

Standard Drug Formulary

March 2025

Inland Empire Health Plan

This formulary was last updated on February 18, 2025. 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 <https://www.iehp.org/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf>.

IEHP Minimum Coverage HMO, IEHP Bronze 60 HMO, IEHP Silver 70 HMO, IEHP Silver 73 HMO, IEHP Silver 87 HMO, IEHP Silver 94 HMO, IEHP Gold 80 HMO, IEHP Platinum 90 HMO, and AIAN plans.

Table of Contents

Informational Section	3
Definitions.....	3
What is the process for finding a drug on this list?.....	5
How can I tell if the drug listed is a brand or generic drug?	5
What are drug tiers?	6
How often is the formulary updated?	6
What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?	7
What are preventive health drugs?	7
What is a contraceptive drug or device?	7
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?	7
What if my drug requires a prior authorization or step therapy?	8
What if my drug is non-formulary or not listed?	8
Participating retail pharmacies	9
What are specialty drugs?.....	9
Oral Anticancer Drugs	9
Mail service pharmacy	9
Categorical List of Prescription Drugs.....	10
Index of Drugs	404

Informational Section

The *IEHP 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.

Covered Formulary Drugs include:

- FDA-approved drugs that require a prescription either by California or Federal law.
- Insulin.
- Pen delivery systems for the administration of insulin, as medically necessary.
- Diabetic testing supplies, including these:
 - Lancets.
 - Lancet puncture devices.
 - Blood and urine testing strips.
 - Test tablets.
- Over-the-counter drugs with a United States Preventive Services Task Force (“USPSTF”) rating of A or B.
- Contraceptive drugs and devices, including these:
 - Diaphragms.
 - Cervical caps.
 - Contraceptive rings.
 - Contraceptive patches.
 - Oral contraceptives.
 - Emergency contraceptives.
 - Over-the-counter contraceptive products
- Disposable devices that are Medically Necessary for the administration of a covered outpatient prescription Drug such as syringes and inhaler spacers.

If you have questions about your pharmacy coverage, call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

Definitions

“Age Limit (AL)” limits use of medication dependent on age.

“Appeal” is a written or oral request, by or on behalf of a Member, to re-evaluate a specific determination made by the Plan or any of its delegated entities (e.g., Plan Providers).

“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.

“Essential health benefits (EHB) A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors’ services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more. Some plans cover more services.

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

“Evidence of Coverage (EOC)” is your guide to what is covered and what is excluded, how much you will pay depending on the circumstances, what your cost sharing will be, and other information about using your coverage.

“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 nonformulary drug.

“Food and Drug Administration (FDA)” is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices

“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.

“Grievance” is a written or oral expression of dissatisfaction regarding the Plan, a provider and/or a pharmacy, including quality of care concerns.

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

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

“Pharmacy & therapeutics (P&T) committee” is responsible for developing, managing, updating, and administering the drug formulary

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

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact

information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

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

“Prior Authorization (PA)” 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.

“Quantity Limit (QL)” A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or re-issuance of a prescription.

“Step therapy (ST)” 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.

“Specialty Pharmacy” A pharmacy that handles specialty drugs, pharmaceutical therapies that are either high cost, high complexity and/or high touch.

“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.

“USPSTF” The United States Preventive Services Task Force

“Utilization management (UM)” is a process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to patients on a case-by-case basis

What is the process for finding a drug on this list?

The drugs are 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 First DataBank Enhanced Therapeutic Classification System classification system.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching 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 can I tell if the drug listed is a brand or generic drug?

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

A brand name drug is listed in all CAPITAL letters followed by the generic name in parenthesis in all ***bold and italicized lowercase*** letters.

Example: ANTICOAGULANTS HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin inj</i> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	1	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (<i>dalteparin sodium</i>)	3	

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

- FRAGMIN ING (***dalteparin sodium***)

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* or the *IEHP Evidence of Coverage (EOC)*. Please see the following link for the cost-sharing specific to your plan:

<https://www.iehp.org/en/browse-plans/covered-california#plan-materials>.

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.

How often is the formulary updated?

This formulary is updated monthly and the changes are effective on the first of the month. The formulary can change when a new drug, new generic, or new formulation is available during the year. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The Plan will provide sixty (60) days written notice of a Formulary change to negatively affected Members. The notice will include the date the Member will be impacted by the change. Some examples of Formulary changes that will result in a notice to the member include, but are not limited to:

- A drug or dosage form is moved to a higher Drug Tier that results in an increase in cost sharing
- A drug or dosage form is removed from the Formulary
- Drug Coverage Requirements or Limits for a drug are added or changed

Changes to the Formulary that may occur without prior written notice to the Member include:

- A drug is removed from the Formulary because it is removed from the market by either the drug manufacturer or the FDA
- A drug is added to the Formulary
- A drug is moved to a lower Drug Tier
- A Drug Coverage Requirement or Limit is removed from a drug
- A generic drug is added to the Formulary and the Brand Name drug is moved to a higher Drug Tier or removed from the Formulary

The drug formulary can be accessed by current and prospective Members. To view the most current Formulary, please visit www.iehp.org.

What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a medication that is generally administered by a health care professional and part of a doctor's office visit.

A drug covered under the Outpatient Prescription Drug Benefit is a medication that is self-administered drugs approved by the Federal Food and Drug Administration for sale to the public through retail or mail-order pharmacies that require prescriptions and are not provided for use on an inpatient basis.

For additional information, check the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered without charging the member a copayment, coinsurance, or deductible. Preventive health drugs are determined based on evidence-based recommendations that have in effect a rating of "A" or "B" in the recommendations of the United States Preventive Services Task Force (USPSTF), as periodically updated. Immunization recommendations by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention are also preventive health drugs. For more details about preventive health drugs, visit www.iehp.org.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. The drug contraceptives and contraceptive devices are covered at no charge to the insured.

FDA-approved contraceptive drugs, devices, and other products, including FDA-approved over-the-counter contraceptive drugs, devices, and products, are covered at no charge to the insured. FDA-approved over-the-counter contraceptive drugs, devices, and products can be provided at a network pharmacy at no charge to the insured. Coverage also includes a 12-month supply of FDA-approved, self-administered hormonal contraceptives dispensed at one time.

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, urine test strips, lancets, 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?

If a drug had previously been approved for coverage for treatment of a Member's medical condition, and the Member's provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.

The prior authorization process ("PA") is used to ensure that drug benefits are applied as intended and that Plan Members receive the most appropriate, safe, and cost-effective medication therapy. Your Physician's request for prior authorization will be evaluated once the submitted information has been received and a determination made based on established clinical criteria for the specific medication. The criteria used for prior authorization are developed by the Pharmacy and Therapeutics Committee. Your physician may contact us to get the policy. Before payment can be approved for drugs requiring prior authorization, the conditions for approval must be met and the prior authorization must be entered into the system. IEHP will reply to the doctor and/or pharmacist within 24 hours for exigent circumstance requests or 72 hours for standard requests after getting the requested medical information. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment. Once a medication is approved, its authorization becomes effective right away. You may get a list of drugs requiring Prior Authorization. Visit our website at www.iehp.org.

Prior Authorization is required for most brand name drugs with generic equivalents to determine Medical Necessity. IEHP will cover brand name drugs that have generic equivalents if the PA request is approved.

Some drugs have a special rule called step therapy. This means that you must first try another drug on the formulary before the prescribed drug is covered. If your doctor or other prescriber thinks the first drug does not work for you, then an exception to the step therapy rule can be requested.

Step therapy is the process of beginning therapy for a medical condition with drugs considered first-line treatment or that are more cost-effective, then progressing to drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, and the relative cost. If step therapy coverage requirements are not met for a prescription and Your physician or health care provider believes the drug is Medically Necessary, the prior authorization process may be used and timeframes previously described will also apply.

Requests for prior authorization, non-formulary, quantity limit, or step therapy exceptions may be submitted electronically, by phone or fax. A prior authorization request is exigent circumstances when a Member suffers from a health condition that may seriously jeopardize the Member's life, health, or ability to regain maximum function. Exigent circumstance requests from Physicians for authorization are processed, and prescribing providers are notified of IEHP's determination as soon as you can, not to exceed 24 hours, after receipt of the request and any additional information requested by IEHP that is reasonably necessary to make the determination.

Routine requests from Physicians are processed, and prescribing providers are notified of IEHP's determination in a timely fashion, not to exceed 72 hours. For both exigent circumstances and routine requests, IEHP must also notify the Member or their designee of its decision.

If you are denied Prior Authorization, please refer to the "Grievance & Appeals" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What if my drug is non-formulary or not listed?

Sometimes, doctors may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from IEHP before you fill the prescription. To request a Formulary Exception, you, your

Authorized Representative or your Prescribing Provider should follow the Prior Authorization Request process described above. To decide if the non-formulary drug will be covered, IEHP may ask the doctor for a “supporting statement”, which explains why the drug you are asking for is medically necessary. Once all of the required supporting information has been received, the Formulary Exception Request will be either approved or denied based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in Exigent Circumstances. IEHP will notify you or your Authorized Representative and your Prescribing Provider of its coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment using a non-formulary drug. IEHP shall provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills and shall provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. If the Plan denies a Formulary Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with the Plan.

Some drugs have coverage rules or limits on the amount you can get. In some cases, your doctor or other prescribers must do something before You can fill the prescription. For example, prior approval (or prior authorization): For some drugs, your doctor or other prescribers must get approval from IEHP before you fill Your prescription. If you do not get approval, IEHP may not cover the drug. If you are denied Prior Authorization, please refer to the “Grievance & Appeals” portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for specialty drug. IEHP contracts with a wide network of retail pharmacies. To find a network pharmacy, visit www.iehp.org.

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 IEHP. 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 IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm, or visit www.iehp.org if you have questions about specialty drugs.

Oral Anticancer Drugs

Member’s cost share for orally administered anticancer medications covered under the Plan shall not exceed \$250 for an individual prescription of up to a thirty (30) day supply.

Individuals who are determined to be at high risk of contracting HIV by their attending health care provider are covered without cost sharing by IEHP.

Mail service pharmacy

IEHP offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. 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 mail service prescription benefit, visit www.iehp.org.

Categorical List of Prescription Drugs

Alternative Therapy - Vitamins and Minerals.....	12
Analgesic, Anti-inflammatory or Antipyretic	12
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever.....	12
Anesthetics - Drugs for Pain and Fever	28
Anorectal Preparations - Rectal Preparations	28
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning.....	29
Anti-Infective Agents	31
Anti-Infective Agents - Drugs for Infections	31
Antineoplastics	49
Antineoplastics - Drugs for Cancer	50
Antiseptics and Disinfectants - Antiseptics and Disinfectants.....	74
Biologicals.....	75
Biologicals - Biological Agents.....	76
Cardiovascular Therapy Agents	91
Cardiovascular Therapy Agents - Drugs for the Heart	92
Central Nervous System Agents.....	109
Central Nervous System Agents - Drugs for the Nervous System	109
Chemical Dependency, Agents to Treat - Drugs for Addiction	141
Chemicals-Pharmaceutical Adjuvants	144
Cognitive Disorder Therapy	144
Cognitive Disorder Therapy - Drugs for the Nervous System.....	144
Contraceptives - Drugs for Women	146
Dermatological	160
Dermatological - Drugs for the Skin	160
Diagnostic Agents.....	186
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System	190
Electrolyte Balance-Nutritional Products.....	191
Electrolyte Balance-Nutritional Products - Drugs for Nutrition	191
Endocrine.....	203
Endocrine - Hormones.....	204
Enzymes - Vitamins and Minerals.....	226
Gastrointestinal Therapy Agents.....	226
Gastrointestinal Therapy Agents - Drugs for the Stomach	226
Genitourinary Therapy - Drugs for the Urinary System.....	240
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever	245

Hematological Agents	246
Hematological Agents - Drugs for the Blood.....	246
Hepatobiliary System Treatment Agents	261
Hepatobiliary System Treatment Agents - Drugs for the Liver	261
Immunosuppressive Agents - Drugs for Organ Transplants	262
Locomotor System.....	264
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones	264
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment	268
Medical Supply, FDB Superset	316
Metabolic Disease Enzyme Replacement Agents	363
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease.....	363
Metabolic Modifiers.....	365
Metabolic Modifiers - Drugs that Alter Metabolism.....	365
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat	367
Multiple Sclerosis Agents - Drugs for the Nervous System	370
Ophthalmic Agents	373
Ophthalmic Agents - Drugs for the Eye	373
Organ Preservation Solutions.....	386
Organ Preservation Solutions - Drugs for the Heart.....	386
Otic (Ear) - Drugs for the Ear.....	388
Respiratory Therapy Agents	389
Respiratory Therapy Agents - Drugs for the Lungs.....	389
Vaginal Products - Drugs for Women.....	401
Weight Loss/Gain Agents.....	402
Weight Loss/Gain Agents - Drugs for Eating Disorders.....	402

