 100 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ibuprofen tab 400 mg	tier 1	
ibuprofen tab 600 mg	tier 1	
ibuprofen tab 800 mg	tier 1	
indomethacin cap 25 mg	tier 1	
indomethacin cap 50 mg	tier 1	
indomethacin cap er 75 mg (INDOMETHACIN ER)	tier 1	
ketorolac tromethamine tab 10 mg	tier 2	QLC (20 tabs/30 days)
meloxicam tab 15 mg	tier 1	
meloxicam tab 7.5 mg	tier 1	
nabumetone tab 500 mg	tier 1	
nabumetone tab 750 mg	tier 1	
naproxen sodium tab 275 mg	tier 1	
naproxen sodium tab 550 mg	tier 1	
naproxen susp 125 mg/5ml	tier 2	QLC (60 ml/day)
naproxen tab 250 mg	tier 1	
naproxen tab 375 mg	tier 1	
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	
oxaprozin tab 600 mg	tier 1	
piroxicam cap 10 mg	tier 1	
piroxicam cap 20 mg	tier 1	
SALSALATE (500 MG TAB, 750 MG TAB)	tier 1	
salsalate tab 500 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
salsalate tab 750 mg	tier 1	
sulindac tab 150 mg	tier 1	
sulindac tab 200 mg	tier 1	
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
buprenorphine td patch weekly 10 mcg/hr	tier 2	QLC (4 patches/28 days)
buprenorphine td patch weekly 15 mcg/hr	tier 2	QLC (4 patches/28 days)
buprenorphine td patch weekly 20 mcg/hr	tier 2	QLC (4 patches/28 days)
buprenorphine td patch weekly 5 mcg/hr	tier 2	QLC (4 patches/28 days)
buprenorphine td patch weekly 7.5 mcg/hr	tier 2	QLC (4 patches/28 days)
fentanyl td patch 72hr 100 mcg/hr	tier 2	PA, QLC (20 patches/30 days)
fentanyl td patch 72hr 12 mcg/hr	tier 2	PA, QLC (20 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr	tier 2	PA, QLC (20 patches/30 days)
fentanyl td patch 72hr 50 mcg/hr	tier 2	PA, QLC (20 patches/30 days)
fentanyl td patch 72hr 75 mcg/hr	tier 2	PA, QLC (20 patches/30 days)
METHADONE HCL 10 MG/5ML SOLUTION	tier 1	PA, QLC (90 ml/day)
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)
morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)	tier 1	QLC (3 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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 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)
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/30 days)
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE)	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
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/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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/30 days; max 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	tier 1	QLC (24 tabs/day; max 360 tabs/30 days)
CODEINE SULFATE 30 MG TAB	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
CODEINE SULFATE 60 MG TAB	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
codeine sulfate tab 30 mg	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
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 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	tier 1	QLC (8 tabs/day, max 120 tabs/30 days)
hydrocodone-acetaminophen tab 10-325 mg	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
hydrocodone-acetaminophen tab 5-325 mg	tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	tier 2	QLC (5 tabs/day; max 75 tabs/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydromorphone hcl tab 2 mg	tier 1	QLC (11 tabs/day; max 165 tabs/30 days)
hydromorphone hcl tab 4 mg	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
hydromorphone hcl tab 8 mg	tier 1	QLC (3 tabs/day; max 45 tabs/30 days)
meperidine hcl tab 50 mg	tier 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/30 days)
MORPHINE SULFATE 10 MG SUPPOS	tier 1	QLC (9 suppositories/day; max 135 suppositories/30 days)
MORPHINE SULFATE 10 MG/5ML SOLUTION	tier 1	QLC (45 ml/day; max 675 ml/30 days)
MORPHINE SULFATE 15 MG TAB	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
MORPHINE SULFATE 20 MG SUPPOS	tier 1	QLC (5 suppositories/day; max 75 suppositories/30 days)
MORPHINE SULFATE 20 MG/5ML SOLUTION	tier 1	QLC (25 ml/day; max 375 ml/30 days)
MORPHINE SULFATE 30 MG SUPPOS	tier 1	QLC (3 suppositories/day; max 45 suppositories/30 days)
MORPHINE SULFATE 30 MG TAB	tier 1	QLC (3 tabs/day; max 45 tabs/30 days)
MORPHINE SULFATE 5 MG SUPPOS	tier 1	QLC (12 suppositories/day; max 180 suppositories/30 days)
morphine sulfate oral soln 10 mg/5ml	tier 1	QLC (45 ml/day; max 675 ml/30 days)
morphine sulfate oral soln 20 mg/5ml	tier 1	QLC (25 ml/day; max 375 ml/30 days)
morphine sulfate tab 15 mg	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
morphine sulfate tab 30 mg	tier 1	QLC (3 tabs/day; max 45 tabs/30 days)
oxycodone hcl soln 5 mg/5ml mg/ml	tier 2	QLC (60 ml/day; max 900 ml/30 days)
oxycodone hcl tab 10 mg	tier 1	QLC (84 tabs/30 days)
oxycodone hcl tab 15 mg	tier 1	QLC (4 tabs/day; max 60 tabs/30 days)
oxycodone hcl tab 20 mg	tier 1	QLC (3 tabs/day; max 45 tabs/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone hcl tab 30 mg	tier 1	QLC (2 tabs/day; max 30 tabs/30 days)
oxycodone hcl tab 5 mg	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 5-325 MG/5ML SOLUTION	tier 1	QLC (840 ml/30 days)
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)