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins and Minerals		
Alternative Therapy - Unclassified - Vitamins and Minerals		
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (<i>ziconotide acetate</i>)	Tier 4	
Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (<i>difelikefalin acetate</i>)	Tier 4	PA
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcl/pf</i>)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (<i>hydromorphone hcl/pf</i>)	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; ST
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 3	ST; QL (1 EA per 1 day)
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (difelikefalin acetate)	Tier 4	PA
levorphanol tartrate oral tablet 2 mg	Tier 1	ST
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	Tier 3	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i>	Tier 1	ST; QL (4 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>oxycodone hcl</i>)	Tier 2	ST; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (<i>oxycodone hcl</i>)	Tier 2	ST; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	Tier 3	
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (<i>oxycodone myristate</i>)	Tier 3	ST; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (<i>oxycodone myristate</i>)	Tier 3	ST; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (<i>oxycodone myristate</i>)	Tier 3	ST; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	Tier 4	PA
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab/pf</i>)	Tier 4	PA
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (<i>rilonacept</i>)	Tier 4	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel - Arthritis and Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (infliximab-axxq)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (infliximab-dyyb)	Tier 4	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
DMARD - Antimalarials - Arthritis and Pain Drugs		
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (100 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Tier 3	PA; OCH
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate/pf</i>)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (1.4 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	Tier 3	ST; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Tier 3	ST; OCH; QL (120 ML per 60 days)
DMARD - Antinflammatory, Select. costimulation modulator, T-cell Inhib. - Arthritis and Pain Drugs		
ORENCIA (WITH MALTOSSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept/maltose</i>)	Tier 4	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	Tier 4	PA
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-arrx</i>)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 4	PA
DMARD - Gold Compounds - Arthritis and Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	Tier 4	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	Tier 4	PA
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 4	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 4	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab-aazg</i>)	Tier 4	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab-aazg</i>)	Tier 4	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab-aazg</i>)	Tier 4	PA
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 4	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
DMARD - Other - Arthritis and Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 4	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	Tier 4	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	Tier 4	PA
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (<i>belimumab</i>)	Tier 4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (<i>belimumab</i>)	Tier 4	PA
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (<i>naproxen</i>)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketoprofen</i> (Kiprofen Oral Capsule 25 Mg)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations - Arthritis and Pain Drugs		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (<i>midazolam/ketamine hcl/ondansetron hcl</i>)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid</i>	Tier 1	
<i>isoflurane</i> (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (<i>bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (hydrocortisone acetate/lidocaine hcl/aloe vera)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-2.5 %- % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine hcl)	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone acetate/pramoxine hcl)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine hcl/skin cleanser no.16)	Tier 3	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (<i>pralidoxime chloride/atropine sulfate</i>)	Tier 3	
Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
Antidote - Radioactive Agents - Drugs for Overdose or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (<i>zinc acetate</i>)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) (<i>zinc acetate</i>)	Tier 3	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 4	PA
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA
<i>trientine oral capsule 250 mg</i>	Tier 4	PA
<i>trientine oral capsule 500 mg</i>	Tier 4	PA
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 4	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 4	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 4	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (<i>naloxone hcl</i>)	Tier 2	QL (4 EA per 30 days)
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (<i>nalmefene hcl</i>)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (<i>naloxone hcl</i>)	Tier 3	QL (2 ML per 30 days)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (<i>lenacapavir sodium</i>)	Tier 2	PA
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
<i>paramomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	Tier 4	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (<i>amoxicillin</i>)	Tier 3	
PIVYA ORAL TABLET 185 MG (<i>pivmecillinam hcl</i>)	Tier 3	PA
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	Tier 3	
EMVERM ORAL TABLET, CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (<i>sulfamethoxazole/trimethoprim</i>)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Nitrofurantoin Derivatives - Antibiotics		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
Antifungal - Imidazoles - Drugs for Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (<i>miconazole</i>)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (<i>oteseconazole</i>)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG (<i>posaconazole</i>)	Tier 3	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal other - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether/lumefantrine</i>)	Tier 3	
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (100 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (<i>metronidazole</i>)	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (<i>secnidazole</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (<i>ibalizumab-uiyk</i>)	Tier 2	PA
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 2	QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 2	PA
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	Tier 2	QL (2 EA per 1 day)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (<i>cabotegravir</i>)	\$0	ST; EHB; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	Tier 1	Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 2	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	QL (1200 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Tier 3	QL (2 EA per 1 day)
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	Tier 1	
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine/tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 2	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	Tier 2	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	QL (1 EA per 1 day)
Antiretroviral- Nucleoside and Nucleotide Analogs, Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 2	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	Tier 3	
Antitubercular - D-alanine Analogs - Antibiotics		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	Tier 4	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	Tier 1	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (<i>cefixime</i>)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	Tier 2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	Tier 4	PA
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (<i>letermovir</i>)	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (<i>ciprofloxacin</i>)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Tier 4	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide</i>)	Tier 4	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	Tier 4	PA
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir/velpatasvir/voxilaprevir</i>)	Tier 4	PA
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	Tier 4	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 EA per 180 days)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (<i>fidaxomicin</i>)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 2	QL (20 EA per 10 days)
<i>erythromycin ethylsuccinate</i> (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
<i>erythromycin base</i> (Ery-Tab Oral Tablet, Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
Misc Anti-Infective - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate, monobasic</i>)	Tier 3	
Misc Anti-Infective Combinations - Drugs for Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (<i>methenamine/sod phosph, monobasic/methylene blue/hyoscyamine</i>)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 2	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 2	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Tier 2	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG (<i>ritonavir</i>)	Tier 2	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (<i>ritonavir</i>)	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 2	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (<i>rifamycin sodium</i>)	Tier 3	ST; QL (12 EA per 1 FILL)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 2	PA
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG (<i>nirmatrelvir/ritonavir</i>)	\$0	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	\$0	QL (30 EA per 28 days); Age (Min 12 Years)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	\$0	QL (40 EA per 29 days); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline Antibiotics - Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Age (Min 18 Years)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (<i>minocycline hcl</i>)	Tier 3	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 75 Mg)	Tier 1	ST; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	Tier 2	
Antineoplastics		
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	Tier 4	PA; OCH
Antineoplastic - Bispecific HER2-Directed Monoclonal Antibody		
ZIIHERA INTRAVENOUS RECON SOLN 300 MG (<i>zanidatamab-hrii</i>)	Tier 4	PA
Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody		
VYLOY INTRAVENOUS RECON SOLN 100 MG (<i>zolbetuximab-clzb</i>)	Tier 4	PA
Antineoplastic - Gamma-Secretase Inhibitor (GSI)		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	Tier 4	PA; OCH
Antineoplastic - Menin Inhibitors		
REVUFORJ ORAL TABLET 110 MG, 160 MG (<i>revumenib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	Tier 4	PA; OCH
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib tosylate/abiraterone acetate</i>)	Tier 4	PA; OCH
Antineoplastic - Telomerase Inhibitors		
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG (<i>imetelstat sodium</i>)	Tier 4	PA
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (<i>mirvetuximab soravtansine-gynx</i>)	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib		
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib citrate</i>)	Tier 4	PA; OCH
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (<i>glofitamab-gxbm</i>)	Tier 4	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (<i>epcoritamab-bysp</i>)	Tier 4	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (<i>mosunetuzumab-axgb</i>)	Tier 4	PA
Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (<i>tarlatamab-dlle</i>)	Tier 4	PA
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-maly</i>)	Tier 4	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab</i>)	Tier 4	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-awwb</i>)	Tier 4	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-adcd</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-bvzr</i>)	Tier 4	PA
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (<i>amivantamab-vmjw</i>)	Tier 4	PA
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 4	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; OCH
<i>gefitinib oral tablet 250 mg</i>	Tier 4	PA; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	Tier 4	PA; OCH
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	Tier 4	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	Tier 4	PA; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	Tier 4	PA; OCH
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	Tier 4	PA; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 4	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Tier 4	OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (<i>thiotepa</i>)	Tier 4	
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	Tier 4	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	Tier 4	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (<i>melfalan hcl/betadex sulfobutyl ether sodium</i>)	Tier 4	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 4	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 4	OCH
<i>melfalan hcl intravenous recon soln 50 mg</i>	Tier 4	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
<i>carmustine intravenous recon soln 100 mg</i>	Tier 4	
<i>carmustine intravenous recon soln 300 mg</i>	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	Tier 4	PA; OCH
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan 20</i>)	Tier 4	
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	Tier 4	
<i>bendamustine intravenous solution 25 mg/ml</i>	Tier 4	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	
Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer		
TEMODAR INTRAVENOUS RECON SOLN 100 MG (<i>temozolomide</i>)	Tier 4	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	Tier 4	PA; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	Tier 4	PA; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	Tier 4	PA; OCH
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	Tier 4	PA; OCH
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	Tier 4	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 4	OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 4	PA; OCH
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	Tier 4	PA; OCH
<i>nilutamide oral tablet 150 mg</i>	Tier 4	OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Tier 4	PA; OCH
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	Tier 4	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 4	PA; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (<i>daunorubicin/cytarabine liposomal</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 4	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 4	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (<i>mirvetuximab soravtansine-gynx</i>)	Tier 4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 4	PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 4	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 4	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG (<i>pemetrexed dipotassium</i>)	Tier 4	PA
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (<i>pralatrexate</i>)	Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Tier 3	PA; OCH
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 4	PA
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 4	PA
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed intravenous solution 25 mg/ml</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (<i>pemetrexed</i>)	Tier 4	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (<i>pemetrexed disodium</i>)	Tier 4	PA
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i>	Tier 4	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Tier 3	ST; OCH; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 4	
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 4	
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 4	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 4	
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OCH
<i>nelarabine intravenous solution 250 mg/50 ml</i>	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG (<i>pentostatin</i>)	Tier 4	
PURIXAN ORAL SUSPENSION 20 MG/ML (<i>mercaptopurine</i>)	Tier 4	ST; OCH
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 4	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
<i>azacitidine injection recon soln 100 mg</i>	Tier 4	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	PA; OCH
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 4	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 4	
<i>decitabine intravenous recon soln 50 mg</i>	Tier 4	
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 4	
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	Tier 4	
<i>gemcitabine intravenous recon soln 2 gram</i>	Tier 4	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (<i>gemcitabine hcl in 0.9 % sodium chloride</i>)	Tier 4	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	Tier 4	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	Tier 4	PA; OCH
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (<i>nivolumab-relatlimab-rmbw</i>)	Tier 4	PA
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (<i>elotuzumab</i>)	Tier 4	PA
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
<i>anastrozole oral tablet 1 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	Tier 4	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (<i>arsenic trioxide</i>)	Tier 4	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (<i>calaspargase pegol-mknl</i>)	Tier 4	PA
ERWINASE INJECTION RECON SOLN 10,000 UNIT (<i>asparaginase (erwinia chrysanthemi)</i>)	Tier 4	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	Tier 4	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (<i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>)	Tier 4	PA
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	Tier 4	PA; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	Tier 4	PA; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	Tier 4	PA; OCH
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (<i>tovorafenib</i>)	Tier 4	PA; OCH
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (<i>tovorafenib</i>)	Tier 4	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; OCH
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	Tier 4	PA; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (<i>mogamulizumab-kpkc</i>)	Tier 4	PA
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (<i>loncastuximab tesirine-lpyl</i>)	Tier 4	PA
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (<i>tafasitamab-cxix</i>)	Tier 4	PA
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (<i>ofatumumab</i>)	Tier 4	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (<i>obinutuzumab</i>)	Tier 4	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab- arrx</i>)	Tier 4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (<i>rituximab/hyaluronidase, human recombinant</i>)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 4	PA
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (<i>daratumumab-hyaluronidase- fihj</i>)	Tier 4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (<i>daratumumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (<i>isatuximab-irfc</i>)	Tier 4	PA
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; OCH
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	Tier 4	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	Tier 4	PA; OCH
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (<i>tremelimumab-actl</i>)	Tier 4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (<i>ipilimumab</i>)	Tier 4	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	Tier 4	PA; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	OCH
Antineoplastic - Etophilonones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (<i>ixabepilone</i>)	Tier 4	PA
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 4	PA; OCH
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hydrobromide</i>)	Tier 4	PA; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	Tier 4	PA; OCH
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (<i>futibatinib</i>)	Tier 4	PA; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	Tier 4	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	Tier 4	PA; OCH
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	Tier 4	PA; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	Tier 4	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	Tier 4	PA; OCH
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	Tier 4	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (<i>belinostat</i>)	Tier 4	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (<i>romidepsin</i>)	Tier 4	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	Tier 4	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	Tier 4	OCH
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	Tier 4	PA; OCH
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	Tier 4	PA
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (<i>siltuximab</i>)	Tier 4	PA
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	Tier 4	
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib dihydrochloride</i>)	Tier 4	PA; OCH
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	Tier 4	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (<i>sotorasib</i>)	Tier 4	PA; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide acetate</i>)	Tier 4	PA
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	Tier 4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	Tier 4	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	Tier 4	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	Tier 4	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; OCH
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	Tier 4	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	Tier 4	PA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (<i>eribulin mesylate</i>)	Tier 4	PA
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; OCH
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 4	PA; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (<i>sirolimus protein-bound</i>)	Tier 4	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>everolimus</i> (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 4	PA; OCH