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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/30 days)
lidocaine patch 5%	tier 1	QLC (90 patches/30 days)
lidocaine patch 5% (LIDOCAN)	tier 1	QLC (90 patches/30 days)
lidocaine patch 5% (Lidocan)	tier 1	QLC (90 patches/30 days)
lidocaine patch 5% (Tridacaine Ii)	tier 1	QLC (90 patches/30 days)
lidocaine patch 5% (Tridacaine Iii)	tier 1	QLC (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	tier 1	QLC (30 gm/30 days)
PREMIUM LIDOCAINE 5 % OINTMENT	tier 1	QLC (50 gm/30 days)
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 2	
disulfiram tab 250 mg	tier 1	
disulfiram tab 500 mg	tier 1	
OPIOID DEPENDENCE (Drugs for Opioid Dependence)		
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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	tier 1	QLC (3 tabs/day)
OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)		
naloxone hcl inj 0.4 mg/ml	tier 1	QLC (two 1 ml vials/30 days)
naloxone hcl inj 4 mg/10ml	tier 1	QLC (two 1 ml vials/30 days)
naloxone hcl nasal spray 4 mg/0.1ml	tier 2	QLC (2 doses/30 days)
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/30 days)
naltrexone hcl tab 50 mg	tier 1	
SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)		
APO-VARENICLINE (*varenicline tartrate*) (0.5 MG TAB, 1 MG TAB)	tier 3	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 (2 tabs/day)
NICOTROL (*nicotine*) 10 MG INHALER	tier 3	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (*nicotine*) 10 MG/ML SOLUTION	tier 3	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		
gentamicin sulfate cream 0.1%	tier 1	
gentamicin sulfate oint 0.1%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
neomycin sulfate tab 500 mg	tier 1	
ANTIBACTERIALS, OTHER		
CAYSTON (*aztreonam lysine*) 75 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
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	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	tier 3	QLC (4 packets/28 days)
linezolid for susp 100 mg/5ml	tier 1	PA
linezolid tab 600 mg	tier 1	PA
methenamine hippurate tab 1 gm	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	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nitrofurantoin susp 25 mg/5ml	tier 1	
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	
vancomycin hcl cap 125 mg (base equivalent)	tier 1	
vancomycin hcl cap 250 mg (base equivalent)	tier 1	
XIFAXAN (*rifaximin*) 200 MG TAB	tier 3	PA, QLC (8 tabs/day)
XIFAXAN (*rifaximin*) 550 MG TAB	tier 3	PA, QLC (3 tabs/day)
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 2	
CEFACLOR ER (*cefaclor monohydrate*) 500 MG TAB 12H	tier 2	
CEFADROXIL 1 GM TAB	tier 2	
cefadroxil cap 500 mg	tier 2	
cefadroxil for susp 250 mg/5ml	tier 2	
cefadroxil for susp 500 mg/5ml	tier 2	
cefdinir cap 300 mg	tier 1	
cefdinir for susp 125 mg/5ml	tier 1	
cefdinir for susp 250 mg/5ml	tier 1	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG/5ML RECON SUSP)	tier 2	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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 & k clavulanate tab er 12hr 1000-62.5 mg (AMOXICILLIN-POT CLAVULANATE ER)	tier 2	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 250 mg/5ml (AMOXICILLIN TRIHYDRATE)	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 2	
ampicillin cap 500 mg	tier 1	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	tier 1	QLC (28 tabs/30 days)
erythromycin tab 250 mg (ERYTHROMYCIN BASE)	tier 3	
erythromycin tab 500 mg (ERYTHROMYCIN BASE)	tier 3	
erythromycin tab delayed release 250 mg	tier 3	
erythromycin tab delayed release 250 mg (Ery-Tab)	tier 3	
erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE)	tier 3	
erythromycin tab delayed release 333 mg	tier 3	
erythromycin tab delayed release 333 mg (Ery-Tab)	tier 3	
erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE)	tier 3	
erythromycin tab delayed release 500 mg	tier 3	
erythromycin tab delayed release 500 mg (Ery-Tab)	tier 3	
erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE)	tier 3	
QUINOLONES		
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)
ciprofloxacin hcl tab 750 mg (base equiv)	tier 1	QLC (2 tabs/day)
levofloxacin oral soln 25 mg/ml	tier 2	QLC (300 ml/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 3	
ofloxacin tab 400 mg	tier 3	
SULFONAMIDES		
sulfadiazine tab 500 mg	tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric)	tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	tier 1	
TETRACYCLINES		
demeclocycline hcl tab 150 mg	tier 2	
demeclocycline hcl tab 300 mg	tier 2	
doxycycline hyclate cap 100 mg	tier 1	
doxycycline hyclate cap 50 mg	tier 1	
doxycycline hyclate tab 100 mg	tier 1	
doxycycline hyclate tab 20 mg	tier 1	QLC (2 tabs/day)
doxycycline hyclate tab 75 mg	tier 2	QLC (2 tabs/day)
doxycycline monohydrate cap 100 mg	tier 1	
doxycycline monohydrate cap 100 mg (Mondoxyne NL)	tier 1	
doxycycline monohydrate cap 50 mg	tier 1	
doxycycline monohydrate for susp 25 mg/5ml	tier 1	
doxycycline monohydrate tab 100 mg	tier 1	
doxycycline monohydrate tab 100 mg (Avidoxy)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxycycline monohydrate tab 150 mg	tier 2	
doxycycline monohydrate tab 50 mg	tier 2	
doxycycline monohydrate tab 75 mg	tier 2	
minocycline hcl cap 100 mg	tier 1	
minocycline hcl cap 50 mg	tier 1	
minocycline hcl cap 75 mg	tier 1	
minocycline hcl tab 100 mg	tier 2	
minocycline hcl tab 50 mg	tier 2	
minocycline hcl tab 75 mg	tier 2	
tetracycline hcl cap 250 mg	tier 2	
tetracycline hcl cap 500 mg	tier 2	
ANTICONVULSANTS (Drugs for Seizures)		
ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)		
brivaracetam oral soln 10 mg/ml	tier 4	ST, QLC (20 ml/day)
brivaracetam tab 10 mg	tier 4	ST, QLC (2 tabs/day)
brivaracetam tab 100 mg	tier 4	ST, QLC (2 tabs/day)
brivaracetam tab 25 mg	tier 4	ST, QLC (2 tabs/day)
brivaracetam tab 50 mg	tier 4	ST, QLC (2 tabs/day)
brivaracetam tab 75 mg	tier 4	ST, QLC (2 tabs/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	
felbamate tab 400 mg	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
felbamate tab 600 mg	tier 2	
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	
lamotrigine tab 25 mg	tier 1	
lamotrigine tab 25 mg (Subvenite)	tier 1	
lamotrigine tab chewable dispersible 25 mg	tier 1	
lamotrigine tab chewable dispersible 5 mg	tier 1	
lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER)	tier 2	QLC (1 tab/day)
lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER)	tier 2	QLC (3 tabs/day)
lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER)	tier 2	QLC (1 tab/day)
lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER)	tier 2	QLC (2 tabs/day)
lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER)	tier 2	QLC (2 tabs/day)
lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER)	tier 2	QLC (1 tab/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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
topiramate sprinkle cap 15 mg	tier 1	
topiramate sprinkle cap 25 mg	tier 1	
topiramate tab 100 mg	tier 1	
topiramate tab 200 mg	tier 1	
topiramate tab 25 mg	tier 1	
topiramate tab 50 mg	tier 1	
valproate sodium oral soln 250 mg/5ml (base equiv)(VALPROIC ACID)	tier 1	
valproic acid cap 250 mg	tier 1	
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide cap 250 mg	tier 1	
ethosuximide soln 250 mg/5ml	tier 1	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam suspension 2.5 mg/ml	tier 1	QLC (16 ml/day)
clobazam tab 10 mg	tier 1	QLC (4 tabs/day)
clobazam tab 20 mg	tier 1	QLC (2 tabs/day)
diazepam rectal gel delivery system 10 mg	tier 1	QLC (1 kit [2 doses]/fill)
diazepam rectal gel delivery system 2.5 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	
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, 30 MG TAB, 30 MG/7.5ML ELIXIR, 32.4 MG TAB, 60 MG TAB, 60 MG/15ML ELIXIR, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
SODIUM CHANNEL AGENTS		
CARBAMAZEPINE 200 MG CHEW TAB	tier 2	PA
carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER)	tier 1	
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	
DILANTIN (*phenytoin sodium extended*) (30 MG CAP, 100 MG CAP)	tier 2	
DILANTIN (*phenytoin*) 125 MG/5ML SUSPENSION	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DILANTIN INFATABS (*phenytoin*) 50 MG CHEW	tier 2	
DILANTIN-125 (*phenytoin*) MG/5ML SUSPENSION	tier 2	
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 2	QLC (40 ml/day)
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)
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	
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 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHOLINESTERASE INHIBITORS		
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	
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	
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	
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 3	QLC (1 patch/day)
rivastigmine td patch 24hr 4.6 mg/24hr	tier 3	QLC (1 patch/day)
rivastigmine td patch 24hr 9.5 mg/24hr	tier 3	QLC (1 patch/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	tier 1	
memantine hcl oral solution 2 mg/ml	tier 1	
memantine hcl tab 10 mg	tier 1	QLC (2 tabs/day)
memantine hcl tab 5 mg	tier 1	QLC (2 tabs/day)
ANTIDEPRESSANTS (Drugs for Depression)		
ANTIDEPRESSANTS, OTHER		
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)
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	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	tier 1	
ZURZUVAE (*zuranolone*) (20 MG CAP, 25 MG CAP)	tier 4	PA, LA, QLC (2 caps/day; max 28 caps/365 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZURZUVAE (*zuranolone*) 30 MG CAP	tier 4	PA, LA, QLC (1 cap/day; max 14 caps/365 days)
MONOAMINE OXIDASE INHIBITORS		
PHENELZINE SULFATE 15 MG TAB	tier 1	
tranylcypromine sulfate tab 10 mg	tier 2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide oral soln 10 mg/5ml	tier 1	QLC (40 mg/day)
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 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)
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)
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	tier 2	QLC (1 tab/day)
FLUOXETINE HCL 60 MG TAB	tier 1	
FLUOXETINE HCL 90 MG CAP DR	tier 1	QLC (4 caps/28 days)
fluoxetine hcl cap 10 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	
fluoxetine hcl tab 20 mg	tier 2	
fluoxetine hcl tab 60 mg	tier 1	
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)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	tier 1	
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	
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 (25 MG TAB, 75 MG TAB)	tier 2	QLC (2 tabs/day)
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRINTELLIX (*vortioxetine hbr*) (5 MG TAB, 10 MG TAB, 20 MG TAB)	tier 3	PA, QLC (1 tab/day)
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 1	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)
vilazodone hcl tab 10 mg	tier 1	QLC (1 tab/day)
vilazodone hcl tab 20 mg	tier 1	QLC (1 tab/day)
vilazodone hcl tab 40 mg	tier 1	QLC (1 tab/day)
TRICYCLICS		
amitriptyline hcl tab 10 mg	tier 1	
amitriptyline hcl tab 100 mg	tier 1	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amoxapine tab 100 mg	tier 1	
amoxapine tab 150 mg	tier 1	
amoxapine tab 25 mg	tier 1	
amoxapine tab 50 mg	tier 1	
clomipramine hcl cap 25 mg	tier 2	
clomipramine hcl cap 50 mg	tier 2	
clomipramine hcl cap 75 mg	tier 2	
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, 150 MG CAP)	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	
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 2	
protriptyline hcl tab 10 mg	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
protriptyline hcl tab 5 mg	tier 2	
trimipramine maleate cap 100 mg	tier 3	
trimipramine maleate cap 25 mg	tier 3	
trimipramine maleate cap 50 mg	tier 3	
ANTIEMETICS (Drugs for Nausea and Vomiting)		
ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml	tier 1	
metoclopramide hcl tab 10 mg (base equivalent)	tier 1	
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 2	
prochlorperazine suppos 25 mg (Compro)	tier 2	
promethazine hcl oral soln 6.25 mg/5ml	tier 1	
promethazine hcl suppos 12.5 mg	tier 2	
promethazine hcl suppos 12.5 mg (Promethegan)	tier 2	
promethazine hcl suppos 25 mg	tier 2	
promethazine hcl suppos 25 mg (Promethegan)	tier 2	
promethazine hcl tab 12.5 mg	tier 1	
promethazine hcl tab 25 mg	tier 1	
promethazine hcl tab 50 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMETHEGAN (*promethazine hcl*) 50 MG SUPPOS	tier 2	QLC (1 suppository/day)
scopolamine td patch 72hr 1 mg/3days	tier 1	
trimethobenzamide hcl cap 300 mg	tier 1	
EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)		
aprepitant capsule 125 mg	tier 2	QLC (4 caps/28 days)
aprepitant capsule 40 mg	tier 2	QLC (1 cap/30 days)
aprepitant capsule 80 mg	tier 2	QLC (8 caps/28 days)
aprepitant capsule therapy pack 80 & 125 mg	tier 2	QLC (12 caps/28 days)
granisetron hcl tab 1 mg	tier 1	QLC (12 tabs/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)
ANTIFUNGALS (Drugs for Fungal Infections)		
clotrimazole soln 1%	tier 1	
clotrimazole troche 10 mg	tier 1	
econazole nitrate cream 1%	tier 1	
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	
griseofulvin microsize susp 125 mg/5ml	tier 2	
itraconazole cap 100 mg	tier 2	QLC (4 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ketoconazole cream 2%	tier 1	
ketoconazole shampoo 2%	tier 1	
ketoconazole tab 200 mg	tier 1	
MICONAZOLE 3 (*miconazole nitrate vaginal*) 200 MG SUPPOS	tier 1	
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	
tavaborole soln 5%	tier 1	QLC (10 ml/30 days)
terbinafine hcl tab 250 mg	tier 1	QLC (30 tabs/30 days)
terconazole vaginal cream 0.4%	tier 1	
terconazole vaginal cream 0.8%	tier 1	
voriconazole for susp 40 mg/ml	tier 2	PA
voriconazole tab 200 mg	tier 2	PA
voriconazole tab 50 mg	tier 2	PA

ANTIGOUT AGENTS (Drugs for Gout)