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	Tier 4	PA; OCH
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (<i>cabozantinib s-malate</i>)	Tier 4	PA; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	Tier 4	PA; OCH
<i>sorafenib oral tablet 200 mg</i>	Tier 4	PA; OCH
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	Tier 4	PA; OCH
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; OCH
Antineoplastic - Other - Drugs for Cancer		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (<i>nogapendekin alfa inbakicept-pmln</i>)	Tier 4	PA
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>lutetium lu 177 dotatate</i>)	Tier 4	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 4	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 4	PA; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (<i>inavolisib</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (<i>alpelisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 4	
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 4	
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 4	
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 4	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (<i>cisplatin</i>)	Tier 4	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 4	
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	Tier 4	PA; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	Tier 4	PA; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	Tier 4	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	Tier 4	PA; OCH
Antineoplastic - Progestins - Drugs for Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Tier 4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	Tier 4	PA
<i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>	Tier 4	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (<i>repotrectinib</i>)	Tier 4	PA; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	Tier 4	PA; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	Tier 4	PA; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	Tier 4	PA; OCH
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 4	PA; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	Tier 4	PA; OCH
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	Tier 4	PA; OCH
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 4	PA; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	Tier 4	PA; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	Tier 4	OCH
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	Tier 4	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 4	PA; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	Tier 4	PA; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA
<i>pazopanib oral tablet 200 mg</i>	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	Tier 4	PA; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	Tier 4	PA; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (<i>entrectinib</i>)	Tier 4	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	Tier 4	PA; OCH
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (<i>asciminib hydrochloride</i>)	Tier 4	PA; OCH
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hydrochloride</i>)	Tier 4	PA; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	Tier 4	PA; OCH
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	Tier 4	PA; OCH
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hydrochloride</i>)	Tier 4	PA; OCH
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 4	PA
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>lutetium lu 177 dotatate</i>)	Tier 4	PA
Antineoplastic - Radiopharmaceuticals - Drugs for Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (<i>sodium iodide-131</i>)	Tier 3	OCH
Antineoplastic - Retinoids - Drugs for Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	OCH
Antineoplastic - Selective Estrogen Receptor Degradors (SERDs) - Drugs for Cancer		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 4	PA
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hcl</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (<i>tamoxifen citrate</i>)	Tier 2	OCH
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i>	Tier 4	PA; OCH
Antineoplastic - Selective Inhibitors of Nuclear Export (SINE) - Drugs for Cancer		
XPROVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 4	PA; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	Tier 4	PA; OCH
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	Tier 4	PA; OCH
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	Tier 4	PA; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; OCH
Antineoplastic - Taxanes - Drugs for Cancer		
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 4	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)</i>	Tier 4	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (<i>cabazitaxel</i>)	Tier 4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 4	
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	Tier 4	PA
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	Tier 4	PA; OCH
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (<i>irinotecan hcl</i>)	Tier 4	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	Tier 4	OCH
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	Tier 4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (<i>irinotecan liposomal</i>)	Tier 4	PA
<i>topotecan intravenous recon soln 4 mg</i>	Tier 4	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 4	
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	Tier 4	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	Tier 4	PA; OCH
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (<i>ramucirumab</i>)	Tier 4	PA
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 4	
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 4	
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 4	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 4	
<i>epirubicin intravenous recon soln 50 mg</i>	Tier 4	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	Tier 4	
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 4	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 4	PA
<i>valrubicin intravesical solution 40 mg/ml</i>	Tier 4	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	Tier 4	
Antineoplastic Antibiotic - Others - Drugs for Cancer		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 4	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	Tier 4	
<i>mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml), 40 mg/40 ml (1 mg/ml)</i>	Tier 4	
<i>mitomycin</i> (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 4	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (<i>streptozocin</i>)	Tier 4	
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (<i>trabectedin</i>)	Tier 4	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (<i>lurbinectedin</i>)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (<i>avelumab</i>)	Tier 4	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (<i>durvalumab</i>)	Tier 4	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (<i>atezolizumab-hyaluronidase-tqjs</i>)	Tier 4	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (<i>atezolizumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (<i>dostarlimab-gxly</i>)	Tier 4	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (<i>pembrolizumab</i>)	Tier 4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (<i>cemiplimab-rwlc</i>)	Tier 4	PA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (<i>toripalimab-tpzi</i>)	Tier 4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (<i>nivolumab</i>)	Tier 4	PA
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML (<i>tislelizumab-jsgr</i>)	Tier 4	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (<i>retifanlimab-dlwr</i>)	Tier 4	PA
Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (<i>tagraxofusp-erzs</i>)	Tier 4	PA
Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 4	PA
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 4	PA
Antineoplastic-CD33 Specific Antibody and Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 4	PA
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 4	PA
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 4	PA
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (<i>decitabine/cedazuridine</i>)	Tier 4	PA; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 4	PA
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
DATROWAY INTRAVENOUS RECON SOLN 100 MG (<i>datopotamab deruxtecan-dlnk</i>)	Tier 4	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG (<i>sacituzumab govitecan-hziy</i>)	Tier 4	PA
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PIGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (<i>ziv-aflibercept</i>)	Tier 4	PA
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (<i>elranatamab-bcmm</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (<i>blinatumomab</i>)	Tier 4	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (<i>blinatumomab</i>)	Tier 4	PA
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (<i>pertuzumab</i>)	Tier 4	PA
Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (<i>cetuximab</i>)	Tier 4	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (<i>necitumumab</i>)	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (<i>panitumumab</i>)	Tier 4	PA
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (<i>trastuzumab-hyaluronidase-oysk</i>)	Tier 4	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (<i>trastuzumab</i>)	Tier 4	PA
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-strf</i>)	Tier 4	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	Tier 4	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-anns</i>)	Tier 4	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (<i>margetuximab-cmkb</i>)	Tier 4	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	Tier 4	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>)	Tier 4	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	Tier 4	PA
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (<i>tebentafusp-tebn</i>)	Tier 4	PA
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 4	
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (<i>levoleucovorin</i>)	Tier 4	
<i>leucovorin calcium injection recon soln 100 mg</i>	Tier 1	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 4	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (<i>levoleucovorin</i>)	Tier 4	
<i>leucovorin calcium injection recon soln 100 mg</i>	Tier 1	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (<i>sodium thiosulfate</i>)	Tier 4	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
<i>mesna oral tablet 400 mg</i>	Tier 1	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
<i>alcohol swabs topical pads, medicated</i>	Tier 3	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
IV PREP WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
WEBCOL TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagflu/e.water</i>)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
RENOVAR TOPICAL SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (RSV)		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref a and b/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (<i>respiratory syncytial virus vacc. antigen/as01e adjuvant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (<i>allergenic extract, grass pollen-timothy, standard</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (<i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (<i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>)	Tier 3	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (<i>allergenic extract, mite-d.farinae-d.pteronyssinus, standard</i>)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (<i>allergenic extract-weed pollen-short ragweed</i>)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (<i>centruroides (scorpion) polyvalent antivenom</i>)	Tier 3	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML (<i>nirsevimab-alip</i>)	\$0	PA; EHB; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML (<i>nirsevimab-alip</i>)	\$0	PA; EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS AND 19 MONTHS OF AGE OR YOUNGER
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (<i>palivizumab</i>)	Tier 4	PA
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (<i>pemivibart</i>)	Tier 4	PA
Chemicals, foods, irritant/allergenic - Biological Agents		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED (<i>chemical allergens</i>)	Tier 3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmb/diph,pertus(acell),tet,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b virus vaccine recombinant, isoforms, m, l/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>cytomegalovirus immune globulin (human)</i>)	Tier 4	
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ALYGLO INTRAVENOUS SOLUTION 10 % (<i>immune globulin, gamma (igg)-stwk human</i>)	Tier 4	PA
ASCENIV INTRAVENOUS SOLUTION 10 % (<i>immune globulin, gamma (igg)-slra human</i>)	Tier 4	PA
BIVIGAM INTRAVENOUS SOLUTION 10 % (<i>immune globulin, gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (<i>immune globulin, gamma(igg)-hipp human/maltose</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (<i>immune globulin,gamma(igg)/glycine</i>)	Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	Tier 4	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>)	Tier 4	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>)	Tier 4	PA
PANZYGA INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma(igg)-ifas human/glycine</i>)	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)-klhw human</i>)	Tier 4	PA
Immune Globulin - Hepatitis B - Biological Agents		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (<i>hepatitis b immune globulin/maltose</i>)	Tier 3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>)	Tier 3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (<i>hepatitis b immune globulin</i>)	Tier 3	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	Tier 3	
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (<i>rho(d) immune globulin</i>)	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML (<i>rho(d) immune globulin/maltose</i>)	Tier 4	
Immune Globulin - Varicella-zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (<i>varicella-zoster immune globulin/maltose</i>)	Tier 3	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte immune globulin,antithymocyte (equine)</i>)	Tier 4	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (<i>anti-thymocyte globulin,rabbit</i>)	Tier 4	
Live Vaccine and Live Virus Formulations - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 3	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmb/diph,pertus(acell),tet,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML (<i>diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adult</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT- 5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML <i>(diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live,attenuated</i>)	Tier 3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Positive Cocci - Vaccines		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acellular),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML <i>(diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Adenovirus - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>)	\$0	EHB
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (<i>covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf</i>)	\$0	EHB
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>)	\$0	EHB
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>)	\$0	EHB
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>)	\$0	EHB
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>)	\$0	EHB
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>)	\$0	EHB
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>)	\$0	EHB
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>)	\$0	EHB
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vacc quad 2024 south hem (6 mos and up)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vacc quad 2024 south hem (6 months and up)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML <i>(poliomyelitis vaccine, killed)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML <i>(rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8))</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML <i>(rotavirus vaccine, live oral pentavalent)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rubella - Vaccines		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Cardiovascular Therapy Agents		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (<i>olezarsen sodium</i>)	Tier 4	PA
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	Tier 4	PA
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan/tadalafil</i>)	Tier 4	PA
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA)		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (<i>sotatercept-csrk</i>)	Tier 4	PA
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	ST; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	Tier 3	ST; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	Tier 3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>labetalol oral tablet 400 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomil/chlorthalidone</i>)	Tier 3	ST
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (8 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Tier 3	ST
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 1	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	Tier 1	
Antianginal and Anti-ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	Tier 3	PA
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Angiotensin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (<i>evinacumab-dgnb</i>)	Tier 4	PA
Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (<i>olezarsen sodium</i>)	Tier 4	PA
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Tier 2	ST
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 1	
<i>colesevelam oral tablet 625 mg</i>	Tier 1	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	Tier 3	ST; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (<i>atorvastatin calcium</i>)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 3	ST; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (<i>simvastatin</i>)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST; QL (4 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 0.5 GRAM (<i>icosapent ethyl</i>)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (<i>icosapent ethyl</i>)	Tier 1	QL (4 EA per 1 day)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid/ezetimibe</i>)	Tier 2	ST
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	Tier 4	PA
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Tier 3	ST; QL (360 ML per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 4	PA
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 MI)	Tier 4	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem hcl (Tiadyt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20 ml	Tier 4	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML (nimodipine)	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	Tier 3	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 5 mg</i>	Tier 1	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	Tier 4	PA
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML) (<i>epinephrine</i>)	Tier 3	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (<i>digoxin</i>)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (<i>digoxin</i>)	Tier 2	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (<i>furosemide</i>)	Tier 4	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (<i>ivabradine hcl</i>)	Tier 2	QL (20 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (<i>atropine sulfate</i>)	Tier 3	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (<i>selexipag</i>)	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	Tier 4	PA
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
<i>metirosine oral capsule 250 mg</i>	Tier 4	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	Tier 4	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (<i>ecallantide</i>)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hydrochloride</i>)	Tier 4	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 4	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (<i>treprostinil diolamine</i>)	Tier 4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (<i>treprostinil diolamine</i>)	Tier 4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (<i>treprostinil diolamine</i>)	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 4	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (<i>treprostinil sodium</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil/nebulizer accessories</i>)	Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	Tier 4	PA
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 4	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	Tier 4	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 4	PA
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
Vasodilator Combinations - Drugs for High Blood Pressure		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
Central Nervous System Agents		
Antipsychotic - Muscarinic Agonist/Antagonist Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline tartrate/trospium chloride</i>)	Tier 3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (<i>xanomeline tartrate/trospium chloride</i>)	Tier 3	ST
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	Tier 2	PA
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (<i>perampanel</i>)	Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (<i>perampanel</i>)	Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (<i>perampanel</i>)	Tier 2	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	Tier 4	ST
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	Tier 3	PA
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14) (<i>lacosamide</i>)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Tier 4	PA
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 4	PA
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA
<i>vigabatrin</i> (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA
<i>vigabatrin</i> (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	Tier 4	PA
<i>vigabatrin</i> (Vigpoder Oral Powder In Packet 500 Mg)	Tier 4	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
<i>phenytoin sodium extended</i> (Dilantin Oral Capsule 30 Mg)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (<i>phenytoin</i>)	Tier 2	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet,chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (<i>eslicarbazepine acetate</i>)	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet,chewable 100 mg</i>	Tier 1	
<i>carbamazepine oral tablet,chewable 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 2	