allopurinol tab 100 mg	tier 1	
allopurinol tab 300 mg	tier 1	
colchicine cap 0.6 mg	tier 2	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	
febuxostat tab 40 mg	tier 1	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
febuxostat tab 80 mg	tier 1	ST, QLC (1 tab/day)
probenecid tab 500 mg	tier 1	
ANTIMIGRAINE AGENTS (Drugs for Migraine)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG (*erenumab-aooe*) (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	tier 2	PA, QLC (1 injection/28 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)
UBRELVY (*ubrogepant*) (50 MG TAB, 100 MG TAB)	tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)
ERGOT ALKALOIDS (Drugs for Acute Migraine)		
dihydroergotamine mesylate inj 1 mg/ml	tier 4	PA, QLC (24 ml/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml	tier 4	PA, QLC (8 vials/30 days)
ERGOTAMINE-CAFFEINE (*ergotamine w/ caffeine*) 1-100 MG TAB	tier 3	QLC (10 tabs/week)
SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)		
eletriptan hydrobromide tab 20 mg (base equivalent)	tier 2	QLC (18 tabs/30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	tier 2	QLC (18 tabs/30 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	tier 2	QLC (27 tabs/30 days)
naratriptan hcl tab 1 mg (base equiv)	tier 1	QLC (18 tabs/30 days)
naratriptan hcl tab 2.5 mg (base equiv)	tier 1	QLC (18 tabs/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	tier 1	QLC (24 tabs/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	tier 1	QLC (24 tabs/30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	tier 1	QLC (24 tabs/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	tier 1	QLC (24 tabs/30 days)
sumatriptan nasal spray 20 mg/act	tier 2	QLC (18 nasal sprays/30 days)
sumatriptan nasal spray 5 mg/act	tier 2	QLC (18 nasal sprays/30 days)
sumatriptan succinate inj 6 mg/0.5ml	tier 2	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	tier 2	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	tier 2	QLC (8 injections/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	tier 2	QLC (12 injections/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	tier 2	QLC (8 injections/30 days)
sumatriptan succinate tab 100 mg	tier 1	QLC (18 tabs/30 days)
sumatriptan succinate tab 25 mg	tier 1	QLC (18 tabs/30 days)
sumatriptan succinate tab 50 mg	tier 1	QLC (18 tabs/30 days)
zolmitriptan orally disintegrating tab 2.5 mg	tier 2	QLC (18 tabs/month)
zolmitriptan orally disintegrating tab 5 mg	tier 2	QLC (18 tabs/month)
zolmitriptan tab 2.5 mg	tier 2	QLC (18 tabs/month)
zolmitriptan tab 5 mg	tier 2	QLC (18 tabs/month)
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)		
PARASYMPATHOMIMETICS		
PYRIDOSTIGMINE BROMIDE 30 MG TAB	tier 1	QLC (6 tabs/day)
pyridostigmine bromide oral soln 60 mg/5ml	tier 2	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 2	QLC (6 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)		
ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)		
dapsone tab 100 mg	tier 1	
dapsone tab 25 mg	tier 1	
rifabutin cap 150 mg	tier 2	
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	
PASER (*aminosalicylic acid*) 4 GM PACKET	tier 3	
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	
rifapentine tab 150 mg	tier 1	
TRECATOR (*ethionamide*) 250 MG TAB	tier 3	
ANTINEOPLASTICS (Drugs for Cancer)		
ALKYLATING AGENTS		
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
LEUKERAN (*chlorambucil*) 2 MG TAB	tier 4	OAC
lomustine cap 10 mg	tier 4	S (Specialty Drug), OAC
lomustine cap 100 mg	tier 4	S (Specialty Drug), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lomustine cap 40 mg	tier 4	S (Specialty Drug), OAC
MATULANE (*procarbazine hcl*) 50 MG CAP	tier 4	LA, 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
abiraterone acetate tab 500 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
bicalutamide tab 50 mg	tier 1	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
FLUTAMIDE 125 MG CAP	tier 1	OAC
NUBEQA (*darolutamide*) 300 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI (*enzalutamide*) 40 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XTANDI (*enzalutamide*) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI (*enzalutamide*) 80 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pomalidomide cap 1 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
pomalidomide cap 2 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
pomalidomide cap 3 mg	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
pomalidomide cap 4 mg	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		
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 4	OAC
ANTIMETABOLITES		
capecitabine tab 150 mg	tier 4	S (Specialty Drug), OAC
capecitabine tab 500 mg	tier 4	S (Specialty Drug), OAC
mercaptopurine tab 50 mg	tier 1	OAC
TABLOID (*thioguanine*) LOID 40 MG	tier 4	OAC
ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)		
hydroxyurea cap 500 mg	tier 1	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
LYSODREN (*mitotane*) 500 MG TAB	tier 4	LA, SF, OAC
ZOLINZA (*vorinostat*) 100 MG CAP	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole tab 1 mg	tier 1	ACA (Affordable Care Act), OAC
exemestane tab 25 mg	tier 2	OAC
letrozole tab 2.5 mg	tier 1	OAC
ENZYME INHIBITORS		
etoposide cap 50 mg	tier 4	OAC
VEPESID (*etoposide*) 50 MG CAP	tier 4	
MOLECULAR TARGET INHIBITORS		
ALECENSA (*alectinib hcl*) 150 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
BRUKINSA (*zanubrutinib*) 160 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), SF, OAC
BRUKINSA (*zanubrutinib*) 80 MG CAP	tier 4	PA, LA, QLC (4 caps/day), SF, OAC
CABOMETYX (*cabozantinib s-malate*) (20 MG TAB, 40 MG TAB, 60 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
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
dasatinib tab 100 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
dasatinib tab 140 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
dasatinib tab 20 mg	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
dasatinib tab 50 mg	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
dasatinib tab 70 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
dasatinib tab 80 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ERIVEDGE (*vismodegib*) 150 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
erlotinib hcl tab 100 mg (base equivalent)	tier 2	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
erlotinib hcl tab 150 mg (base equivalent)	tier 2	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
erlotinib hcl tab 25 mg (base equivalent)	tier 2	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
everolimus tab 10 mg	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
everolimus tab 10 mg (Yulithira)	tier 4	PA, S (Specialty Drug), 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 (Yulithira)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
everolimus tab 5 mg	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
everolimus tab 5 mg (Yulithira)	tier 4	PA, S (Specialty Drug), 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 (Yulithira)	tier 4	PA, S (Specialty Drug), 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
GILOTRIF (*afatinib dimaleate*) (20 MG TAB, 30 MG TAB, 40 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
imatinib mesylate tab 100 mg (base equivalent)	tier 2	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
imatinib mesylate tab 400 mg (base equivalent)	tier 2	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
IMBRUVICA (*ibrutinib*) (140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
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), SF, OAC
JAKAFI XR (*ruxolitinib phosphate*) (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
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
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/30 days), 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/30 days), OAC
LENVIMA (18 MG DAILY DOSE) (*lenvatinib mesylate*) 10 & 2 X 4 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/30 days), OAC
LENVIMA (20 MG DAILY DOSE) (*lenvatinib mesylate*) (0 X 10 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC
LENVIMA (24 MG DAILY DOSE) (*lenvatinib mesylate*) (X 10 & CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/30 days), OAC
LENVIMA (4 MG DAILY DOSE) (*lenvatinib mesylate*) (CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC

AL1 - Age Limit; BL - Benefit Limit; CW - Cost Waived; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA (8 MG DAILY DOSE) (*lenvatinib mesylate*) 2 X 4 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC
LYNPARZA (*olaparib*) (100 MG TAB, 150 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, 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
nilotinib hcl cap 150 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
nilotinib hcl cap 200 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
nilotinib hcl cap 50 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
ODOMZO (*sonidegib phosphate*) 200 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
PAZOPANIB HCL 400 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
pazopanib hcl tab 200 mg (base equiv)	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
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
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
STIVARGA (*regorafenib*) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
sunitinib malate cap 12.5 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (3 caps/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
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), SF, OAC
TIBSOVO (*ivosidenib*) 250 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), SF, 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
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), SF, OAC
XALKORI (*crizotinib*) 150 MG CAP SPRINK	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
RETINOIDS		
bexarotene cap 75 mg	tier 4	PA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
PANRETIN (*alitretinoin*) 0.1 % GEL	tier 4	PA
tretinoin cap 10 mg	tier 4	QLC (9 caps/day), OAC
TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)		
mesna tab 400 mg	tier 2	OAC
ANTIPARASITICS (Drugs for Parasitic Infections)		
ANTHELMINTHICS		
albendazole tab 200 mg	tier 3	QLC (4 tabs/day)
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 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIPROTOZOALS (Drugs for Protozoal Infection)		
atovaquone susp 750 mg/5ml	tier 3	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)
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 3	QLC (24 tabs/30 days)
HYDROXYCHLOROQUINE SULFATE (100 MG TAB, 300 MG TAB)	tier 1	QLC (2 tabs/day)
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	tier 1	QLC (1 tab/day)
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)
KRINTAFEL (*tafenoquine succinate*) 150 MG TAB	tier 3	QLC (2 tabs/28 days)
mefloquine hcl tab 250 mg	tier 1	QLC (5 tabs/30 days)
nitazoxanide tab 500 mg	tier 3	PA, QLC (6 tabs/fill)
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
quinine sulfate cap 324 mg	tier 1	QLC (6 caps/day)
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)		
ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
benztropine mesylate tab 1 mg	tier 1	
benztropine mesylate tab 2 mg	tier 1	
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 2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	tier 2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	tier 2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	tier 2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	tier 2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	tier 2	
entacapone tab 200 mg	tier 2	QLC (8 tabs/day)
DOPAMINE AGONISTS		
bromocriptine mesylate cap 5 mg (base equivalent)	tier 1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	tier 1	
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)
pramipexole dihydrochloride tab 0.125 mg	tier 1	
pramipexole dihydrochloride tab 0.25 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
carbidopa tab 25 mg	tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	tier 2	QLC (1 tab/day)
rasagiline mesylate tab 1 mg (base equiv)	tier 2	QLC (1 tab/day)
selegiline hcl cap 5 mg	tier 1	
selegiline hcl tab 5 mg	tier 1	
ANTIPSYCHOTICS (Drugs for Mental Health)		
1ST GENERATION/TYPICAL		
chlorpromazine hcl tab 10 mg	tier 2	
chlorpromazine hcl tab 100 mg	tier 2	
chlorpromazine hcl tab 200 mg	tier 2	
chlorpromazine hcl tab 25 mg	tier 2	
chlorpromazine hcl tab 50 mg	tier 2	
fluphenazine hcl tab 1 mg	tier 2	
fluphenazine hcl tab 10 mg	tier 2	
fluphenazine hcl tab 2.5 mg	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluphenazine hcl tab 5 mg	tier 2	
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	
loxapine succinate cap 25 mg	tier 1	
loxapine succinate cap 5 mg	tier 1	
loxapine succinate cap 50 mg	tier 1	
pimozide tab 1 mg	tier 1	
pimozide tab 2 mg	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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
2ND GENERATION/ATYPICAL		
aripiprazole oral solution 1 mg/ml	tier 2	QLC (25 ml/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)
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)
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	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	
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	
TREATMENT-RESISTANT		
clozapine tab 100 mg	tier 1	
clozapine tab 200 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clozapine tab 25 mg	tier 1	
clozapine tab 50 mg	tier 1	
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)		
baclofen tab 10 mg	tier 1	QLC (8 tabs/day)
baclofen tab 15 mg	tier 2	QLC (4 tabs/day)
baclofen tab 20 mg	tier 1	QLC (4 tabs/day)
baclofen tab 5 mg	tier 2	QLC (3 tabs/day)
dantrolene sodium cap 100 mg	tier 2	
dantrolene sodium cap 25 mg	tier 2	
dantrolene sodium cap 50 mg	tier 2	
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	
ANTIVIRALS (Drugs for Viral Infections)		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)		
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 4	QLC (1 tab/day)
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)*) 5 MG/ML SOLUTION	tier 2	QLC (3 bottles/month)
lamivudine tab 100 mg (hbv)	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
HARVONI (*ledipasvir-sofosbuvir*) 45-200 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (2 packets/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)
VOSEVI (*sofosbuvir-velpatasvir-voxilaprevir*) 400-100-100 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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JULUCA (*dolutegravir sodium-rilpivirine hcl*) 50-25 MG TAB	tier 2	QLC (1 tab/day)
TIVICAY (*dolutegravir sodium*) (10 MG TAB, 25 MG TAB, 50 MG TAB)	tier 3	QLC (2 tabs/day)
TIVICAY PD (*dolutegravir sodium*) 5 MG TAB SOL	tier 3	QLC (5 tabs/day)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
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 2	QLC (3 caps/day)
EFAVIRENZ 50 MG CAP	tier 2	QLC (6 caps/day)
efavirenz tab 600 mg	tier 2	QLC (1 tab/day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFO DF)	tier 2	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 2	QLC (1 tab/day)
etravirine tab 100 mg	tier 2	QLC (4 tabs/day)
etravirine tab 200 mg	tier 2	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)
rilpivirine hcl tab 25 mg (base equivalent)	tier 2	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
CIMDUO (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB	tier 2	QLC (1 tab/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 2	QLC (1 cap/day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF)	tier 2	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)
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)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	tier 1	QLC (2 caps/day)
tenofovir disoproxil fumarate tab 300 mg	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
VIREAD (*tenofovir disoproxil fumarate*) (150 MG TAB, 200 MG TAB, 250 MG TAB)	tier 2	QLC (1 tab/day)
VIREAD (*tenofovir disoproxil fumarate*) 40 MG/GM POWDER	tier 2	QLC (3 bottles/month)
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/30 days)
maraviroc tab 150 mg	tier 2	QLC (2 tabs/day)
maraviroc tab 300 mg	tier 2	QLC (4 tabs/day)
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*) 75 MG TAB	tier 2	QLC (2 tabs/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 2	QLC (2 caps/day)
atazanavir sulfate cap 200 mg (base equiv)	tier 2	QLC (2 caps/day)
atazanavir sulfate cap 300 mg (base equiv)	tier 2	QLC (1 cap/day)
darunavir tab 600 mg	tier 2	QLC (2 tabs/day)
darunavir tab 800 mg	tier 2	QLC (1 tab/day)
fosamprenavir calcium tab 700 mg (base equiv)	tier 2	QLC (4 tabs/day)
LEXIVA (*fosamprenavir calcium*) 50 MG/ML SUSPENSION	tier 2	QLC (56 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	tier 2	QLC (10 ml/day)
lopinavir-ritonavir tab 100-25 mg	tier 2	QLC (4 tabs/day)
lopinavir-ritonavir tab 200-50 mg	tier 2	QLC (4 tabs/day)
NORVIR (*ritonavir*) 100 MG CAP	tier 2	QLC (12 caps/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*) 75 MG TAB	tier 2	QLC (2 tabs/day)
REYATAZ (*atazanavir sulfate*) 50 MG PACKET	tier 2	QLC (5 packs/day)
ritonavir tab 100 mg	tier 2	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)
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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)
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)
PAXLOVID (300/100 & 150/100) (*nirmatrelvir-ritonavir*) 6 10 MG 100MG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (11 tabs/30 days; COVID treatment covered at $0)
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)
ANXIOLYTICS (Drugs for Anxiety)		
ANXIOLYTICS, OTHER (Other Drugs for Anxiety)		
buspirone hcl tab 10 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	tier 1	QLC (4 ml/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)
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 0.25 MG TAB	tier 2	QLC (3 tabs/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/30 days)
diazepam conc 5 mg/ml (DIAZEPAM INTENSOL)	tier 1	QLC (12 bottles/30 days)
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)
lorazepam conc 2 mg/ml	tier 1	QLC (150 ml/30 days)
lorazepam conc 2 mg/ml (Lorazepam Intensol)	tier 1	QLC (150 ml/30 days)
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)
oxazepam cap 10 mg	tier 2	QLC (12 caps/day)
oxazepam cap 15 mg	tier 2	QLC (8 caps/day)
oxazepam cap 30 mg	tier 2	QLC (4 caps/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