<i>carbamazepine</i> (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	Tier 3	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule, sprinkle 50 mg</i>	Tier 1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	Tier 4	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (<i>lamotrigine</i>)	Tier 3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (<i>lamotrigine</i>)	Tier 3	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (<i>lamotrigine</i>)	Tier 3	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	ST
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Green) Kit Oral Tablets, Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Orange) Kit Oral Tablets, Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	Tier 2	QL (2 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (<i>zonisamide</i>)	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	ST; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	ST; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	Tier 4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (<i>cenobamate</i>)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (<i>cenobamate</i>)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (<i>cenobamate</i>)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (<i>selegiline</i>)	Tier 3	ST; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 3	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (<i>dextromethorphan hbr/bupropion hcl</i>)	Tier 3	ST
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (<i>brexanolone</i>)	Tier 3	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	Tier 4	PA
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (<i>esketamine hcl</i>)	Tier 4	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 3	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5) (<i>levomilnacipran hcl</i>)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Tier 2	QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant- SSRI and Atypical Antipsych, Dopamine, Serotonin Antagon - Drugs for Depression		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
CREXONT ORAL CAPSULE, IR -EXTEND REL, BIPHASE 35-140 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE, IR -EXTEND REL, BIPHASE 52.5-210 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE, IR -EXTEND REL, BIPHASE 70-280 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE, IR -EXTEND REL, BIPHASE 87.5-350 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (6 EA per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (<i>carbidopa/levodopa</i>)	Tier 4	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (10 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (<i>foscarbidopa/foslevodopa</i>)	Tier 4	PA
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (<i>levodopa</i>)	Tier 4	PA
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	Tier 3	ST; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (<i>selegiline hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	Tier 2	ST; QL (1 EA per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (<i>asenapine</i>)	Tier 3	ST; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	Tier 3	ST; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (<i>iloperidone</i>)	Tier 3	ST; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (5 ML per 166 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (2.63 ML per 70 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (<i>risperidone</i>)	Tier 4	QL (1 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	Tier 4	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (<i>risperidone</i>)	Tier 4	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (<i>risperidone</i>)	Tier 4	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (<i>risperidone</i>)	Tier 4	QL (0.42 ML per 56 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (<i>risperidone</i>)	Tier 4	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (<i>risperidone</i>)	Tier 4	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (<i>risperidone</i>)	Tier 4	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (<i>risperidone</i>)	Tier 4	QL (0.21 ML per 28 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	Tier 3	ST; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	Tier 3	ST; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (<i>loxapine</i>)	Tier 4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (<i>quetiapine fumarate</i>)	Tier 3	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (<i>olanzapine pamoate</i>)	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (<i>olanzapine pamoate</i>)	Tier 4	QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	Tier 4	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (<i>aripiprazole</i>)	Tier 4	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (<i>aripiprazole</i>)	Tier 4	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 4	QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (<i>aripiprazole lauroxil, submicronized</i>)	Tier 4	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (2.4 ML per 14 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	Tier 3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3) (<i>brexpiprazole</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (<i>clonidine hcl</i>)	Tier 3	ST; QL (4 ML per 1 day); Age (Min 6 Years)
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (<i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>)	Tier 2	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (<i>methylphenidate</i>)	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (<i>methylphenidate</i>)	Tier 3	ST; QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 3	ST; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	Tier 3	ST; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	Tier 2	ST; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 3	ST; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 1	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	Tier 3	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (<i>methylphenidate hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 60mL BOTTLE; QL (60 ML per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (3 EA per 1 day); Age (Min 6 Years)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/MI)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	Tier 3	QL (10 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>carbamazepine</i> (Epiitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 3	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	ST
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<i>lamotrigine</i> (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Green) Kit Oral Tablets, Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Orange) Kit Oral Tablets, Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	Tier 3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (<i>amphetamine</i>)	Tier 3	ST; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	Tier 3	PA
HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (<i>bremelanotide acetate</i>)	Tier 3	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	Tier 4	PA
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	Tier 4	PA
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (<i>rimegepant sulfate</i>)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (<i>zavegepant hcl</i>)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	ST; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (<i>dihydroergotamine mesylate</i>)	Tier 3	ST; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (<i>celecoxib</i>)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan</i> (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	Tier 2	PA
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (<i>deutetrabenazine</i>)	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (<i>deutetrabenazine</i>)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (<i>deutetrabenazine</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (<i>sodium oxybate</i>)	Tier 4	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (<i>sodium oxybate</i>)	Tier 4	PA
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>)	Tier 4	PA
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	Tier 3	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	Tier 4	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfate</i>)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	Tier 3	ST; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	Tier 3	PA
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	Tier 3	PA
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
<i>lofexidine oral tablet 0.18 mg</i>	Tier 1	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (<i>buprenorphine</i>)	Tier 4	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (<i>buprenorphine</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl/naloxone hcl</i>)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (<i>buprenorphine hcl/naloxone hcl</i>)	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG (<i>naltrexone microspheres</i>)	Tier 4	
Alcohol Deterrents - Drugs for Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (<i>sodium chloride for inhalation</i>)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (<i>sodium chloride for inhalation</i>)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (<i>sodium chloride for inhalation</i>)	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (<i>cholera vaccine buffer component</i>)	Tier 3	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (GPE) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	Tier 4	PA
Cognitive Disorder Therapy - Drugs for the Nervous System		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML (<i>aducanumab-avwa</i>)	Tier 4	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (<i>lecanemab-irmb</i>)	Tier 4	PA
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (<i>donepezil hcl</i>)	Tier 3	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (<i>memantine hcl</i>)	Tier 2	ST; QL (28 EA per 28 days)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
<i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 21-10 MG (<i>memantine hcl/donepezil hcl</i>)	Tier 3	ST; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (<i>memantine hcl/donepezil hcl</i>)	Tier 2	ST; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic acid/citric acid/potassium bitartrate</i>)	\$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (<i>etonogestrel</i>)	\$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	CT; EHB
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	CT; EHB
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	\$0	CT; EHB
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	\$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	\$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgestrel/ethinyl estradiol/iron)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	\$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (norethindrone acetate/ethinyl estradiol)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmyly Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet, Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/50 (28) Oral Tablet 1-50 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (drospirenone/estetrol)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	\$0	CT; EHB
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0	CT; EHB
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	\$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	\$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	\$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (<i>norethindrone-ethinyl estradiol</i>)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
OCELLA ORAL TABLET 3-0.03 MG (<i>ethinyl estradiol/drospirenone</i>)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Portia 28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
<i>norgestimate-ethinyl estradiol</i> (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>ethinyl estradiol/drospirenone</i> (Syeda Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	CT; EHB
<i>norgestrel-ethinyl estradiol</i> (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (<i>levonorgestrel/ethinyl estradiol</i>)	\$0	CT; EHB
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	\$0	CT; EHB
<i>ethinyl estradiol/drospirenone</i> (Vestura (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<i>norgestimate-ethinyl estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i> (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	\$0	CT; EHB
YASMIN (28) ORAL TABLET 3-0.03 MG (<i>ethinyl estradiol/drospirenone</i>)	\$0	CT; EHB
YAZ (28) ORAL TABLET 3-0.02 MG (<i>ethinyl estradiol/drospirenone</i>)	\$0	CT; EHB
<i>ethinyl estradiol/drospirenone</i> (Zarah Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
<i>ethynodiol diacetate-ethinyl estradiol</i> (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<i>ethinyl estradiol/drospirenone</i> (Zumandimine (28) Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	\$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG (<i>norethindrone</i>)	\$0	CT; EHB
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0	CT; EHB
OPIII ORAL TABLET 0.075 MG (<i>norgestrel</i>)	\$0	CT; EHB
ORTHO MICRONOR ORAL TABLET 0.35 MG (<i>norethindrone</i>)	\$0	CT; EHB
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	\$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) (<i>drospirenone</i>)	\$0	CT; EHB
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	\$0	CT; EHB
Contraceptive Oral - Quadruphasic - Birth Control Pills		
<i>1 norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	CT; EHB
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (<i>estradiol valerate/dienogest</i>)	\$0	CT; EHB
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethindrone-ethinyl estradiol</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	CT; EHB
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	\$0	CT; EHB
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG (norethindrone-ethinyl estradiol)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0	CT; EHB
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (<i>levonorgestrel/ethinyl estradiol</i>)	\$0	CT; EHB
<i>norelgestromin/ethinyl estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB
<i>norelgestromin/ethinyl estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (<i>segesterone acetate/ethinyl estradiol</i>)	\$0	CT; EHB
<i>etonogestrel/ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
<i>etonogestrel/ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	CT; EHB
<i>etonogestrel/ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (<i>etonogestrel/ethinyl estradiol</i>)	\$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	\$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Spermicides - Birth Control Pills		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
Dermatological		
Dermatitis Agents, Systemic - IL-31 Receptor alpha Antagonist MAb		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	Tier 4	PA
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	Tier 4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 4	PA
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
<i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (<i>clascoterone</i>)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ABENOR HP TOPICAL LOTION 15-4 % (<i>sulfacetamide sodium/niacinamide</i>)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	ST
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1	ST
<i>erythromycin base in ethanol</i> (Ery Pads Topical Swab 2 %)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 % (<i>sulfacetamide sodium/niacinamide</i>)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
ALIXI TOPICAL CREAM 6-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
ARTILIS TOPICAL GEL 2.5-1-4 % (<i>benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
<i>clindamycin phosphate/benzoyl peroxide</i> (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	PA
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEOXIAXAR TOPICAL CREAM 0.05-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
INZDEAXIAXAR TOPICAL GEL 0.05-2.5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
BPO TOPICAL GEL 8 % (<i>benzoyl peroxide</i>)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (<i>benzoyl peroxide</i>)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (<i>benzoyl peroxide</i>)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (<i>benzoyl peroxide microspheres</i>)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (<i>benzoyl peroxide/hydrocortisone</i>)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
ALURIS HP TOPICAL CREAM 0.1-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDYYXIATAR TOPICAL GEL 0.025-5 % (<i>tretinoin/niacinamide</i>)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 % (<i>tretinoin/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	
<i>adapalene topical lotion 0.1 %</i>	Tier 1	Age (Max 39 Years)
AKLIEF TOPICAL CREAM 0.005 % (<i>trifarotene</i>)	Tier 3	ST; Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (<i>tretinoin</i>)	Tier 3	
AVITA TOPICAL CREAM 0.025 % (<i>tretinoin</i>)	Tier 1	
AVITA TOPICAL GEL 0.025 % (<i>tretinoin</i>)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (<i>adapalene</i>)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (<i>tretinoin microspheres</i>)	Tier 3	ST; Age (Max 39 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Tier 1	ST; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (<i>halobetasol propionate/tazarotene</i>)	Tier 3	ST; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 1	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSTILAR TOPICAL FOAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 3	ST
WYNZORA TOPICAL CREAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 3	ST
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody - Drugs for the Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (<i>spesolimab-sbzo</i>)	Tier 4	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	Tier 4	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	Tier 4	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (<i>bimekizumab-bkzx</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (<i>bimekizumab-bkzx</i>)	Tier 4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (<i>secukinumab</i>)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (<i>brodalumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	Tier 4	PA
OPZELURA TOPICAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (<i>upadacitinib</i>)	Tier 4	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (<i>tralokinumab-ldrm</i>)	Tier 4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (<i>lebrikizumab-lbkz</i>)	Tier 4	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (<i>lebrikizumab-lbkz</i>)	Tier 4	PA
Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		
EUCRISA TOPICAL OINTMENT 2 % (<i>crisaborole</i>)	Tier 2	ST
ZORYVE TOPICAL CREAM 0.15 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (<i>silver</i>)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (<i>mupirocin</i>)	Tier 3	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
NORMLGEL AG TOPICAL GEL 0.11 % (<i>silver carbonate</i>)	Tier 3	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (<i>retapamulin</i>)	Tier 3	ST
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (<i>ozenoxacin</i>)	Tier 3	ST
Dermatological - Antibacterial, Antifungal Agent with Glucocorticoid - Drugs for the Skin		
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide/emollient comb no.65</i>)	Tier 3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide</i>)	Tier 3	ST
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (<i>glycopyrronium tosylate</i>)	Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (<i>sofpironium bromide</i>)	Tier 3	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i>	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
<i>nystatin</i> (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin</i> (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Benzylamines - Drugs for the Skin		
MENTAX TOPICAL CREAM 1 % (<i>butenafine hcl</i>)	Tier 3	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
EXODERM TOPICAL LOTION 25-1 % (<i>sodium thiosulfate/salicylic acid</i>)	Tier 1	
FERVINA TOPICAL LOTION 3-5-20 % (<i>ciclopirox olamine/itraconazole/urea</i>)	Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 % (<i>ketoconazole/salicylic acid</i>)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (<i>ciclopirox olamine/itraconazole/urea</i>)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (<i>ketoconazole/salicylic acid</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (<i>ciclopirox olamine/skin cleanser combination no.28</i>)	Tier 3	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
FILOMA TOPICAL SOLUTION 8-1-1 % (<i>ciclopirox olamine/fluconazole/terbinafine hcl</i>)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (<i>ciclopirox olamine/salicylic acid</i>)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (<i>ciclopirox olamine/fluconazole/terbinafine hcl</i>)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole nitrate topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (<i>econazole nitrate</i>)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (<i>sulconazole nitrate</i>)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	Tier 2	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (<i>ketoconazole/skin cleanser combination no.28</i>)	Tier 3	
<i>luliconazole topical cream 1 %</i>	Tier 1	ST; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (<i>hydrocortisone/iodoquinol</i>)	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (<i>mechlorethamine hcl</i>)	Tier 4	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
FLUOROPLEX TOPICAL CREAM 1 % (<i>fluorouracil</i>)	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (<i>fluorouracil</i>)	Tier 2	
Dermatological - Antineoplastic or Premalign. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI TOPICAL OINTMENT IN PACKET 1 % (<i>tirbanibulin</i>)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (<i>alitretinoin</i>)	Tier 4	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
<i>bexarotene topical gel 1 %</i>	Tier 4	PA
Dermatological - Antiperspirants - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical foam 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	ST
DIOOXIA TOPICAL CREAM 0.005-4 % (<i>calcipotriene/niacinamide</i>)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (<i>anthralin</i>)	Tier 2	ST
PURAZIL TOPICAL CREAM 0.005-4 % (<i>calcipotriene/niacinamide</i>)	Tier 3	
SORILUX TOPICAL FOAM 0.005 % (<i>calcipotriene</i>)	Tier 3	ST