LITHIUM CARBONATE (150 MG CAP, 300 MG CAP, 600 MG CAP)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
lithium oral solution 8 meq/5ml	tier 1	

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	
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (2 tabs/day)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
glimepiride tab 1 mg	tier 1	
glimepiride tab 2 mg	tier 1	
glimepiride tab 4 mg	tier 1	
GLIPIZIDE 15 MG TAB	tier 1	QLC (2 tabs/day)
GLIPIZIDE 2.5 MG TAB	tier 1	QLC (1 tab/day)
glipizide tab 10 mg	tier 1	
glipizide tab 5 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	
GLYXAMBI (*empagliflozin-linagliptin*) (10-5 MG TAB, 25-5 MG TAB)	tier 2	ST, QLC (1 tab/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	
MOUNJARO (*tirzepatide*) (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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOUNJARO (*tirzepatide*) 2.5 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	
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*) 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)
OZEMPIC (*semaglutide*) (4 MG TAB, 9 MG TAB)	tier 2	PA, QLC (1 tab/day)
OZEMPIC (*semaglutide*) 1.5 MG TAB	tier 2	PA, QLC (1 tab/day)
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-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)
repaglinide tab 0.5 mg	tier 1	
repaglinide tab 1 mg	tier 1	
repaglinide tab 2 mg	tier 1	
RYBELSUS (*semaglutide*) (7 MG TAB, 14 MG TAB)	tier 2	PA, QLC (1 tab/day)
RYBELSUS (*semaglutide*) 3 MG TAB	tier 2	PA, QLC (1 tab/day)
sitagliptin phosphate tab 100 mg (base equiv)	tier 1	ST, QLC (1 tab/day)
sitagliptin phosphate tab 25 mg (base equiv)	tier 1	ST, QLC (1 tab/day)
sitagliptin phosphate tab 50 mg (base equiv)	tier 1	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sitagliptin phosphate-metformin hcl tab 50-1000 mg (SITAGLIPTIN PHOS-METFORMIN HCL)	tier 1	ST, QLC (2 tabs/day)
sitagliptin phosphate-metformin hcl tab 50-500 mg (SITAGLIPTIN PHOS-METFORMIN HCL)	tier 1	ST, QLC (2 tabs/day)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg (SITAGLIP PHOS-METFORMIN HCL ER)	tier 1	ST, QLC (1 tab/day)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (SITAGLIP PHOS-METFORMIN HCL ER)	tier 1	ST, QLC (2 tabs/day)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg (SITAGLIP PHOS-METFORMIN HCL ER)	tier 1	ST, QLC (1 tab/day)
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)
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)
XIGDUO XR (*dapagliflozin free base-metformin hcl*) 2.5-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/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)
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 for inj 1 mg (Glucagon Emergency)	tier 2	QLC (2 kits/fill)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULINS		
HUMALOG (*insulin lispro*) 100 UNIT/ML SOLN CART	tier 2	
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	
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	
HUMULIN 70/30 (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION	tier 2	
HUMULIN N (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO	tier 2	
HUMULIN R (*insulin regular (human)*) 100 UNIT/ML SOLUTION	tier 2	
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 2	
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN (CIVICA NDC 7257)	tier 2	QLC (45 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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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	
TOUJEO MAX SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN	tier 2	QLC (6 pens/30 days)
TOUJEO SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN	tier 2	QLC (12 pens/30 days)
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/30 days)
TRESIBA FLEXTOUCH (*insulin degludec*) 200 UNIT/ML SOLN PEN	tier 2	QLC (9 pens/30 days)
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)		
ANTICOAGULANTS (Blood Thinners)		
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))

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	tier 1	
heparin sodium (porcine) inj 1000 unit/ml	tier 1	
heparin sodium (porcine) inj 1000 unit/ml (HEPARIN SODIUM (PORCINE) +RFID)	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	
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	
rivaroxaban for susp 1 mg/ml	tier 2	QLC (20 ml/day)
rivaroxaban tab 2.5 mg	tier 2	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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)
BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)		
anagrelide hcl cap 0.5 mg	tier 2	
anagrelide hcl cap 1 mg	tier 2	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
FULPHILA (*pegfilgrastim-jmdb*) 6 MG/0.6ML SOLN PRSYR	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)
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)
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)
HEMOSTASIS AGENTS (Drugs to Stop Bleeding)		
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 2	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dipyridamole tab 50 mg	tier 1	
dipyridamole tab 75 mg	tier 1	
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)
ticagrelor tab 60 mg	tier 2	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		
clonidine hcl tab 0.05 mg	tier 2	QLC (2 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 2	
clonidine td patch weekly 0.2 mg/24hr	tier 2	
clonidine td patch weekly 0.3 mg/24hr	tier 2	
guanfacine hcl tab 1 mg	tier 1	
guanfacine hcl tab 2 mg	tier 1	
METHYLDOPA 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	
ALPHA-ADRENERGIC BLOCKING AGENTS		
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	
phenoxybenzamine hcl cap 10 mg	tier 4	PA
prazosin hcl cap 1 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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		
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)
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)
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 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		
benazepril hcl tab 10 mg	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 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	
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	
lisinopril tab 40 mg	tier 1	
lisinopril tab 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)
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)		
amiodarone hcl tab 100 mg	tier 1	
amiodarone hcl tab 200 mg	tier 1	
amiodarone hcl tab 200 mg (Pacerone)	tier 1	
amiodarone hcl tab 400 mg	tier 1	
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)
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	
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 3	QLC (2 tabs/day)
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER)	tier 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER)	tier 3	
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER)	tier 3	
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	
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	
sotalol hcl tab 80 mg (Sorine)	tier 1	
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 2	
betaxolol hcl tab 20 mg	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	
labetalol hcl tab 100 mg	tier 1	
labetalol hcl tab 200 mg	tier 1	
labetalol hcl tab 300 mg	tier 1	
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	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 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 oral soln 20 mg/5ml	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	
TIMOLOL MALEATE (5 MG TAB, 20 MG TAB)	tier 1	
timolol maleate tab 10 mg	tier 1	
timolol maleate tab 20 mg	tier 1	
timolol maleate tab 5 mg	tier 1	
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	
felodipine tab er 24hr 10 mg (FELODIPINE ER)	tier 1	
felodipine tab er 24hr 2.5 mg (FELODIPINE ER)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
felodipine tab er 24hr 5 mg (FELODIPINE ER)	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	
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 cap 30 mg	tier 3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER)	tier 2	
diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER)	tier 2	
diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER)	tier 2	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER)	tier 1	
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 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	
CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)		
acetazolamide tab 125 mg	tier 1	
acetazolamide tab 250 mg	tier 1	
amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE)	tier 1	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	ST, QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE)	tier 1	
atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	
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	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	tier 1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	tier 1	QLC (2 tabs/day)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	tier 1	QLC (1 tab/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	
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)
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	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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	
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	
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 2	QLC (2 tabs/day)
sacubitril-valsartan tab 49-51 mg	tier 2	QLC (2 tabs/day)
sacubitril-valsartan tab 97-103 mg	tier 2	QLC (2 tabs/day)
spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ)	tier 1	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	tier 2	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 40-10 mg	tier 2	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
telmisartan-amlodipine tab 40-5 mg	tier 2	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 80-10 mg	tier 2	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 80-5 mg	tier 2	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)
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	
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)
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)
DIURETICS, LOOP		
bumetanide tab 0.5 mg	tier 1	
bumetanide tab 1 mg	tier 1	
bumetanide tab 2 mg	tier 1	
ethacrynic acid tab 25 mg	tier 4	PA, QLC (8 tabs/day)
FUROSEMIDE (8 MG/ML SOLUTION, 10 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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
furosemide tab 80 mg	tier 1	
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	
eplerenone tab 25 mg	tier 2	
eplerenone tab 50 mg	tier 2	
DIURETICS, THIAZIDE		
chlorthalidone tab 25 mg	tier 1	
chlorthalidone tab 50 mg	tier 1	
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	
metolazone tab 10 mg	tier 1	
metolazone tab 2.5 mg	tier 1	
metolazone tab 5 mg	tier 1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)		
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 micronized cap 130 mg	tier 1	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	QLC (2 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fenofibrate micronized cap 67 mg	tier 1	QLC (1 cap/day)
fenofibrate tab 145 mg	tier 1	QLC (1 tab/day)
fenofibrate tab 48 mg	tier 1	QLC (2 tabs/day)
fenofibrate tab 54 mg	tier 1	QLC (2 tabs/day)
gemfibrozil tab 600 mg	tier 1	QLC (2.5 tabs/day)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)		
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)
fluvastatin sodium cap 20 mg (base equivalent)	tier 2	QLC (1 cap/day)
fluvastatin sodium cap 40 mg (base equivalent)	tier 2	QLC (2 caps/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)
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 (Affordable Care Act), QLC (1 tab/day)
simvastatin tab 20 mg	tier 1	ACA (Preventive Health), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
simvastatin tab 80 mg	tier 1	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 2	
colesevelam hcl tab 625 mg	tier 2	
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-simvastatin tab 10-10 mg	tier 2	QLC (1 tab/day)
ezetimibe-simvastatin tab 10-20 mg	tier 2	QLC (1 tab/day)
ezetimibe-simvastatin tab 10-40 mg	tier 2	QLC (1 tab/day)
ezetimibe-simvastatin tab 10-80 mg	tier 2	QLC (1 tab/day)
icosapent ethyl cap 0.5 gm	tier 3	PA, QLC (2 caps/day)
icosapent ethyl cap 1 gm	tier 3	PA, QLC (4 caps/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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC))	tier 1	QLC (2 tabs/day)
NIACOR (*niacin (antihyperlipidemic)*) 500 MG TAB	tier 1	
omega-3-acid ethyl esters cap 1 gm	tier 1	QLC (4 caps/day)
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)
REPATHA SURECLICK (*evolocumab*) 140 MG/ML SOLN A-INJ	tier 2	PA, QLC (6 pens/28 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
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 tab 10 mg	tier 1	ST, QLC (1 tab/day)
dapagliflozin tab 5 mg	tier 1	ST, QLC (1 tab/day)
JARDIANCE (*empagliflozin*) (10 MG TAB, 25 MG TAB)	tier 2	ST, QLC (1 tab/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		
isosorbide dinitrate tab 10 mg	tier 1	
isosorbide dinitrate tab 20 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isosorbide dinitrate tab 30 mg	tier 1	
isosorbide dinitrate tab 40 mg	tier 1	
isosorbide dinitrate tab 5 mg	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-TIME (*nitroglycerin*) (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	tier 1	
nitroglycerin oint 2%	tier 2	
nitroglycerin oint 2% (Nitro-Bid)	tier 2	
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	