<i>tazarotene topical cream 0.05 %</i>	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (<i>tapinarof</i>)	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (<i>anthralin micronized</i>)	Tier 3	ST
ZORYVE TOPICAL CREAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antiseborrheic - Drugs for the Skin		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	Tier 3	ST
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (<i>selenium sulfide</i>)	Tier 3	
ZORYVE TOPICAL FOAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antiviral, Herpes - Drugs for the Skin		
<i>acyclovir topical ointment 5 %</i>	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID POWDER COMPONENT TOPICAL POWDER (<i>anacaulase-bcdb</i>)	Tier 3	
NEXOBRID TOPICAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (<i>mafenide acetate</i>)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
HOVYN TOPICAL SOLUTION 0.1 % (<i>tacrolimus</i>)	Tier 3	
NUJO TOPICAL SOLUTION 0.1 % (<i>tacrolimus</i>)	Tier 3	
<i>pimecrolimus topical cream 1 %</i>	Tier 1	ST
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	ST
Dermatological - Depigmenting Agents - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroquinone topical cream 4 %</i>	Tier 1	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
MAVILO TOPICAL EMULSION 5-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
MOKURA LP TOPICAL EMULSION 4-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MOKURA MOD TOPICAL EMULSION 6-0.05 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MOKURA TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15 (<i>hydroquinone/sunscreens</i> (<i>oxybenzone/octinoxate</i>))	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (<i>hydroquinone/ascorbic acid</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (<i>hydroquinone/ascorbic acid/vit e acetate (d-alpha tocoph)</i>)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (<i>fluocinolone acetonide/tretinoin/hydroquinone</i>)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 % (<i>emol53/e. water/namgfs/naphos/nacl/hypochlorous acid/nahypocl</i>)	Tier 1	
Dermatological - Emollient Mixtures - Drugs for the Skin		
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL (<i>emollient combination no.47/emollient combination no.60</i>)	Tier 3	
PRESERA TOPICAL FOAM (<i>emollient combination no.80</i>)	Tier 3	
XCLAIR TOPICAL CREAM (<i>hyaluronate sodium/vit e/emollient no.12/allantoin/shear tree</i>)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
KERASTAT TOPICAL CREAM (<i>keratin</i>)	Tier 3	
KERASTAT TOPICAL GEL 5 % (<i>keratin</i>)	Tier 3	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	Tier 3	PA
Dermatological - Glucocorticoid - Drugs for the Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Ala-Cort Topical Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (<i>flurandrenolide</i>)	Tier 3	ST; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 % (<i>flurandrenolide</i>)	Tier 3	ST
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Tier 1	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)</i>	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	ST; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i>	Tier 1	ST
<i>halcinonide topical solution 0.1 %</i>	Tier 1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (<i>halcinonide</i>)	Tier 3	ST
HALOG TOPICAL SOLUTION 0.1 % (<i>halcinonide</i>)	Tier 3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	ST
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical solution 2.5 %</i>	Tier 1	ST
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
PANDEL TOPICAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	Tier 3	ST; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (<i>hydrocortisone/salicylic acid/sulfur/shampoo no. 1</i>)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (<i>betamethasone dipropionate</i>)	Tier 3	ST
<i>hydrocortisone</i> (Texacort Topical Solution 2.5 %)	Tier 3	ST
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %)	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACIOXIA TOPICAL GEL 0.1-0.5 % (<i>triamcinolone acetonide/pentoxifylline</i>)	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 % (<i>desoximetasone/niacinamide</i>)	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % (<i>desoximetasone/niacinamide</i>)	Tier 3	
TELIORA TOPICAL GEL 0.1-0.5 % (<i>triamcinolone acetonide/pentoxifylline</i>)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (<i>hydrocortisone acetate/aloe vera</i>)	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	Tier 3	QL (375 GM per 30 days)
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (<i>clobetasol propionate/skin cleanser combination no.28</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR TS TOPICAL KIT 0.01 % (<i>fluocinolone acetonide/skin cleanser comb no.28</i>)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (<i>interferon alfa-n3</i>)	Tier 4	
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
KERIDA TOPICAL GEL 5-0.1-30 % (<i>imiquimod/tretinoin/salicylic acid</i>)	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (<i>imiquimod/tretinoin/salicylic acid</i>)	Tier 3	
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
NENDRUX TOPICAL GEL 40-5 % (<i>salicylic acid/lidocaine</i>)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (<i>lactic acid/urea</i>)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % (<i>urea/emollient combination no.65</i>)	Tier 3	
WAYZEN TOPICAL GEL 40-5 % (<i>salicylic acid/lidocaine</i>)	Tier 3	
XIRUN TOPICAL GEL 10-40 % (<i>lactic acid/urea</i>)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (<i>salicylic acid/urea</i>)	Tier 3	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % (<i>urea</i>)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (<i>urea</i>)	Tier 3	
PODOCON TOPICAL LIQUID 25 % (<i>podophyllum resin</i>)	Tier 1	
<i>podofilox topical gel 0.5 %</i>	Tier 1	ST; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (<i>salicylic acid</i>)	Tier 3	
SALVAX TOPICAL FOAM 6 % (<i>salicylic acid</i>)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (<i>trichloroacetic acid</i>)	Tier 3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (<i>salicylic acid</i>)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (<i>urea</i>)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (<i>urea</i>)	Tier 1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	Tier 1	
<i>urea topical foam 35 %</i>	Tier 1	
<i>urea topical gel 45 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (<i>salicylic acid</i>)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (<i>cantharidin</i>)	Tier 3	PA
Dermatological - Liver Derivative Complex - Drugs for the Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (<i>liver extract (beef-pork)</i>)	Tier 3	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (<i>tetracaine/benzocaine/butamben</i>)	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (<i>tetracaine/benzocaine/butamben</i>)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (<i>lidocaine/tetracaine/benzocaine</i>)	Tier 3	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (<i>sirolimus</i>)	Tier 4	PA
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (<i>baclofen</i>)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (<i>gabapentin</i>)	Tier 3	
<i>sodium chloride topical solution 0.9 %</i>	Tier 1	
Dermatological - NSAID Single Agents - Drugs for the Skin		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (<i>protectives combination no.2/ceramides 1,3,6-ii</i>)	Tier 1	
RECEDO TOPICAL GEL (<i>polydimethylsiloxanes/silicon dioxide</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (<i>hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol</i>)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (<i>petrolatum,white</i>)	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Age (Min 18 Years)
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (<i>minocycline hcl</i>)	Tier 3	PA
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (<i>ivermectin/metronidazole</i>)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	ST
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (<i>brimonidine tartrate/ivermectin/metronidazole/niacinamide</i>)	Tier 3	
DAZOMON TOPICAL GEL 0.25 % (<i>brimonidine tartrate</i>)	Tier 3	
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (<i>metronidazole/mupirocin</i>)	Tier 3	
<i>ivermectin topical cream 1 %</i>	Tier 1	ST
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
REMYDA TOPICAL GEL 0.25 % (<i>brimonidine tartrate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTIMO TOPICAL GEL 1-1 % (<i>ivermectin/metronidazole</i>)	Tier 3	
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	
ROVIS TOPICAL GEL 0.25-1-1-4 % (<i>brimonidine tartrate/ivermectin/metronidazole/niacinamide</i>)	Tier 3	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (<i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (<i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (<i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (<i>lidocaine hcl</i>)	Tier 3	
<i>lidocaine</i> (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (<i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i>)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (<i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i>)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (<i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (<i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i>)	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine</i> (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (<i>lidocaine hcl</i>)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (<i>lidocaine</i>)	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (<i>lidocaine</i>)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (<i>lidocaine hcl</i>)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (<i>lidocaine/tetracaine</i>)	Tier 3	
REGENECARE TOPICAL GEL 2 % (<i>lidocaine hcl/collagen</i>)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (<i>lidocaine</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (<i>benzocaine</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (<i>ketamine hcl</i>)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
QUTENZA TOPICAL KIT 8 % (<i>capsaicin/skin cleanser</i>)	Tier 3	PA
Human Cellular Regenerative Tissue Matrix - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (<i>biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm</i>)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm),porcine derived,fenestrated</i>)	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm),porcine derived,fenestrated</i>)	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (<i>cultured skin substitute,human and bovine</i>)	Tier 3	
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagflu/e.water</i>)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
RENOVAR TOPICAL SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (<i>sodium chloride irrigating solution/hypochlorous acid</i>)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
L-MESITRAN SOFT TOPICAL GEL 40 % (<i>honey</i>)	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET (<i>collagen, hydrolyzed/cod liver oil</i>)	Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE (<i>silver</i>)	Tier 1	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	Tier 2	DD
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (<i>birch bark extract</i>)	Tier 4	PA
Diagnostic Agents		
Contrast Media - Barium		
ENTERO VU ORAL SUSPENSION 24 % (<i>barium sulfite</i>)	Tier 3	
E-Z DISK ORAL TABLET 700 MG (<i>barium sulfite</i>)	Tier 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 % (<i>barium sulfite</i>)	Tier 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W) (<i>barium sulfite</i>)	Tier 3	
E-Z-PASTE ORAL CREAM 60 % (<i>barium sulfite</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V) (<i>barium sulfate</i>)	Tier 3	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W) (<i>barium sulfate</i>)	Tier 3	
NEULUMEX ORAL SUSPENSION 0.1 % (<i>barium sulfate</i>)	Tier 3	
POLIBAR ACB RECTAL ENEMA 96 % (<i>barium sulfate</i>)	Tier 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V) (<i>barium sulfate</i>)	Tier 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V) (<i>barium sulfate</i>)	Tier 3	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W) (<i>barium sulfate</i>)	Tier 3	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V) (<i>barium sulfate</i>)	Tier 3	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W) (<i>barium sulfate</i>)	Tier 3	
VARIBAR THIN HONEY ORAL SUSPENSION 40 % (W/V), 29% (W/W)(1500 CPS) (<i>barium sulfate</i>)	Tier 3	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W) (<i>barium sulfate</i>)	Tier 3	
Contrast Media - Iodinated Ionic		
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 % (<i>iothalamate meglumine</i>)	Tier 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 % (<i>diatrizoate meglumine</i>)	Tier 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 % (<i>diatrizoate meglumine</i>)	Tier 3	
<i>diatrizoate meg-diatrizoat sod oral solution 66-10 %</i>	Tier 1	
<i>diatrizoate meglumine/diatrizoate sodium</i> (Md-Gastroview Oral Solution 66-10 %)	Tier 1	
Contrast Media - Iodinated Nonionic		
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML (<i>iohexol</i>)	Tier 3	
Contrast Media - Magnetic Resonance Iron Compounds		
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON (<i>ferumoxsil</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contrast Media - Ultrasound Agent Combinations		
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE (<i>hydroxyethylcellulose/glycerin in sterile water</i>)	Tier 3	
Diagnostic - Infection Tests		
PYTEST KIT ORAL CAPSULE 37 KBQ (1 MICROCI) (<i>urea(c14)</i>)	Tier 3	
PYTEST ORAL CAPSULE 37 KBQ (1 MICROCI) (<i>urea(c14)</i>)	Tier 3	
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
Diagnostic - Other		
SITZMARKS FOR KIDS ORAL CAPSULE 24 MARKERS (<i>radiopaque pvc markers/barium sulfite</i>)	Tier 3	
SITZMARKS ORAL CAPSULE 24 MARKERS (<i>radiopaque pvc markers/barium sulfite</i>)	Tier 3	
Diagnostic - Therapeutic Monitoring-Toxicology-Abuse Tests		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG (<i>saliva collection device/ibuprofen</i>)	Tier 3	
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
VUEBLU SOLUTION 0.5 % (<i>methylene blue</i>)	Tier 3	
Diagnostic Drugs - Metabolic Function		
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</i>)	Tier 4	
Diagnostic Drugs - Pulmonary		
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG (<i>mannitol</i>)	Tier 3	
<i>methacholine chloride inhalation solution for nebulization 0 mg/3 ml (0 mg/ml), 0 to 48 mg/3 ml, 0.1875 mg/3 ml (0.0625 mg/ml), 0.75 mg/3 ml (0.25 mg/ml), 12 mg/3 ml (4 mg/ml), 3 mg/3 ml (1 mg/ml), 48 mg/3 ml (16 mg/ml)</i>	Tier 1	
PROVOCHOLINE INHALATION RECON SOLN 100 MG (<i>methacholine chloride</i>)	Tier 3	
XENOVIEW PATIENT DOSE INHALATION GAS 1,000 ML (<i>xenon xe-129 hyperpolarized</i>)	Tier 3	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML (<i>xenon xe-129 hyperpolarized</i>)	Tier 3	
Diagnostic Drugs - Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG (<i>thyrotropin alfa</i>)	Tier 4	PA
Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (<i>xenon 133 in carbon dioxide</i>)	Tier 3	
Diagnostic Radiopharmaceuticals - Endocrine		
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	OCH
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	OCH
Diagnostic Radiopharmaceuticals - Misc.		
<i>kit for tc 99m-sod thiosulfate recon soln 2 mg</i>	Tier 3	
Diagnostic Radiopharmaceuticals - Pulmonary Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (<i>xenon 133 in carbon dioxide</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diagnostic Radiopharmaceuticals - Radiolabeling Reagents		
<i>indium-111 chloride solution 5 mci/0.5 ml (185 mbq)</i>	Tier 1	
Fluorescence Imaging Agents - Malignant Brain Tissue		
GLEOLAN ORAL RECON SOLN 30 MG/ML (<i>aminolevulinic acid hcl</i>)	Tier 3	
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML (<i>papaverine hcl/phentolamine mesylate in water</i>)	Tier 1	
Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (<i>papaverine hcl/phentolamine mesylate/alprostadil</i>)	Tier 3	
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	Tier 3	ST; QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ildenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<i>ildenafil oral tablet, disintegrating 10 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 4	PA
B-Complex Vitamins - Drugs for Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i>)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i>)	Tier 1	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (<i>diluent, insulin aspart combination no.1</i>)	Tier 3	
Diluents - Others - Drugs for Nutrition		
DILUENT FOR BICNU INTRAVENOUS SOLUTION (<i>diluent for carmustine (ethanol)</i>)	Tier 4	
<i>diluent for decitabine intravenous solution</i>	Tier 4	
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE (<i>diluent for leuprolide (polyglactin)</i>)	Tier 4	
DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML (<i>diluent for romidepsin (propylene glycol)</i>)	Tier 3	
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML (<i>diluent for cabazitaxel (ethanol)</i>)	Tier 4	
<i>diluent for melphalan intravenous solution 10 ml</i>	Tier 4	
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE (<i>diluent for coagulation factor vlla (histidine)</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION (<i>diluent for naltrexone microspheres (carboxymethylcellulose)</i>)	Tier 4	
<i>diluent, carmustine (ethanol) intravenous solution</i>	Tier 4	
<i>diluent, romidepsin (prop gly) intravenous solution 2.2 ml</i>	Tier 4	
<i>diluent, voretigene neparvovec subretinal solution</i>	Tier 4	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (<i>diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)</i>)	Tier 3	
Diluents - Sodium Chloride - Drugs for Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
Diluents - Sterile Water for Injection - Drugs for Nutrition		
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION (<i>water for inj.,bacteriostatic</i>)	Tier 1	
<i>water for injection, sterile injection solution</i>	Tier 1	
Diluents - Vaccine Diluents - Drugs for Nutrition		
DILUENT FOR ROTARIX ORAL SYRINGE (<i>diluent for oral live rotavirus vaccine (calcium carbonate)</i>)	Tier 3	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (<i>sodium zirconium cyclosilicate</i>)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (<i>sodium polystyrene sulfonate/sorbitol solution</i>)	Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (<i>patiromer calcium sorbitex</i>)	Tier 3	PA
Irrigation Solutions - Drugs for Nutrition		
<i>lactated ringers irrigation solution</i>	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (<i>sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb</i>)	Tier 3	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (<i>potassium iodide/iodine</i>)	Tier 1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST; QL (12 EA per 1 day)
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (<i>ferric carboxymaltose</i>)	Tier 4	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (<i>ferric pyrophosphate citrate</i>)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (<i>ferric pyrophosphate citrate</i>)	Tier 3	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 1	
<i>potassium chloride</i> (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 15 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
Multivitamin and Mineral Combinations - Drugs for Nutrition		
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (<i>multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil</i>)	\$0	EHB
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha</i>)	Tier 1	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (<i>triheptanoin</i>)	Tier 4	PA
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 4	PA
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vitamins 143/iron bis-glycin/methyltetrahydrofolate</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (<i>prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3</i>)	\$0	EHB
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (<i>prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3</i>)	\$0	EHB
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.83/iron fumarate/folate combo no.6/dha</i>)	\$0	EHB
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (<i>prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate</i>)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (<i>prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha</i>)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	\$0	EHB
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>)	\$0	EHB
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
KPN ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.98/ferrous fumarate/folic acid</i>)	\$0	EHB
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (<i>prenatal vitamins no.49/ferrous fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>)	\$0	EHB
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>)	\$0	EHB
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (<i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac</i>)	\$0	EHB
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG- 150 MG (<i>prenatal no.158/iron fum/folic acid/omega-3/dha/epa/fish oil</i>)	\$0	EHB
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.154/ferrous fumarate/folic acid</i>)	\$0	EHB
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.154/ferrous fumarate/folic acid</i>)	\$0	EHB
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (<i>prenatal vits no.53/iron fum/folic acid/docusate calcium/dha</i>)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (<i>prenatal vits no.12/iron,carb/folic acid/docusate/omega-3</i>)	\$0	EHB
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha</i>)	\$0	EHB
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron,carbonyl/levomefolate calcium</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (<i>prenatal vitamins no.127/iron,carbonyl/folic acid/docusate</i>)	\$0	EHB
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa</i>)	\$0	EHB
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (<i>prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa</i>)	\$0	EHB
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	\$0	EHB
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (<i>prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha</i>)	\$0	EHB
PNV-SELECT ORAL TABLET 27-1 MG (<i>prenatal vit with calcium no.40/iron fumarate/folate no.1</i>)	\$0	EHB
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP,DR 29-1-400 MG (<i>prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3</i>)	\$0	EHB