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

riluzole tab 50 mg	tier 1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER)	tier 2	AL1 (Up to 17 yrs old), QLC (6 caps/day)
dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER)	tier 2	AL1 (Up to 17 yrs old), QLC (4 caps/day)
dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER)	tier 2	AL1 (Up to 17 yrs old), QLC (12 caps/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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)
lisdexamfetamine dimesylate cap 10 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 20 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 30 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 40 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 50 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 60 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate cap 70 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
lisdexamfetamine dimesylate chew tab 10 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lisdexamfetamine dimesylate chew tab 20 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 30 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 40 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 50 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
lisdexamfetamine dimesylate chew tab 60 mg	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
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)
clonidine hcl tab er 12hr 0.1 mg (CLONIDINE HCL ER)	tier 1	QLC (4 tabs/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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)
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 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 15 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 2	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 2	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 2	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 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 50 mg (xr) (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	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 36 MG TAB 24H	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 54 MG TAB ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl soln 10 mg/5ml	tier 3	AL1 (Up to 17 yrs old), QLC (30 ml/day)
methylphenidate hcl soln 5 mg/5ml mg/ml	tier 3	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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 diffusion 27 mg (METHYLPHENIDATE HCL ER(DIFFUS))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er diffusion 36 mg (METHYLPHENIDATE HCL ER(DIFFUS))	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl tab er diffusion 54 mg (METHYLPHENIDATE HCL ER(DIFFUS))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 72 mg (METHYLPHENIDATE HCL ER (OSM))	tier 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
CENTRAL NERVOUS SYSTEM, OTHER		
butalbital-acetaminophen tab 50-325 mg	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)
FIBROMYALGIA AGENTS		
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	tier 1	QLC (2 caps/day)
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)
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)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN (*interferon beta-1a*) 30 MCG/0.5ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 injections/28 days)
AVONEX PREFILLED (*interferon beta-1a*) ILLED 30 MCG/0.5ML SY KT	tier 4	PA, S (Specialty Drug), QLC (4 injections/28 days)
dalfampridine tab er 12hr 10 mg (DALFAMPRIDINE ER)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	S (Specialty Drug), 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)
fingolimod hcl cap 0.5 mg (base equiv)	tier 2	S (Specialty Drug), QLC (1 cap/day)
GILENYA (*fingolimod hcl*) 0.25 MG CAP	tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
glatiramer acetate soln prefilled syringe 20 mg/ml	tier 4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	tier 4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 40 mg/ml	tier 4	S (Specialty Drug), QLC (12 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	tier 4	S (Specialty Drug), QLC (12 syringes/30 days)
KESIMPTA (*ofatumumab (ms)*) 20 MG/0.4ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
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)

cevimeline hcl cap 30 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
chlorhexidine gluconate soln 0.12%	tier 1	
chlorhexidine gluconate soln 0.12% (Periogard)	tier 1	
pilocarpine hcl tab 5 mg	tier 1	
pilocarpine hcl tab 7.5 mg	tier 1	
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

acitretin cap 10 mg	tier 3	QLC (4 caps/day)
acitretin cap 17.5 mg	tier 3	QLC (2 caps/day)
acitretin cap 25 mg	tier 3	QLC (2 caps/day)
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	AL1 (Up to 39 yrs old)
azelaic acid gel 15%	tier 1	QLC (1 tube/30 days)
benzoyl peroxide-erythromycin gel 5-3%	tier 1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	tier 1	
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	
isotretinoin cap 10 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 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 40 mg	tier 1	
isotretinoin cap 40 mg (Accutane)	tier 1	
isotretinoin cap 40 mg (Amnesteem)	tier 1	
isotretinoin cap 40 mg (Claravis)	tier 1	
isotretinoin cap 40 mg (Myorisan)	tier 1	
isotretinoin cap 40 mg (Zenatane)	tier 1	
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE))	tier 1	
tazarotene cream 0.05%	tier 1	
tazarotene cream 0.1%	tier 1	
tazarotene gel 0.05%	tier 1	
tazarotene gel 0.1%	tier 1	
tretinoin cream 0.025%	tier 1	AL1 (Up to 39 yrs old)
tretinoin cream 0.05%	tier 1	AL1 (Up to 39 yrs old)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tretinoin cream 0.1%	tier 1	AL1 (Up to 39 yrs old)
tretinoin gel 0.01%	tier 2	AL1 (Up to 39 yrs old)
tretinoin gel 0.025%	tier 1	AL1 (Up to 39 yrs old)
tretinoin gel 0.05%	tier 2	PA
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)
ALCLOMETASONE DIPROPIONATE (0.05 % CREAM, 0.05 % OINTMENT)	tier 1	
alclometasone dipropionate cream 0.05%	tier 1	
alclometasone dipropionate oint 0.05%	tier 1	
ANUSOL-HC (*hydrocortisone (rectal)*) 2.5 % CREAM	tier 1	
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 cream 0.1% (base equivalent)	tier 1	
betamethasone valerate lotion 0.1% (base equivalent)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
betamethasone valerate oint 0.1% (base equivalent)	tier 1	
clobetasol propionate cream 0.05%	tier 1	
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	tier 1	
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	
DERMA-SMOOTHE/FS BODY (*fluocinolone acetonide*) 0.01 % OIL	tier 2	
DERMA-SMOOTHE/FS SCALP (*fluocinolone acetonide*) 0.01 % OIL	tier 2	
desonide cream 0.05%	tier 1	
desonide lotion 0.05%	tier 1	
desonide oint 0.05%	tier 1	
DESOXIMETASONE 0.05 % GEL	tier 1	
desoximetasone cream 0.05%	tier 3	ST
desoximetasone cream 0.25%	tier 1	
desoximetasone oint 0.25%	tier 1	
desoximetasone spray 0.25%	tier 1	QLC (1 bottle/30 days)
DIFLORASONE DIACETATE 0.05 % CREAM	tier 3	PA
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	
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP) *)*	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
fluticasone propionate cream 0.05%	tier 1	
fluticasone propionate oint 0.005%	tier 1	
halobetasol propionate cream 0.05%	tier 1	
halobetasol propionate oint 0.05%	tier 1	
HYDROCORTISONE (*hydrocortisone (topical)*) 2.5 % LOTION	tier 1	
HYDROCORTISONE ACETATE (*hydrocortisone acetate (rectal)*) 25 MG SUPPOS	tier 1	
hydrocortisone acetate suppos 25 mg	tier 1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	tier 1	
hydrocortisone butyrate oint 0.1%	tier 1	
hydrocortisone cream 2.5%	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	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocortisone valerate oint 0.2%	tier 1	
mometasone furoate cream 0.1%	tier 1	
mometasone furoate oint 0.1%	tier 1	
mometasone furoate solution 0.1% (lotion)	tier 1	
pimecrolimus cream 1%	tier 2	QLC (100 gm/30 days)
PREDNICARBATE 0.1 % OINTMENT	tier 1	
SELENIUM SULFIDE 2.5 % LOTION	tier 1	QLC (1 bottle/30 days)
selenium sulfide lotion 2.5%	tier 1	QLC (1 bottle/30 days)
tacrolimus oint 0.03%	tier 2	QLC (100 gm/30 days)
tacrolimus oint 0.1%	tier 2	AL1 (At least 16 yrs old), QLC (100 gm/30 days)
TOPICORT (*desoximetasone*) 0.05 % GEL	tier 1	
TRIAMCINOLONE ACETONIDE (*triamcinolone acetonide (topical)*) 0.025 % LOTION	tier 1	
triamcinolone acetonide cream 0.025%	tier 1	
triamcinolone acetonide cream 0.1%	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 0.1%	tier 1	
triamcinolone acetonide oint 0.5%	tier 1	
DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)		
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	
calcipotriene soln 0.005% (50 mcg/ml)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Attero)	tier 3	QLC (420 gm/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP)	tier 3	QLC (420 gm/30 days)
CALCITRIOL (*calcitriol (topical)*) 3 MCG/GM OINTMENT	tier 2	QLC (800 gm/30 days)
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	
FLUOROURACIL (*fluorouracil (topical)*) 2 % SOLUTION	tier 1	
fluorouracil cream 5%	tier 1	
fluorouracil soln 5%	tier 1	
HYDROCORT-PRAMOXINE (PERIANAL) (*hydrocortisone acetate w/ pramoxine*) 1-1 % CREAM	tier 1	
imiquimod cream 5%	tier 1	QLC (24 packs/30 days, max of 48 packs/180 days)
METHOXSALEN RAPID 10 MG CAP	tier 1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	tier 1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	tier 1	
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)
PODOFILOX 0.5 % SOLUTION	tier 1	
podofilox soln 0.5%	tier 1	
salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER)	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SALICYLIC ACID WART REMOVER 27.5 % LIQUID	tier 2	
silver sulfadiazine cream 1%	tier 1	
silver sulfadiazine cream 1% (Ssd)	tier 1	
SODIUM SULFACETAMIDE (*sulfacetamide sodium*) 10 % SHAMPOO	tier 1	
SODIUM SULFACETAMIDE WASH (*sulfacetamide sodium*) 10 % LIQUID	tier 1	
SSS 10-5 (*sulfacetamide sodium w/ sulfur*) % CREAM	tier 1	
SULFACETAMIDE SODIUM 10 % LIQUID	tier 1	
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 10-5% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	ST, QLC (1 bottle/30 days)
sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) (8-4 % SUSPENSION, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION)	tier 1	
SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % LIQUID	tier 1	ST, QLC (1 bottle/30 days)
PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)		
malathion lotion 0.5%	tier 2	
permethrin cream 5%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPINOSAD 0.9 % SUSPENSION	tier 1	QLC (1 bottle/fill)
TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)		
acyclovir oint 5%	tier 1	QLC (30gm/30 days, max 180gm/365 days)
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	
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 3	ST, QLC (90 gm/30 days)
dapsone gel 7.5%	tier 3	ST, QLC (90 gm/30 days)
ERY (*erythromycin (acne aid)*) 2 % PAD	tier 1	
ERYTHROMYCIN (*erythromycin (acne aid)*) 2 % GEL	tier 1	
erythromycin gel 2%	tier 1	
erythromycin soln 2%	tier 1	
MAFENIDE ACETATE 5 % PACKET	tier 1	
mafenide acetate packet for topical soln 5% (50 gm)	tier 1	
mupirocin calcium cream 2%	tier 1	
mupirocin oint 2%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ATABEX OB (*prenatal vit w/ fe bisglycinate chelate-folic acid*) AEX 29-1 MG	tier 1	
C-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	tier 1	
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	
EFFER-K (*potassium bicarbonate*) 25 MEQ TAB	tier 1	
ELITE-OB (*prenatal vit w/ iron carbonyl-folic acid*) 50-1.25 MG TAB	tier 1	
FLOTREX (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
FOLIVANE-OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 85-1 MG CAP	tier 1	
M-NATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
MATRONEX (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
MULTI-VIT-FLOR (*pediatric multivitamins w/fl*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	tier 1	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, 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, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
NAFRINSE DROPS (*sodium fluoride*) 0.275 (0.125 F) MG/DROP SOLUTION	tier 1	ACA (Preventive Health)
NEONATAL COMPLETE (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
NEONATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
NEONATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 2	
NIVA-PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
ONE VITE WOMENS PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	tier 1	
PNV 27-CA/FE/FA (*prenatal vit w/ ferrous fumarate-folic acid*) 60-1 MG TAB	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-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	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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 (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) (Klor-Con)	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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER) *(40*	tier 1	
PRENAISSANCE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 29-1.25-325 MG CAP	tier 2	
PRENATABS FA (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG	tier 1	
PRENATABS RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG	tier 1	
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 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	
PROVIDA OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 20-20-1.25 MG CAP	tier 1	
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 complex-folic acid*) 29-1 MG CHEW TAB	tier 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	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 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	
THRIVITE RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB	tier 1	
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	
VINATE CARE (*prenatal without a vit w/ fe fumarate-folic acid*) 40-1 MG CHEW TAB	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	
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	
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	
ZATEAN-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG CAP	tier 1	
ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)		
CHEMET (*succimer*) 100 MG CAP	tier 2	
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
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 tab 250 mg	tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
PHOSPHATE BINDERS (Drugs to Lower Phosphate)		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER))	tier 1	
sevelamer carbonate packet 0.8 gm	tier 2	PA
sevelamer carbonate packet 2.4 gm	tier 2	PA
sevelamer carbonate tab 800 mg	tier 1	
POTASSIUM BINDERS (Drugs to Lower Potassium)		
sodium polystyrene sulfonate powder*	tier 1	
LOKELMA (*sodium zirconium cyclosilicate*) 10 GM PACKET	tier 2	QLC (1 pack/day)
LOKELMA (*sodium zirconium cyclosilicate*) 5 GM PACKET	tier 2	QLC (3 packs/day)
sodium polystyrene sulfonate susp 15 gm/60ml	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
VITAMINS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	tier 1	
cyanocobalamin inj 1000 mcg/ml	tier 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	tier 1	
folic acid tab 1 mg	tier 1	
folic acid tab 1 mg (KP FOLIC ACID)	tier 1	
folic acid tab 1 mg (TRUE FOLIC ACID)	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	
TRI-VITE/FLUORIDE (***pediatric vitamins acd w/ fluoride***) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	tier 1	ACA (Preventive Health)
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)		
ANTI-CONSTIPATION AGENTS (Drugs for Constipation)		
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 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*) 145 MCG CAP	tier 2	AL1 (At least 7 yrs old), QLC (1 cap/day)
LINZESS (*linaclotide*) 290 MCG CAP	tier 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
LINZESS (*linaclotide*) 72 MCG CAP	tier 2	AL1 (At least 2 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)
MOVANTIK (*naloxegol oxalate*) (12.5 MG TAB, 25 MG TAB)	tier 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	tier 1	ACA (Affordable Care Act)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL)	tier 1	ACA (Affordable Care Act)
PEG-PREP (*bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride*) 5-210 MG-GM KIT	tier 1	ACA (Preventive Health)
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)
TRULANCE (*plecanatide*) 3 MG TAB	tier 2	AL1 (At least 18 yrs old), QLC (1 tab/day)
ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)		
alosetron hcl tab 0.5 mg (base equiv)	tier 2	PA
alosetron hcl tab 1 mg (base equiv)	tier 2	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 2	
ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)		
dicyclomine hcl cap 10 mg	tier 1	
dicyclomine hcl oral soln 10 mg/5ml	tier 1	
dicyclomine hcl tab 20 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glycopyrrolate tab 1 mg	tier 1	
glycopyrrolate tab 2 mg	tier 1	
HYOSCYAMINE SULFATE (0.125 MG SL TAB, 0.125 MG TAB, 0.125 MG TAB DISP, 0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml	tier 1	
HYOSCYAMINE SULFATE ER 0.375 MG TAB 12H	tier 1	
HYOSCYAMINE SULFATE SL 0.125 MG TAB	tier 1	
hyoscyamine sulfate sl tab 0.125 mg	tier 1	
hyoscyamine sulfate soln 0.125 mg/ml	tier 1	
hyoscyamine sulfate tab 0.125 mg	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 er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER)	tier 1	
HYOSYNE (*hyoscyamine sulfate*) (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	tier 1	
NULEV (*hyoscyamine sulfate*) 0.125 MG TAB DISP	tier 1	
OSCIMIN (*hyoscyamine sulfate*) (0.125 MG SL TAB, 0.125 MG TAB)	tier 1	
GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)		
cromolyn sodium oral conc 100 mg/5ml	tier 2	
GAVILYTE-C (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 240 GM RECON SOLN	tier 1	ACA (Preventive Health)
OMNITROPE (*somatropin*) 10 MG/1.5ML SOLN CART	tier 4	PA, LA, S (Specialty Drug)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G)	tier 1	ACA (Affordable Care Act)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES)	tier 1	ACA (Affordable Care Act)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ursodiol cap 300 mg	tier 1	
ursodiol tab 250 mg	tier 1	
ursodiol tab 500 mg	tier 1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)		
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 2	
famotidine tab 40 mg	tier 1	
NIZATIDINE 300 MG CAP	tier 2	
nizatidine cap 150 mg	tier 2	
PROTECTANTS (Drugs for Acid Reflux and Ulcers)		
sucralfate susp 1 gm/10ml gm/0ml	tier 3	
sucralfate tab 1 gm	tier 1	
PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)		
esomeprazole magnesium cap delayed release 40 mg (base eq)	tier 1	QLC (2 caps/day)
esomeprazole magnesium for delayed release susp pack 2.5 mg	tier 2	QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 10 mg	tier 2	QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 5 mg	tier 2	QLC (1 packet/day)
lansoprazole cap delayed release 30 mg	tier 1	QLC (2 caps/day)
omeprazole cap delayed release 10 mg	tier 1	QLC (8 caps/day)
omeprazole cap delayed release 20 mg	tier 1	QLC (4 caps/day)
omeprazole cap delayed release 40 mg	tier 1	QLC (2 caps/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 2	QLC (2 packets/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
rabeprazole sodium ec tab 20 mg	tier 2	QLC (3 tabs/day)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)		
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)
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	
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)
DROXIA (*hydroxyurea (sickle cell disease)*) (200 MG CAP, 300 MG CAP, 400 MG CAP)	tier 2	
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)
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)
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENITOURINARY AGENTS (Drugs for the 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)
fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER) *2hr*	tier 2	QLC (1 tab/day)
fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER)	tier 2	QLC (1 tab/day)
flavoxate hcl tab 100 mg	tier 1	
mirabegron tab er 24 hr 25 mg (MIRABEGRON ER)	tier 2	ST, QLC (1 tab/day)
mirabegron tab er 24 hr 50 mg (MIRABEGRON ER)	tier 2	ST, QLC (1 tab/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)
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 2	QLC (1 tab/day)
tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER) *2hr*	tier 2	QLC (1 tab/day)
tolterodine tartrate tab 1 mg	tier 2	QLC (2 tabs/day)
tolterodine tartrate tab 2 mg	tier 2	QLC (2 tabs/day)
trospium chloride cap er 24hr 60 mg (TROSPIUM CHLORIDE ER)	tier 2	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
trospium chloride tab 20 mg	tier 1	QLC (2 tabs/day)
BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)		
alfuzosin hcl tab er 24hr 10 mg (ALFUZOSIN HCL ER)	tier 1	
dutasteride cap 0.5 mg	tier 1	QLC (1 cap/day)
finasteride tab 5 mg	tier 1	
silodosin cap 4 mg	tier 1	QLC (1 cap/day)
silodosin cap 8 mg	tier 1	QLC (1 cap/day)
tadalafil tab 10 mg	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
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/30 days)
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	
GENITOURINARY AGENTS, OTHER (Other Drugs for the Genital, Bladder, and Kidney)		
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	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	tier 1	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
PHOSPHA 250 NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB	tier 1	
PHOSPHO-TRIN 250 NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB	tier 1	
PHOSPHO-TRIN K500 (*potassium phosphate monobasic*) KMG TAB	tier 1	
PHOSPHOROUS (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB	tier 1	
potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID)	tier 1	
POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION	tier 1	
sildenafil citrate tab 100 mg	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
sildenafil citrate tab 25 mg	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
sildenafil citrate tab 50 mg	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
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 300 mg	tier 4	PA, S (Specialty Drug)
WES-PHOS 250 NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB	tier 1	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)

CORTISONE ACETATE 25 MG TAB	tier 1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 0.75 mg	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 6 mg	tier 1	
fludrocortisone acetate tab 0.1 mg	tier 1	
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)
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (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 5 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE) *mg/ml*	tier 1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	tier 1	
prednisolone soln 15 mg/5ml	tier 1	
PREDNISONE 5 MG/5ML SOLUTION	tier 1	
PREDNISONE INTENSOL 5 MG/ML CONC	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)		
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	
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)
INCRELEX (*mecasermin*) 40 MG/4ML SOLUTION	tier 4	PA, LA
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
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)		
misoprostol tab 100 mcg	tier 1	
misoprostol tab 200 mcg	tier 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)		
ANABOLIC STEROIDS		
OXANDROLONE 10 MG TAB	tier 3	QLC (2 tabs/day)
OXANDROLONE 2.5 MG TAB	tier 3	QLC (8 tabs/day)
oxandrolone tab 10 mg	tier 3	QLC (2 tabs/day)
oxandrolone tab 2.5 mg	tier 3	QLC (8 tabs/day)
ANDROGENS		
danazol cap 100 mg	tier 1	
danazol cap 200 mg	tier 1	
danazol cap 50 mg	tier 1	
METHITEST (*methyltestosterone*) 10 MG TAB	tier 3	PA
TESTOSTERONE (12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL)	tier 1	PA, QLC (300 grams/28 days)
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	tier 1	PA, QLC (1 packet/day)
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	tier 1	QLC (10 ml/28 days)
testosterone cypionate im inj in oil 100 mg/ml	tier 1	QLC (10 ml/28 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/28 days)
testosterone cypionate im inj in oil 200 mg/ml	tier 1	QLC (10 ml/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/28 days)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	tier 1	QLC (5 ml/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
testosterone td gel 12.5 mg/act (1%)	tier 1	PA, QLC (300 grams/28 days)
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/28 days)
testosterone td gel 25 mg/2.5gm (1%)	tier 1	PA, QLC (300 grams/28 days)
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/28 days)
ESTROGENS (Contraceptives and Drugs for Menopause)		
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)
CLIMARA PRO (*estradiol-levonorgestrel*) 0.045-0.015 MG/DAY PATCH WK	tier 3	QLC (4 patches/28 days)
COVARYX (*esterified estrogens & methyltestosterone*) 1.25-2.5 MG TAB	tier 1	
COVARYX HS (*esterified estrogens & methyltestosterone*) 0.625-1.25 MG TAB	tier 1	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
EEMT (***esterified estrogens & methyltestosterone***) 1.25-2.5 MG TAB	tier 1	
EEMT HS (***esterified estrogens & methyltestosterone***) 0.625-1.25 MG TAB	tier 1	
EST ESTROGENS-METHYLTEST (***esterified estrogens & methyltestosterone***) 1.25-2.5 MG TAB	tier 1	
EST ESTROGENS-METHYLTEST DS (***esterified estrogens & methyltestosterone***) 1.25-2.5 MG TAB	tier 1	
EST ESTROGENS-METHYLTEST HS (***esterified estrogens & methyltestosterone***) 0.625-1.25 MG TAB	tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS)	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	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	tier 3	QLC (1 bottle/30 days)
estradiol tab 0.5 mg	tier 1	
estradiol tab 1 mg	tier 1	
estradiol tab 2 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td gel 0.25 mg/0.25gm (0.1%)	tier 3	QLC (1 pack/day)
estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm	tier 3	QLC (1 pack/day)
estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm	tier 3	QLC (1 pack/day)
estradiol td gel 1 mg/gm (0.1%) (0.%)	tier 3	QLC (1 pack/day)
estradiol td gel 1.25 mg/1.25gm (0.1%)	tier 3	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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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 2	
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	
ESTRATEST H.S. (*esterified estrogens & methyltestosterone*) 0.625-1.25 MG TAB	tier 1	
ESTRING (*estradiol vaginal*) (2 MG RING, 7.5 MCG/24HR RING)	tier 3	QLC (1 ring/90 days)
estrogens, conjugated tab 0.3 mg (ESTROGENS CONJUGATED)	tier 3	
estrogens, conjugated tab 0.45 mg (ESTROGENS CONJUGATED)	tier 3	
estrogens, conjugated tab 0.625 mg (ESTROGENS CONJUGATED)	tier 3	
estrogens, conjugated tab 0.9 mg (ESTROGENS CONJUGATED)	tier 3	
estrogens, conjugated tab 1.25 mg (ESTROGENS CONJUGATED)	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)