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (<i>prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3</i>)	\$0	EHB
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP,DR 29-1-430 MG (<i>prenatal vit 55/iron bisgly hcl,suc-prot/folic acid/omega-3</i>)	\$0	EHB
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG (<i>prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3</i>)	\$0	EHB
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (<i>prenatal vits with calcium no.80/iron fum/folic acid/dss/dha</i>)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (<i>prenatal vit with calcium no.69/iron/folic acid/docusate/dha</i>)	Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.37/ferrous fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	\$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (<i>prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod.</i>)	\$0	EHB
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	\$0	EHB
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	\$0	EHB
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (<i>prenatal vit no.173/iron bisglycinate/folate no.11</i>)	\$0	EHB
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.93/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (<i>prenatal vitamins no.116/iron fumarate/folic acid/dha</i>)	\$0	EHB
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (<i>prenatal vit with calcium no.122/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (<i>prenatal vitamins no.40/ferrous fumarate/folic acid/dha</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (<i>prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish</i>)	\$0	EHB
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vit with calcium no.129/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ORAL TABLET 28-800 MG-MCG (<i>prenatal vits with calcium 133/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>)	\$0	EHB
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	\$0	EHB
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.180/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	\$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vits with calcium no.124/ferrous fumarat/folic acid</i>)	\$0	EHB
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins no.159/ferrous fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	\$0	EHB
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (<i>prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil</i>)	\$0	EHB
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (<i>prenatal vits no.65/iron fumarate,polysac complex/folic acid</i>)	\$0	EHB
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	\$0	EHB
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	\$0	EHB
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (<i>prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut</i>)	\$0	EHB
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (<i>prenatal vitamins no.63/iron,carbonyl/folic acid/dha</i>)	\$0	EHB
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha</i>)	Tier 1	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG (<i>prenatal vitamins no.148/iron, carbonyl/folate comb no.6/dha</i>)	\$0	EHB
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.32/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (<i>prenatal vitamins no.100/iron fumarate/folic acid/dha/epa</i>)	\$0	EHB
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.28/ferrous fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/coq10</i>)	\$0	EHB
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	\$0	EHB
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	\$0	EHB
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
TRINATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	\$0	EHB
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG-200 MG (<i>prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil</i>)	\$0	EHB
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (<i>prenatal vits no.102/iron polysacch/folate no.1/docusate/dha</i>)	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (<i>prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa</i>)	\$0	EHB
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha</i>)	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	\$0	EHB
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (<i>prenatal vit with calcium no.61/iron fumarate/folic acid/dha</i>)	\$0	EHB
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (<i>prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil</i>)	\$0	EHB
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (<i>prenatal vitamins no.167/folic acid/docosahexaenoic acid</i>)	\$0	EHB
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (<i>prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil</i>)	\$0	EHB
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (<i>prenatal vitamins no.144/folic acid</i>)	\$0	EHB
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12)</i> (Dodex Injection Solution 1,000 Mcg/MI)	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (<i>ascorbic acid</i>)	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	EHB
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (<i>phytonadione (vit k1)</i>)	Tier 1	
<i>phytonadione (vit k1)</i> (Vitamin K1 Injection Solution 10 Mg/ML)	Tier 1	
Endocrine		
Antidiabetic - CD3 Directed Monoclonal Antibody		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (<i>teplizumab-mzwv</i>)	Tier 4	PA; DD
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors		
INPEFA ORAL TABLET 200 MG (<i>sotagliflozin</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG (<i>sotagliflozin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRENESSITY ORAL CAPSULE 100 MG (<i>crinecerfont</i>)	Tier 4	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	Tier 4	PA
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	Tier 3	
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (<i>dinoprostone</i>)	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (<i>dinoprostone</i>)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	Tier 4	PA
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	Tier 4	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	Tier 3	ST; DD; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	DD
GLUCAGON 1 MG EMERGENCY KIT (<i>glucagon hcl</i>)	Tier 3	DD; QL (4 EA per 1 FILL)
<i>glucagon</i> (Glucagon 1 Mg Emergency Kit Outer, Suv)	Tier 2	DD; QL (4 EA per 1 FILL)
<i>glucagon</i> (Glucagon 1 Mg Emergency Kit Suv)	Tier 1	DD; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (<i>acoramidis hcl</i>)	Tier 4	PA
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine</i>)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (<i>inotersen sodium</i>)	Tier 4	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (<i>eplontersen sodium</i>)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (<i>vutrisiran sodium</i>)	Tier 4	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (<i>patisiran sodium, lipid complex</i>)	Tier 4	PA
Androgen - Single Agents - Drugs for Men		
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (<i>testosterone undecanoate</i>)	Tier 3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	Tier 3	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
METHITEST ORAL TABLET 10 MG (<i>methyltestosterone</i>)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (<i>testosterone</i>)	Tier 3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (<i>testosterone enanthate</i>)	Tier 3	PA
Antidiuretic and Vasopressor Hormones - Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (<i>desmopressin acetate</i>)	Tier 3	QL (3.8 GM per 30 days)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	Tier 2	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	Tier 2	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	DD; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; DD; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	Tier 3	ST; DD
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	PA; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide microspheres</i>)	Tier 2	PA; DD; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML (<i>exenatide</i>)	Tier 2	PA; DD; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	Tier 2	PA; DD; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 3	PA; DD; QL (9 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (<i>semaglutide</i>)	Tier 2	PA; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 2	PA; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 2	PA; DD; QL (2 ML per 28 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	Tier 4	PA; DD
<i>mifepristone oral tablet 300 mg</i>	Tier 4	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolate/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin/linagliptin</i>)	Tier 2	DD; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin propanediol/saxagliptin hcl</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin pidolate/sitagliptin phosphate</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
<i>bexagliflozin oral tablet 20 mg</i>	Tier 1	ST; DD; QL (1 EA per 1 day)
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2	DD; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	Tier 3	ST; DD; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2	DD; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin pidolate</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	DD; QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST; DD
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST; DD
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 3	ST; DD; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 1	ST; DD; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 1	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (<i>insulin glargine, human recombinant analog/lixisenatide</i>)	Tier 2	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (<i>insulin degludec/liraglutide</i>)	Tier 2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) (<i>romosozumab-aqqg</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA
Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (<i>alendronate sodium/cholecalciferol (vitamin d3)</i>)	Tier 2	
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 1	ST; QL (1 EA per 7 days)
<i>zoledronic acid intravenous recon soln 4 mg</i>	Tier 1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	Tier 1	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml, 5 mg/100 ml</i>	Tier 1	
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (<i>etelcalcetide hydrochloride</i>)	Tier 4	PA
Calcitonins - Drugs for Menopause and Bone Loss		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
Estrogen and Progestin with Antimineralocorticoid Activity, Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone/estradiol</i>)	Tier 3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUAVEE ORAL TABLET 0.45-20 MG (<i>estrogens, conjugated/bazedoxifene acetate</i>)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
Estrogen-Progestin - Drugs for Women		
BIJUVA ORAL CAPSULE 0.5-100 MG (<i>estradiol/progesterone</i>)	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol/progesterone</i>)	Tier 2	QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (<i>estradiol/levonorgestrel</i>)	Tier 3	ST; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (<i>estradiol/norethindrone acetate</i>)	Tier 2	QL (2 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
<i>norethindrone acetate/ethinyl estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
<i>norethindrone acetate/ethinyl estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
<i>estradiol/norethindrone acetate</i> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 2	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 2	
Estrogens - Drugs for Women		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	Tier 3	
<i>estradiol</i> (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (<i>estradiol</i>)	Tier 3	ST; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 1	ST
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	Tier 1	ST; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (<i>estradiol</i>)	Tier 3	ST; QL (16.2 ML per 30 days)
<i>estradiol</i> (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>estrogens, esterified</i>)	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (<i>estradiol</i>)	Tier 3	QL (1 EA per 7 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (<i>progesterone, micronized</i>)	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone, micronized</i>)	Tier 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
<i>clomiphene citrate</i> (Clomid Oral Tablet 50 Mg)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	Tier 4	PA
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (<i>menotropins</i>)	Tier 4	
Follicle-Stimulating Hormone (FSH) - Drugs for Women		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (<i>follitropin beta, recombinant</i>)	Tier 4	ST
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (<i>follitropin alfa, recombinant</i>)	Tier 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (<i>follitropin alfa, recombinant</i>)	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (<i>follitropin alfa, recombinant</i>)	Tier 4	
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (<i>betamethasone acetate and sodium phosph/norflurane/hfc 245fa</i>)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	Tier 4	PA
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 4	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 4	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (<i>dexamethasone sodium phosphate</i>)	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	Tier 4	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (<i>budesonide</i>)	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	Tier 1	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (<i>methylprednisolone acetate/norflurane/hfc 245fa</i>)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (<i>methylprednisolone acetate/norflurane/hfc 245fa</i>)	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML (<i>hydrocortisone sodium succinate/pf</i>)	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (<i>hydrocortisone sodium succinate</i>)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (<i>budesonide</i>)	Tier 4	PA
TRILOAN II SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 4	
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (<i>tesamorelin acetate</i>)	Tier 4	PA
Growth Hormones - Drugs for Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (<i>somatropin</i>)	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (<i>somatropin</i>)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (<i>somatropin</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (<i>somatropin</i>)	Tier 4	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (<i>somatrogon-ghla</i>)	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (<i>somatropin</i>)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (<i>somatropin</i>)	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (<i>somatropin</i>)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (<i>somatropin</i>)	Tier 4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	Tier 4	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somapacitan-beco</i>)	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (<i>somatropin</i>)	Tier 4	PA
Human Chorionic Gonadotropin (hCG) - Drugs for Women		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 3	ST
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (<i>chorionic gonadotropin, human</i>)	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (<i>choriogonadotropin alfa</i>)	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (<i>chorionic gonadotropin, human</i>)	Tier 3	ST
Human Insulins - Fixed Combinations - Drugs for Diabetes		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs for Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (<i>insulin regular, human</i>)	Tier 3	PA; DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD; QL (24 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (<i>insulin regular, human in 0.9 % sodium chloride</i>)	Tier 3	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (40 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	DD; QL (30 ML per 28 days)
Insulin Analogs - Long Acting - Drugs for Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin detemir</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-yfgn</i>)	Tier 2	DD; QL (30 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine, human recombinant analog</i>)	Tier 2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine, human recombinant analog</i>)	Tier 2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (<i>insulin aspart (niacinamide)/pump cartridge</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (niacinamide)</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 3	ST; DD; QL (30 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	DD
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	DD
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	DD
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	Tier 4	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (<i>metreleptin</i>)	Tier 4	QL (1 EA per 1 day)
LHRH (GnRH) Agonist Analog Pit Suppress - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (<i>histrelin acetate</i>)	Tier 4	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (<i>triptorelin pamoate</i>)	Tier 4	PA
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (<i>leuprolide acetate</i>)	Tier 4	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix/estradiol/norethindrone acetate</i>)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
<i>cetorelix subcutaneous kit 0.25 mg</i>	Tier 4	
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 MI)	Tier 4	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	Tier 2	PA
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 3	ST; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 3	ST; QL (18 EA per 28 days)
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone (dhea)</i>)	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones and Analogs - Drugs for Menopause and Bone Loss		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (<i>palopegteriparatide</i>)	Tier 4	PA
Progestins - Drugs for Women		
<i>norethindrone acetate</i> (Gallifrey Oral Tablet 5 Mg)	Tier 1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	Tier 4	PA
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml, 60 mg/0.2 ml, 90 mg/0.3 ml</i>	Tier 4	PA
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG (<i>octreotide acetate</i>)	Tier 4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i>	Tier 4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG (<i>octreotide acetate, microspheres</i>)	Tier 4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	Tier 4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (<i>pasireotide diaspertate</i>)	Tier 4	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	Tier 4	PA
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (<i>teprotumumab-trbw</i>)	Tier 4	PA
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid, pork</i>)	Tier 3	ST
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid, pork</i>)	Tier 1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (<i>levothyroxine sodium</i>)	Tier 1	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	ST; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (<i>levothyroxine sodium</i>)	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	PA
Enzymes - Vitamins and Minerals		
Enzymes - Vitamins and Minerals		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (<i>hyaluronidase, human recombinant</i>)	Tier 3	
Gastrointestinal Therapy Agents		
Agents to Treat CHAPLE Disease		
VEOPOZ INJECTION SOLUTION 200 MG/ML (<i>pozelimab-bbfg</i>)	Tier 4	PA
Fecal Microbiota Transplantation (FMT)		
REBYOTA RECTAL ENEMA 150 ML (<i>fecal microbiota, live-jslm</i>)	Tier 4	PA
VOWST ORAL CAPSULE (<i>fecal microbiota spores, live-brpk</i>)	Tier 4	PA
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	Tier 3	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG (<i>crofelemer</i>)	Tier 2	ST; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	Tier 4	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (<i>granisetron</i>)	Tier 3	ST; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (<i>aprepitant</i>)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	Tier 3	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (<i>netupitant/palonosetron hcl</i>)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	Tier 4	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose</i> (Generlac Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase</i>)	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800- 56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200- 14,200- 24,600 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT (<i>lipase/protease/amylase</i>)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (<i>sacrosidase</i>)	Tier 4	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	Tier 1	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	Tier 2	ST; QL (1 EA per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	Tier 3	ST
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (<i>metoclopramide hcl</i>)	Tier 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (<i>glycopyrrolate</i>)	Tier 3	ST; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (<i>glycopyrrolate/pf</i>)	Tier 3	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (<i>omeprazole/clarithromycin/amoxicillin trihydrate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (<i>omeprazole magnesium/amoxicillin trihydrate/rifabutin</i>)	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (<i>vonoprazan fumarate/amoxicillin trihydrate</i>)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (<i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>)	Tier 3	PA
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 2	QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 2	
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
IBS Agent - Selective Partial 5-HT4 Receptor Agonists - Drugs for Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (<i>tegaserod hydrogen maleate</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	Tier 3	PA
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (<i>mirikizumab-mrkz</i>)	Tier 4	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	Tier 4	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (<i>guselkumab</i>)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (<i>guselkumab</i>)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML (<i>guselkumab</i>)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Tier 3	ST
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 1	ST