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)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	tier 2	ACA (Preventive Health)
FEMLYV (*norethindrone acet & eth estra*) 1-0.02 MG TAB DISP	tier 3	ACA (Preventive Health)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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 (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	tier 1	ACA (Affordable Care Act)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	tier 1	ACA (Affordable Care Act)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	tier 1	ACA (Affordable Care Act)
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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 3	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (LEVONORGEST-ETH ESTRADIOL-IRON)	tier 3	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	tier 3	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)
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 (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 (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 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	tier 3	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 (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 (Sprintec 28)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	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 (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-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)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle)	tier 1	ACA (Affordable Care Act)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	tier 1	ACA (Affordable Care Act)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	tier 1	ACA (Affordable Care Act)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	tier 1	ACA (Affordable Care Act)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	tier 1	ACA (Affordable Care Act)
PREMARIN (***estrogens, conjugated vaginal***) 0.625 MG/GM CREAM	tier 3	
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 3	QLC (28 tabs/28 days)
TWIRLA (***levonorgestrel-ethinyl estradiol***) 120-30 MCG/24HR PATCH WK	tier 3	ACA (Preventive Health)
TYBLUME (***levonorgestrel & eth estradiol***) 0.1-20 MG-MCG CHEW TAB	tier 3	ACA (Preventive Health)
VALTYA 1/50 (***ethynodiol diacet & eth estrad***) 1-50 MG-MCG TAB	tier 1	ACA (Preventive Health)
VELIVET (***desogestrel-ethinyl estradiol (triphasic)***) 0.1/0.125/0.15 -0.025 MG TAB	tier 1	ACA (Preventive Health)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROGESTINS		
ELLA (*ulipristal acetate*) 30 MG TAB	tier 3	ACA (Preventive Health), QLC (1 tab/fill)
medroxyprogesterone acetate tab 10 mg	tier 1	
medroxyprogesterone acetate tab 2.5 mg	tier 1	
medroxyprogesterone acetate tab 5 mg	tier 1	
megestrol acetate susp 40 mg/ml	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)
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)
progesterone cap 100 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
progesterone cap 200 mg	tier 1	
progesterone vaginal insert 100 mg	tier 2	PA
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	
raloxifene hcl tab 60 mg	tier 1	ACA (Preventive Health), QLC (1 tab/day)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)		
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 3	
levothyroxine sodium tab 100 mcg	tier 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 100 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 112 mcg	tier 1	
levothyroxine sodium tab 112 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 112 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 125 mcg	tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 125 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 137 mcg	tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 137 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 150 mcg	tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 175 mcg	tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 200 mcg	tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 25 mcg	tier 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 25 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 300 mcg	tier 1	
levothyroxine sodium tab 50 mcg	tier 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 50 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 75 mcg	tier 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 75 mcg (Levoxyl)	tier 3	
levothyroxine sodium tab 88 mcg	tier 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 88 mcg (Levoxyl)	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	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	tier 3	
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	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	tier 3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)		
cabergoline tab 0.5 mg	tier 1	QLC (16 tabs/28 days)
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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	tier 4	PA, S (Specialty Drug)
SYNAREL (*nafarelin acetate*) 2 MG/ML SOLUTION	tier 4	PA, QLC (16 ml/30 days)

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

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

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/30 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	tier 4	PA, LA, QLC (3 syringes/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)

ARCALYST (*rilonacept*) 220 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug)
AURANOFIN 3 MG CAP	tier 2	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, 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)
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)
OLUMIANT (*baricitinib*) (1 MG TAB, 2 MG TAB, 4 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
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/28 days)
OTEZLA (*apremilast*) 4 X 10 & 51 X20 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/365 days)
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)
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)

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 (*risankizumab-rzaa*) 55 MG/0.37ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (0.37ml (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)
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
tofacitinib citrate tab 10 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
tofacitinib citrate tab 5 mg (base equivalent)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
tofacitinib citrate tab er 24hr 11 mg (base equivalent) (TOFACITINIB CITRATE ER)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
tofacitinib citrate tab er 24hr 22 mg (base equivalent) (TOFACITINIB CITRATE ER)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
TREMFYA (*guselkumab (gastrointestinal)*) 200 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TREMFYA (*guselkumab*) 100 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYENNE (*tocilizumab-aazg*) 162 MG/0.9ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
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)
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)
INTRON A (*interferon alfa-2b*) 10000000 UNIT 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)		
ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (1 box (2 pens)/28 days)
ADALIMUMAB-AACF (2 SYRINGE) RINGE) 40 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (1 box (2 syr)/28 days)
ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (6 kits/365 days)
ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 kits/365 days)
azathioprine tab 50 mg	tier 1	
CIMZIA (1 SYRINGE) (*certolizumab pegol*) RINGE) 200 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
CIMZIA (2 SYRINGE) (*certolizumab pegol*) RINGE) 200 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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)
leflunomide tab 10 mg	tier 1	
leflunomide tab 20 mg	tier 1	
METHOTREXATE SODIUM (PF) (1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION)	tier 1	QLC (8 ml/28 days)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	tier 1	QLC (one vial/28 days)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	tier 1	QLC (8 ml/28 days)
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/28 days)
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/28 days)
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	
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)
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*) (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 2	
sirolimus tab 0.5 mg	tier 2	
sirolimus tab 1 mg	tier 2	
sirolimus tab 2 mg	tier 2	
tacrolimus cap 0.5 mg	tier 1	
tacrolimus cap 1 mg	tier 1	
tacrolimus cap 5 mg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)		
AMINOSALICYLATES		
balsalazide disodium cap 750 mg	tier 1	QLC (9 caps/day)
mesalamine cap er 24hr 0.375 gm (MESALAMINE ER)	tier 2	QLC (4 caps/day)
mesalamine enema 4 gm	tier 1	
mesalamine suppos 1000 mg	tier 2	QLC (1 suppository/day)
mesalamine tab delayed release 1.2 gm	tier 2	QLC (4 tabs/day)
sulfasalazine tab 500 mg	tier 1	
sulfasalazine tab delayed release 500 mg	tier 1	
GLUCOCORTICOIDS		
budesonide delayed release particles cap 3 mg	tier 1	QLC (3 caps/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	
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)		
ALENDRONATE SODIUM 5 MG TAB	tier 1	
alendronate sodium oral soln 70 mg/75ml	tier 2	QLC (4 bottles/28 days)
alendronate sodium tab 10 mg	tier 1	
alendronate sodium tab 35 mg	tier 1	QLC (4 tabs/28 days)
alendronate sodium tab 70 mg	tier 1	QLC (4 tabs/28 days)
calcitonin (salmon) nasal soln 200 unit/act	tier 1	QLC (1 bottle/30 days)
calcitriol cap 0.25 mcg	tier 1	
calcitriol cap 0.5 mcg	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cinacalcet hcl tab 30 mg (base equiv)	tier 1	
cinacalcet hcl tab 60 mg (base equiv)	tier 1	
cinacalcet hcl tab 90 mg (base equiv)	tier 1	
ergocalciferol cap 1.25 mg (50000 unit)	tier 1	
ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))	tier 1	
ibandronate sodium tab 150 mg (base equivalent)	tier 1	QLC (1 tab/30 days)
risedronate sodium tab 150 mg	tier 2	QLC (1 tab/30 days)
risedronate sodium tab 30 mg	tier 1	PA
risedronate sodium tab 35 mg	tier 2	QLC (4 tabs/28 days)
risedronate sodium tab 5 mg	tier 2	QLC (1 tab/day)
risedronate sodium tab delayed release 35 mg	tier 2	QLC (4 tabs/28 days)
TYMLOS (*abaloparatide*) 3120 MCG/1.56ML SOLN PEN	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/30 days)

MISCELLANEOUS THERAPEUTIC AGENTS

ACCU-CHEK AVIVA PLUS (*glucose blood*) STRIP	tier 2	QLC (200 units/30 days)
ACCU-CHEK GUIDE ME W/DEVICEKIT	tier 2	QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at $0)
ACCU-CHEK GUIDE TEST (*glucose blood*) STRIP	tier 2	QLC (200 units/30 days)
ACCU-CHEK GUIDE W/DEVICEKIT	tier 2	QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at $0)
ACCU-CHEK SMARTVIEW (*glucose blood*) STRIP	tier 2	QLC (200 units/30 days)
AEROCHAMBER DEVICE AND MASK	tier 2	
AEROVENT PLUS DEVICE	tier 2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	tier 2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	tier 2	
BREATHE EASE LARGE DEVICE	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
CHEMSTRIP K (*acetone (urine) test*) CHEM	tier 2	
CHEMSTRIP UGK (*urine glucose-ketones test*) CHEM	tier 2	
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	
COMPACT SPACE CHAMBER/SM MASK DEVICE	tier 2	
CVS KETONE CARE (*urine glucose-ketones test*) STRIP	tier 2	
DEXCOM G6 RECEIVER DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	tier 2	PA, QLC (1 box/30 days)
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/30 days)
EASIVENT MASK LARGE MISC	tier 2	
EASIVENT MASK MEDIUM MISC	tier 2	
EASIVENT MASK SMALL MISC	tier 2	
EASIVENT 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)
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	
FORA GTEL BLOOD KETONE TEST (*ketone blood test*) STRIP	tier 2	
FORA TEST N'GO ADV-VOICE-6 CON (*ketone blood test*) STRIP	tier 2	
GOJJI BLOOD KETONE TEST (*ketone blood test*) STRIP	tier 2	
INSPIREASE MISC	tier 2	
INSULIN PEN NEEDLE	tier 2	
INSULIN SYRINGE	tier 2	
KETO-DIASTIX (*urine glucose-ketones test*) STRIP	tier 2	
KETONE TEST (*acetone (urine) test*) STRIP	tier 2	
KETOSTIX (*acetone (urine) test*) STRIP	tier 2	
LANCETS	tier 2	QLC (200 lancets/30 days)
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	
NOVA MAX PLUS KETONE TEST (*ketone blood test*) STRIP	tier 2	
OMNIFLEX DIAPHRAGM (*diaphragms*)	tier 2	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPTICHAMBER DIAMOND (DEVICE, MISC)	tier 2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	tier 2	
OPTICHAMBER DIAMOND-MD MASK MISC	tier 2	
OPTICHAMBER DIAMOND-SM MASK MISC	tier 2	
POCKET CHAMBER DEVICE	tier 2	
POCKET SPACER DEVICE	tier 2	
PRECISION XTRA KETONE (***ketone blood test***) STRIP	tier 2	
PRO COMFORT SPACER ADULT MISC	tier 2	
PRO COMFORT SPACER CHILD MISC	tier 2	
PRO COMFORT SPACER INFANT DEVICE	tier 2	
PROCARE SPACER/ADULT MASK DEVICE	tier 2	
PROCARE SPACER/CHILD MASK DEVICE	tier 2	
PROCHAMBER VHC DEVICE	tier 2	
PURE COMFORT SPACER CHAMBER DEVICE	tier 2	
RELION KETONE TEST (***acetone (urine) test***) STRIP	tier 2	
RITEFLO DEVICE	tier 2	
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	
WIDE-SEAL DIAPHRAGM	tier 2	ACA (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC AGENTS (Drugs for the Eyes)		
OPHTHALMIC AGENTS, OTHER (Other Eye Drops)		
ALTAFRIN (*phenylephrine hcl (mydriatic)*) (2.5 % SOLUTION, 10 % SOLUTION)	tier 1	
ATROPINE SULFATE (*atropine sulfate (ophthalmic)*) 1 % SOLUTION	tier 1	
atropine sulfate ophth soln 1%	tier 1	
BACITRA-NEOMYCIN-POLYMYXIN-HC (*bacitracin-poly-neomycin-hc*) 1 % OINTMENT	tier 1	
BACITRACIN-POLYMYXIN B (*bacitracin-polymyxin b (ophth)*) 500-10000 UNIT/GM OINTMENT	tier 1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	tier 1	
bacitracin-polymyxin b ophth oint (Polycin)	tier 1	
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	
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% (pf) (CYCLOSPORINE (PF))	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 2	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 2	QLC (2 droperettes/day)
HOMATROPAIRE (***homatropine hbr***) 5 % SOLUTION	tier 1	
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-BACITRACIN ZN-POLYMYX (***neomycin-bacitracin zn-polymyxin***) 5-400-10000OINTMENT	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	
phenylephrine hcl ophth soln 10%	tier 1	
phenylephrine hcl ophth soln 2.5%	tier 1	
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/30 days)
SULFACETAMIDE-PREDNISOLONE (***sulfacetamide sod-prednisolone***) 10-0.23 % SOLUTION	tier 1	
TOBRADEX (***tobramycin-dexamethasone***) 0.3-0.1 % OINTMENT	tier 3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	tier 1	
tropicamide ophth soln 0.5%	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tropicamide ophth soln 1%	tier 1	
XIIDRA (*lifitegrast*) 5 % SOLUTION	tier 2	QLC (60 vials/month)
OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)		
azelastine hcl ophth soln 0.05%	tier 1	
CROMOLYN SODIUM (*cromolyn sodium (ophth)*) 4 % SOLUTION	tier 1	
cromolyn sodium ophth soln 4%	tier 1	
epinastine hcl ophth soln 0.05%	tier 1	
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
BACITRACIN (*bacitracin (ophthalmic)*) 500 UNIT/GM OINTMENT	tier 1	
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/28 days)
GENTAK (*gentamicin sulfate (ophth)*) 0.3 % OINTMENT	tier 1	
gentamicin sulfate ophth soln 0.3%	tier 1	
LEVOFLOXACIN (*levofloxacin (ophth)*) (0.5 % SOLUTION, 1.5 % SOLUTION)	tier 1	
levofloxacin ophth soln 0.5%	tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	tier 1	
ofloxacin ophth soln 0.3%	tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	tier 1	
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	
TRIFLURIDINE 1 % SOLUTION	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)		
DEXAMETHASONE SODIUM PHOSPHATE (*dexamethasone sodium phosphate (ophth)*) 0.1 % SOLUTION	tier 1	
diclofenac sodium ophth soln 0.1%	tier 1	
fluorometholone ophth susp 0.1%	tier 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	tier 1	
KETOROLAC TROMETHAMINE (*ketorolac tromethamine (ophth)*) 0.4 % SOLUTION	tier 1	
ketorolac tromethamine ophth soln 0.5%	tier 1	
loteprednol etabonate ophth susp 0.2%	tier 2	
loteprednol etabonate ophth susp 0.5%	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	
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	
CARTEOLOL HCL (*carteolol hcl (ophth)*) 1 % SOLUTION	tier 1	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)		
acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER)	tier 1	
APRACLONIDINE HCL 0.5 % SOLUTION	tier 1	
apraclonidine hcl ophth soln 0.5% (base equivalent)	tier 1	
brimonidine tartrate ophth soln 0.15%	tier 2	
brimonidine tartrate ophth soln 0.2%	tier 1	
dorzolamide hcl ophth soln 2%	tier 1	
methazolamide tab 25 mg	tier 2	
methazolamide tab 50 mg	tier 2	
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 2%	tier 1	
pilocarpine hcl ophth soln 4%	tier 1	
SIMBRINZA (*brinzolamide-brimonidine tartrate*) 1-0.2 % SUSPENSION	tier 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)		
BIMATOPROST 0.01 % SOLUTION	tier 2	ST, QLC (5 ml/28 days)
bimatoprost ophth soln 0.01%	tier 2	ST, QLC (5 ml/28 days)
bimatoprost ophth soln 0.03%	tier 2	QLC (7.5 ml/28 days)
LATANOPROST 0.005 % SOLUTION	tier 1	QLC (5 ml/ month)
latanoprost ophth soln 0.005%	tier 1	QLC (5 ml/ month)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))	tier 2	QLC (5 ml/28 days)
OTIC AGENTS (Drugs for the Ears)		
acetic acid otic soln 2%	tier 1	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	tier 3	
DERMOTIC (*fluocinolone acetonide (otic)*) 0.01 % OIL	tier 2	
fluocinolone acetonide (otic) oil 0.01%	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	
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD Symptoms)		
ARNUITY ELLIPTA (*fluticasone furoate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 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/30 days)
ASMANEX (14 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
ASMANEX (30 METERED DOSES) (*mometasone furoate (inhalation)*) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/30 days)
ASMANEX (60 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
ASMANEX HFA (*mometasone furoate (inhalation)*) (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	tier 2	QLC (1 inhaler/30 days)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
budesonide inhalation susp 1 mg/2ml	tier 1	QLC (2 ml/day)
QVAR REDIHALER (*beclomethasone dipropionate hfa*) (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	tier 2	QLC (2 inhalers/30 days)
ANTIHISTAMINES (Drugs for Allergies)		
azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)	tier 1	QLC (1 bottle/25 days)
carbinoxamine maleate tab 4 mg	tier 1	
cyproheptadine hcl syrup 2 mg/5ml	tier 1	
cyproheptadine hcl tab 4 mg	tier 1	
desloratadine tab 5 mg	tier 1	
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/30 days)
promethazine hcl oral soln 6.25 mg/5ml	tier 1	
ANTILEUKOTRIENES (Drugs for Asthma)		
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)
zafirlukast tab 10 mg	tier 2	
zafirlukast tab 20 mg	tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)		
INCRUSE ELLIPTA (***umeclidinium bromide***) 62.5 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act	tier 2	QLC (2 inhalers/30 days)
ipratropium bromide inhal soln 0.02%	tier 1	QLC (120 doses/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	tier 1	QLC (1 bottle/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	tier 1	QLC (3 bottles/30 days)
SPIRIVA RESPIMAT (***tiotropium bromide monohydrate***) (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	tier 2	QLC (1 inhaler/30 days)
BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)		
albuterol hfa (generic proair hfa)	tier 1	QLC (2 inhalers/30 days)
albuterol hfa (generic proventil hfa)	tier 1	QLC (2 inhalers/30 days)
albuterol hfa (generic ventolin hfa)	tier 1	QLC (2 inhalers/30 days)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	tier 1	QLC (4 bottles/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)(ALBUTEROL SULFATE HFA)	tier 1	QLC (2 inhalers/30 days)
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 (4 bottles/30 days)
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	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	tier 1	QLC (4 injections/30 days; max 6 fills per year)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	tier 1	QLC (90 nebs/30 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	tier 1	QLC (90 nebs/30 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	tier 1	QLC (90 nebs/30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	tier 1	QLC (90 vials/30 days)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	tier 1	QLC (2 inhalers/30 days at retail, 5 inhalers/90 days at mail order)
STRIVERDI RESPIMAT (*olodaterol hcl*) 2.5 MCG/ACT AERO SOLN	tier 2	QLC (1 inhaler/30 days)
CYSTIC FIBROSIS AGENTS		
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)
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)
tobramycin nebu soln 300 mg/5ml	tier 3	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 3	QLC (2 boxes/30 days)
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
roflumilast tab 250 mcg	tier 1	QLC (1 tab/day, not to exceed 28 days therapy/6 months)
roflumilast tab 500 mcg	tier 1	QLC (1 tab/day)
theophylline elixir 80 mg/15ml	tier 1	
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)		
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)
macitentan tab 10 mg	tier 4	PA, 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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
sildenafil citrate tab 20 mg	tier 1	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)
PULMONARY FIBROSIS AGENTS		
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)
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)		
acetylcysteine inhal soln 10%	tier 3	
acetylcysteine inhal soln 20%	tier 3	
ADVAIR HFA (*fluticasone-salmeterol*) (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	tier 2	QLC (1 inhaler/30 days)
ANORO ELLIPTA (*umeclidinium-vilanterol*) 62.5-25 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
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
BREO ELLIPTA (*fluticasone furoate-vilanterol*) (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/30 days)
BREO ELLIPTA (*fluticasone furoate-vilanterol*) 50-25 MCG/INH AER POW BA	tier 2	QLC (1 inhaler (60 blisters)/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	tier 2	QLC (1 inhaler/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breyna)	tier 2	QLC (1 inhaler/30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	tier 2	QLC (1 inhaler/30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breyna)	tier 2	QLC (1 inhaler/30 days)
COMBIVENT RESPIMAT (*ipratropium-albuterol*) 20-100 MCG/ACT AERO SOLN	tier 3	QLC (1 inhaler/30 days)
flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)	tier 1	QLC (2 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	tier 1	QLC (1 bottle/30 days)
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/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	tier 1	QLC (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	tier 1	QLC (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	tier 1	QLC (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/30 days)
guaifenesin-codeine soln 100-10 mg/5ml	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
guaifenesin-codeine soln 100-10 mg/5ml (Guaifenesin Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
guaifenesin-codeine soln 100-10 mg/5ml (Maxi-Tuss Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
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/30 days)
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/30 days)
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/30 days)
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/30 days)
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/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	tier 1	QLC (6 boxes [30 doses/box]/30 days)
NEBUSAL (*sodium chloride (inhalant)*) 3 % SOLN	tier 1	
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/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/30 days)
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/30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	tier 1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM)	tier 1	
PULMOSAL (*sodium chloride (inhalant)*) 7 % NEBU SOLN	tier 1	
SODIUM CHLORIDE (*sodium chloride (inhalant)*) (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	tier 1	
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)

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

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)
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)
methocarbamol tab 500 mg	tier 1	AL1 (Up to 64 yrs old)
methocarbamol tab 750 mg	tier 1	AL1 (Up to 64 yrs old)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SLEEP DISORDER AGENTS (Drugs for Sleep Problems)		
SLEEP PROMOTING AGENTS (Drugs for Insomnia)		
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)
ramelteon tab 8 mg	tier 2	ST, QLC (1 tab/day)
temazepam cap 15 mg	tier 1	QLC (2 caps/day)
temazepam cap 22.5 mg	tier 3	QLC (1 cap/day)
temazepam cap 30 mg	tier 1	QLC (1 cap/day)
temazepam cap 7.5 mg	tier 3	QLC (4 caps/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 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 2	AL1 (Up to 64 yrs old), QLC (1 tab/day)
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM TARTRATE ER)	tier 2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)		
modafinil tab 100 mg	tier 1	QLC (3 tabs/day)
modafinil tab 200 mg	tier 1	QLC (2 tabs/day)

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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

Standard (01/2027)

Blue Shield Pharmacy Services
P.O. Box 2080
Oakland, CA 94604-9716

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