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone acetate</i>)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (<i>vedolizumab</i>)	Tier 4	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (<i>vedolizumab</i>)	Tier 4	PA
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (<i>upadacitinib</i>)	Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (<i>ozanimod hydrochloride</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	Tier 4	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 2	
ZELNORM ORAL TABLET 6 MG (<i>tegaserod hydrogen maleate</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (<i>palifermin</i>)	Tier 4	
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
<i>lactulose</i> (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c)	\$0	ST; EHB; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	\$0	EHB; \$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (peg 3350/sodium sulfate,chloride/potassium chlor/magnesium)	\$0	ST; EHB; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (<i>sodium sulfate/potassium chloride/magnesium sulfate</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML (<i>sodium picosulfate/magnesium oxide/citric acid</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 320, FILL OF 2 IN 365 DAYS AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (<i>sodium picosulfate/magnesium oxide/citric acid</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 4	PA
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i>	Tier 4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG (<i>octreotide acetate, microspheres</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride/tadalafil</i>)	Tier 3	PA
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (<i>citric acid/gluconolactone/magnesium carbonate</i>)	Tier 3	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 2	PA
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (<i>tiopronin</i>)	Tier 4	
<i>tiopronin oral tablet 100 mg</i>	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 4	
<i>tiopronin</i> (Venxxiva Oral Tablet, Delayed Release (Dr/Ec) 100 Mg, 300 Mg)	Tier 4	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	Tier 3	ST; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML (<i>mirabegron</i>)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (<i>lumasiran sodium</i>)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (<i>nedosiran sodium</i>)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (<i>nedosiran sodium</i>)	Tier 4	PA
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
<i>calcium acetate (phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate (phosphat bind) oral tablet 667 mg</i>	Tier 1	
Phosphate Binders - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST; QL (12 EA per 1 day)
<i>calcium acetate (phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate (phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 3	ST; QL (3 EA per 1 day)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphate Binders - Iron-based - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	Tier 4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (<i>tolvaptan</i>)	Tier 4	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	Tier 3	
Urinary Alkalinizer - Citrates - Drugs for Infections		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	Tier 1	
Urinary Analgesics - Drugs for Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate,monobasic</i>)	Tier 3	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (<i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (<i>solifenacin succinate</i>)	Tier 3	PA
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (<i>oxybutynin</i>)	Tier 3	ST
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (<i>colchicine</i>)	Tier 3	ST; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	Tier 4	PA
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (<i>lesinurad/allopurinol</i>)	Tier 3	ST; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hematological Agents		
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>adamts13, recombinant-krhn</i>)	Tier 4	PA
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	Tier 3	PA
VAFSEO ORAL TABLET 150 MG, 300 MG (<i>vadadustat</i>)	Tier 3	PA
PNH - Complement Factor B Inhibitors		
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	Tier 4	PA
PNH - Complement Factor D Inhibitors		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 4	PA
Hematological Agents - Drugs for the Blood		
Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	Tier 4	PA
CABLIVI INJECTION RECON SOLN 11 MG (<i>caplacizumab-yhdp</i>)	Tier 4	PA
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 4	PA
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 4	PA
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	Tier 4	PA
PIASKY INJECTION SOLUTION 340 MG/2 ML (<i>crovalimab-akkz</i>)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 4	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (<i>sodium chloride/sodium citrate</i>)	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (<i>anti-inhibitor coagulant complex</i>)	Tier 4	
Antiporphyrria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (<i>hemin</i>)	Tier 4	
Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	Tier 4	PA
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (<i>c1 esterase inhibitor</i>)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (<i>c1 esterase inhibitor, recombinant</i>)	Tier 4	PA
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 4	PA
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	Tier 4	PA
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	Tier 4	PA
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	Tier 3	ST; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (<i>rivaroxaban</i>)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	Tier 2	QL (2 EA per 1 day)
Erythropoietins - Drugs for the Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 4	PA
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (<i>human prothrombin complex concentrate (pcc)-lans</i>)	Tier 4	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (<i>human prothrombin complex concentrate (pcc), 4-factor</i>)	Tier 4	
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix</i>)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>factor ix recombinant, fc fusion protein</i>)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant</i>)	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix recombinant, albumin fusion protein</i>)	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant, threonine 148</i>)	Tier 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>)	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix (human) recombinant, pegylated</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor ix human recombinant)	Tier 4	
Factor VII Preparations - Drugs to Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor viia (recombinant))	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (coagulation factor viia recombinant-jncw)	Tier 4	
Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant,full length)	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (fviii) recombinant, full length, peg)	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor viii recomb,single-chn,b-dom truncated)	Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von willebrand factor,human)	Tier 4	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rfviii fc-vwf-xten,bdd-eh1)	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (fviii) recombinant, fc fusion protein)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>)	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (<i>antihemophilic factor, human/von willebrand factor, human</i>)	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) rec, b-domain deleted peg-auct</i>)	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant, full length</i>)	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant, full length</i>)	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor viii recombinant, b-domain truncated</i>)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (<i>antihemophilic factor viii, recombinant porcine sequence</i>)	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor viii, human recombinant</i>)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (<i>antihemophilic factor, human/von willebrand factor,human</i>)	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 4	
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>coagulation factor x</i>)	Tier 4	
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (<i>factor xiii</i>)	Tier 4	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (<i>factor xiii a-subunit, recombinant</i>)	Tier 4	
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-pbbk</i>)	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>tbo-filgrastim</i>)	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>tbo-filgrastim</i>)	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim</i>)	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	Tier 4	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-txid</i>)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-apgf</i>)	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-ayow</i>)	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (<i>eflapgrastim-xnst</i>)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-fpgk</i>)	Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-bmez</i>)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	Tier 4	PA
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 4	PA
Hematorheologic Agents - Drugs for the Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemophilia Treatment Agents - Monoclonal Antibody - Drugs for the Blood		
ALHEMO SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (<i>concizumab-mtci</i>)	Tier 4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (<i>emicizumab-kxwh</i>)	Tier 4	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>marstacimab-hncq</i>)	Tier 4	PA
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) (<i>fibrinogen</i>)	Tier 4	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (<i>fibrinogen</i>)	Tier 3	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (<i>von willebrand factor (recombinant)</i>)	Tier 4	
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (<i>ferric subsulfate</i>)	Tier 3	
AVITENE FLOUR TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (<i>microfibrillar collagen</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (<i>microfibrillar collagen</i>)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
GELFOAM TOPICAL SPONGE 4 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (<i>ferric subsulfate</i>)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " (<i>fibrinogen/thrombin (human plasma derived)</i>)	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (<i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>fibrinogen/thrombin (human plasma derived)</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (<i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (18 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (<i>crizanlizumab-tmca</i>)	Tier 4	PA
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT (<i>antithrombin iii, human recombinant</i>)	Tier 4	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (<i>plasminogen, human-tvmh</i>)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 2	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (<i>tirofiban hcl monohydrate</i>)	Tier 4	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>)	Tier 4	
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 4	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 4	PA
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
PIASKY INJECTION SOLUTION 340 MG/2 ML (<i>crovalimab-akkz</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 4	PA
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (<i>protein c, human</i>)	Tier 4	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (<i>protein c, human</i>)	Tier 4	
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	Tier 4	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (<i>mitapivat sulfate</i>)	Tier 4	PA
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 4	PA
SIKLOS ORAL TABLET 1,000 MG (<i>hydroxyurea</i>)	Tier 3	ST
SIKLOS ORAL TABLET 100 MG (<i>hydroxyurea</i>)	Tier 3	QL (2 EA per 1 day)
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 4	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 4	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	Tier 4	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	Tier 4	PA
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 4	PA
Hepatobiliary System Treatment Agents		
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	Tier 4	PA
Peroxisome Proliferator-Activated Receptor (PPAR) Agonist		
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	Tier 4	PA
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	Tier 4	PA
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	Tier 4	PA
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (<i>odevixibat</i>)	Tier 4	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG (<i>odevixibat</i>)	Tier 4	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (<i>maralixibat chloride</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 3	ST
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	Tier 3	ST
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
<i>tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg</i>	Tier 1	ST
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (<i>inebilizumab-cdon</i>)	Tier 4	PA
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	Tier 3	PA
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (<i>emapalumab-lzsg</i>)	Tier 4	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>anifrolumab-fnia</i>)	Tier 4	PA
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	Tier 4	PA
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (<i>basiliximab</i>)	Tier 4	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NULOJIX INTRAVENOUS RECON SOLN 250 MG (<i>belatacept</i>)	Tier 4	
Locomotor System		
ALS Agents - Antisense Oligonucleotide (ASO)		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (<i>tofersen</i>)	Tier 4	PA
Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hydrochloride</i>)	Tier 4	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	Tier 4	PA
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	Tier 4	PA
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	Tier 4	PA
<i>dichlorphenamide</i> (Ormalvi Oral Tablet 50 Mg)	Tier 4	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
<i>edaravone intravenous solution 30 mg/100 ml</i>	Tier 4	PA
<i>edaravone intravenous solution 60 mg/100 ml</i>	Tier 4	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (<i>edaravone</i>)	Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 4	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles		
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	Tier 4	PA
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 4	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (<i>rozanolixizumab-noli</i>)	Tier 4	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (<i>efgartigimod alfa-hyaluronidase-qvfc</i>)	Tier 4	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (<i>efgartigimod alfa-fcab</i>)	Tier 4	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (<i>zilucoplan sodium</i>)	Tier 4	PA
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (<i>casimersen</i>)	Tier 4	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (<i>eteplirsen</i>)	Tier 4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (<i>viltolarsen</i>)	Tier 4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (<i>golodirsen</i>)	Tier 4	PA
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (<i>hyaluronate sodium</i>)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (<i>hyaluronate sod, cross-linked</i>)	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (<i>hyaluronate sodium</i>)	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (<i>hyaluronate sodium, modified, non-crosslinked</i>)	Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (<i>hylan g-f 20</i>)	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (<i>hylan g-f 20</i>)	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (<i>collagenase clostridium histolyticum</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (<i>onabotulinumtoxin</i> a)	Tier 4	PA
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (<i>daxibotulinumtoxin</i> a-lanm)	Tier 4	PA
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (<i>abobotulinumtoxin</i> a)	Tier 4	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (<i>rimabotulinumtoxin</i> b)	Tier 4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxin</i> a)	Tier 4	PA
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i>	Tier 1	QL (6 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day)
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (<i>nusinersen sodium/pf</i>)	Tier 4	PA
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (<i>risdiplam</i>)	Tier 4	PA
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP (<i>blood sugar diagnostic, disc-type</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTUMRX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BD VERITOR AT-HOME COVID19 TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CARESTART COVID-19 AG HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CELLTRION DIATRUST COV-19 HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FASTEP COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FLOWFLEX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	\$0	
OHC COVID-19 ANTIGEN HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
SPEEDYSWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Enteral Syringes - Medical Supplies and Durable Medical Equipment		
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (<i>syringe cap, enfit,non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (<i>syringe, enfit 12 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml,non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 0.5 ML (<i>syringe, enfit 0.5 ml,non-sterile</i>)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 20 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 10 ml</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 5 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>syringe, enfit, sterile syringe 10 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 20 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 5 ml</i>	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
CEQR SIMPLICITY INSERTER (<i>diabetic supplies,miscell</i>)	Tier 3	PA; DD
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD
DEXCOM G6 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (<i>glucose sensor, implantable, continuous/dexamethasone acetate</i>)	Tier 3	DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN CONNECT TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
<i>lancets</i> , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN , 28 GAUGE (<i>lancets</i>)	Tier 2	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
MICRODOT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MICROLET LANCET (<i>lancets</i>)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	DD
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SINGLE-LET (<i>lancets</i>)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 2	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.3 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin 0.3 ml (half unit mark))	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 ml)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 ml)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 ml)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 2	DD
OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)	Tier 2	DD; QL (1 EA per 365 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AIR CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN BARESKIN DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN EXTENDED PLEASURE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN PLEASURE PACK DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN ULTRA THIN DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (<i>ocular implant with insertion tool for ranibizumab</i>)	Tier 4	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
Medical Supplies and DME - Needles and Syringes - Medical Supplies and Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (<i>syringe with needle, disposable, 0.5 ml</i>)	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (needles, safety)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 ml)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (needles, disposable)	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 ml,kit-tray)	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 ml)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (needles, disposable)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (needles, safety)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe,safety with needle,3 ml)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (needles, safety)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (needles, filter)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (needles, disposable)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 ml)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 ml)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (needles, disposable)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (<i>syringe with needle, disposable, 5 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (<i>needles, disposable</i>)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe, safety with needle, 3 ml</i>)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe, safety with needle, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML <i>(syringe, disposable, 20 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE <i>(syringe with needle and cannula, disposable, 10 ml)</i>	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " <i>(syringe with needle,disposable, 0.5 ml)</i>	Tier 3	
<i>blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" <i>(syringe with needle,disposable, 3 ml)</i>	Tier 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1" <i>(needles, disposable)</i>	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" <i>(syringe,safety with needle,1 ml)</i>	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (needles, disposable)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig, 60 ml)	Tier 3	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 3	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML <i>(syringe, disposable, 60 ml)</i>	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2", 31 GAUGE X 5/16" <i>(needles, safety)</i>	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" <i>(syringe,safety with needle,1 ml)</i>	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" <i>(syringe,safety with needle,10 ml)</i>	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" <i>(syringe,safety with needle,3 ml)</i>	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" <i>(syringe,safety with needle,5 ml)</i>	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" <i>(syringe,safety with needle,1 ml)</i>	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (safety syringe with needle, disposable kit-tray, 1 ml)	Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (needles, disposable)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>safety syringe with needle, disposable kit-tray, 1 ml</i>)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (needles, disposable)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 ml)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (needles, disposable)	Tier 3	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (needles, disposable)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (needles, safety)	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 ml)	Tier 3	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 3	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (needles, disposable)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (syringe with cannula, disposable, 1 ml)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (syringe with cannula, disposable, 3 ml)	Tier 3	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK (syringe with cannula, disposable, 1 ml and atomizer)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 5/8", 25 GAUGE X 1" (needles, safety)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 ml)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (<i>needles, filter</i>)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (<i>needles, filter</i>)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1" (<i>needles, pharmacy compound</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REGULAR LUER SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE (<i>syringe with needle, disposable</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (<i>syringe, safety with needle, 12 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe, safety with needle, 3 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (<i>syringe with needle, disposable, 6 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (<i>syringe with cannula, disposable 12 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (<i>syringe with cannula, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (<i>syringe with needle, disposable, 12 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 140 ML (<i>syringe, disposable, 140 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (<i>syringe with needle, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (<i>syringe with needle, disposable, 0.5 ml</i>)	Tier 3	
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 3	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 3	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 3	
needles, huber disposable needle 22 x 1 "	Tier 3	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (needles, disposable)	Tier 3	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (needles, disposable)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 ml,self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 ml, self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 ml and self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 ml, self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 ml with safety needle,self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 ml, self-contained disposal unit)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (<i>syringe, safety needle 5 ml and self-contained disposal unit</i>)	Tier 3	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (<i>needles, safety</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
<i>syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" <i>(syringe with needle,disposable, 3 ml)</i>	Tier 3	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2"</i>	Tier 3	
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" <i>(syringe with needle,disposable, 5 ml)</i>	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (<i>syringe, disposable irrigation, 70 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (<i>syringe, safety 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (<i>transfer device, closed system</i>)	Tier 3	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
RITFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
ILET STARTER KIT-INSET KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous infusion, bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, bluetooth</i>)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit, disposable</i>)	Tier 2	DD
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
TANDEM MOBI SYSTEM (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 3	DD
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 3	
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment		
ILET INFUSION KIT-INSET 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (<i>dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl</i>)	Tier 4	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD
ACCUTREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVIN COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AEROCHAMBER MECHANICAL VENT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 0.5 ml</i>)	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 2	DD
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (<i>needles, safety</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (<i>needles, filter</i>)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (<i>needles, filter</i>)	Tier 3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (<i>syringe with cannula, disposable, 5 ml</i>)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (<i>syringe with cannula, disposable, 10 ml</i>)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (<i>needles, disposable</i>)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (<i>syringe with needle,disposable, 10 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle, disposable, 3 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle, disposable, 5 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (needles, disposable)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, disposable)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle, disposable, 1 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (needles, safety)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 ml)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (needles, disposable)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (needles, disposable)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (needles, disposable)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE CATHETER TIP SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (<i>syringe with needle and cannula, disposable, 10 ml</i>)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (<i>syringe with needle, disposable, 0.5 ml</i>)	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD VERITOR AT-HOME COVID19 TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
<i>blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>	Tier 3	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (<i>blood sugar diagnostic, disc-type</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CARESENS N TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESTART COVID-19 AG HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (needles, disposable)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	DD
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	\$0	CT; EHB
CELLTRION DIATRUST COV-19 HOME KIT (covid-19 antigen immunoassay test)	\$0	
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 3	PA; DD
CEQUR SIMPLICITY INSERTER (diabetic supplies, miscell)	Tier 3	PA; DD
CHEK-STIX CONTROL STRIP (urine multiple test strips)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DAVOL IRRIGATION SYRINGE SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DEXCOM G6 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DOVER BULB SYRINGE SYRINGE 60 ML (<i>syringe disposable irrig,60 ml</i>)	Tier 3	
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
DUREX AIR CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE DENTAL IRRIG SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2", 31 GAUGE X 5/16" (<i>needles, safety</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (<i>safety syringe with needle, disposable kit-tray, 1 ml</i>)	Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (needles, disposable)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 2	DD
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 2	DD
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>safety syringe with needle, disposable kit-tray, 1 ml</i>)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE G3 TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (<i>glucose sensor,implantable,continuous/dexamethasone acetate</i>)	Tier 3	DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
EVOLUTION TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
EXEL SYRINGE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
FASTEP COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
<i>filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "</i>	Tier 3	
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	DD
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (<i>needles, disposable</i>)	Tier 3	
FLOWFLEX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (<i>transfer device, closed system</i>)	Tier 3	
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter, continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GENULTIMATE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
GOODLIFE AC-302 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN CONNECT TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
IHEALTH GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ILET INFUSION KIT-INSET 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
ILET STARTER KIT-INSET KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (<i>syringe with cannula, disposable, 10 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
IRRIGATION SYRINGE SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 3	DD
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN , 28 GAUGE (<i>lancets</i>)	Tier 2	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	DD
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (<i>syringe with cannula, disposable, 1 ml</i>)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	\$0	
LUER LOCK SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
LUER LOCK SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK (<i>syringe with cannula, disposable, 1 ml and atomizer</i>)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 5/8", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROLET LANCET (<i>lancets</i>)	Tier 2	DD
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOJECT 140CC PISTON SYRINGE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, sterile</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (<i>syringe cap, enfit, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (<i>syringe, enfit 12 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (<i>needles, filter</i>)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (<i>needles, filter</i>)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1" (<i>needles, pharmacy compound</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REGULAR LUER SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE (<i>syringe with needle, disposable</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (<i>syringe, safety with needle, 12 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe, safety with needle, 3 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (<i>syringe with needle, disposable, 6 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (<i>syringe with cannula, disposable 12 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (<i>syringe with cannula, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (<i>syringe with needle, disposable, 12 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 140 ML (<i>syringe, disposable, 140 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (<i>syringe with needle, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (<i>syringe with needle, disposable, 0.5 ml</i>)	Tier 3	
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 3	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 3	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 3	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	Tier 3	
<i>needles, huber disposable needle 22 x 1 "</i>	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 0.5 ML (<i>syringe, enfit 0.5 ml, non-sterile</i>)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
NORM-JECT SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
NORM-JECT SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	DD
OHC COVID-19 ANTIGEN HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (<i>insulin pump controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTUMRX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PTS PANELS EGLU TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,needle,safety 1 ml,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (<i>syringe, safety 10 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (<i>syringe,safety needle 10 ml and self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML (<i>syringe, safety 3 ml, self-contained disposal unit</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe 3 ml with safety needle,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML (<i>syringe, safety 5 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (<i>syringe, safety needle 5 ml and self-contained disposal unit</i>)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
SINGLE-LET (<i>lancets</i>)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
SMART SENSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST LANCET (<i>lancets</i>)	Tier 2	DD
SMARTEST TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SOLUS V2 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPEEDYSWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (<i>needles, safety</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (<i>ocular implant with insertion tool for ranibizumab</i>)	Tier 4	
<i>syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2"</i>	Tier 3	
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 20 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 10 ml</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 5 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 10 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 20 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 5 ml</i>	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI SYSTEM (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TD GOLD TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (<i>syringe, disposable irrigation, 70 ml</i>)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TROJAN BARESKIN DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN EXTENDED PLEASURE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN PLEASURE PACK DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROJAN ULTRA THIN DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TUBERCULIN SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (<i>syringe, safety 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTIMA TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTRIP1 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 ml)	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	DD
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	DD
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	DD
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	DD
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	DD
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (inhaler,assist device with medium mask)	Tier 3	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 3	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (<i>velmanase alfa-tycv</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (<i>cerliponase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (<i>olipudase alfa-rpcp</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (<i>cerliponase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (<i>pegunigalsidase alfa-iwxj</i>)	Tier 4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (<i>agalsidase beta</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (<i>imiglucerase</i>)	Tier 4	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (<i>taliglucerase alfa</i>)	Tier 4	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (<i>velaglucerase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (<i>asfotase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (<i>sebelipase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (<i>fosdenopterin hydrobromide</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (<i>laronidase</i>)	Tier 4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (<i>idursulfase</i>)	Tier 4	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (<i>vestronidase alfa-vjbjk</i>)	Tier 4	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (<i>galsulfase</i>)	Tier 4	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (<i>elosulfase alfa</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (<i>alglucosidase alfa</i>)	Tier 4	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (<i>avalglucosidase alfa-ngpt</i>)	Tier 4	PA
POMBILITI INTRAVENOUS RECON SOLN 105 MG (<i>cipaglucosidase alfa-atga</i>)	Tier 4	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (<i>elapegademase-lvlr</i>)	Tier 4	PA
Metabolic Modifiers		
Metabolic Modifier - Neimann Pick Disease Type C (NPC)		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (<i>levacetyleucine</i>)	Tier 4	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	Tier 4	PA
Metabolic Modifier - Pompe Disease - GCS inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat</i>)	Tier 4	PA
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (<i>calcifediol</i>)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	Tier 4	
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA
<i>miglustat</i> (Yargesa Oral Capsule 100 Mg)	Tier 4	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (<i>uridine triacetate</i>)	Tier 4	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	Tier 4	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 4	PA
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	Tier 4	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG (<i>alpelisib</i>)	Tier 4	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (<i>alpelisib</i>)	Tier 4	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (<i>sodium phenylbutyrate</i>)	Tier 4	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (<i>sodium phenylbutyrate</i>)	Tier 4	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (<i>glycerol phenylbutyrate</i>)	Tier 4	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (<i>carglumic acid</i>)	Tier 4	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 4	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	Tier 4	PA
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet, Soluble 100 Mg)	Tier 4	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 4	
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 4	
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	Tier 4	PA
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DENTAGEL DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 % (<i>sodium fluoride/hydroxyapatite</i>)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (<i>sodium fluoride/hydroxyapatite</i>)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SF DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 1	
Dental Product - Local Anesthetics - Drugs for the Mouth and Throat		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (<i>tetracaine hcl/oxymetazoline hcl</i>)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (<i>lidocaine/prilocaine</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (<i>sulfuric acid/sulfonated phenol</i>)	Tier 3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (<i>sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos</i>)	Tier 3	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 % (<i>lidocaine hcl/glycerin</i>)	Tier 1	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (<i>potassium sorbate/maltodextrin/aloe vera/mann ps</i>)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (<i>natalizumab</i>)	Tier 4	PA
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (<i>ublituximab-xiiy</i>)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (<i>ofatumumab</i>)	Tier 4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (<i>ocrelizumab</i>)	Tier 4	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	Tier 4	PA
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (<i>alemtuzumab</i>)	Tier 4	PA
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (<i>monomethyl fumarate</i>)	Tier 4	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 4	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (<i>diroximel fumarate</i>)	Tier 4	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 4	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4	PA
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod</i>)	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (<i>siponimod</i>)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (<i>ponesimod</i>)	Tier 4	PA
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (<i>ozanimod hydrochloride</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	Tier 4	PA
Ophthalmic Agents		
Ophthalmic - Reversal Agents		
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 % (<i>phentolamine mesylate/pf</i>)	Tier 3	
Ophthalmic Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (<i>lotilaner</i>)	Tier 4	PA
Ophthalmic Complement Inhibitors		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (<i>avacincaptad pegol sodium/pf</i>)	Tier 4	PA
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (<i>chondroitin sulfate a sodium/pf</i>)	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (<i>perfluorohexyloctane/pf</i>)	Tier 2	
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (<i>faricimab-svoa</i>)	Tier 4	PA
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>faricimab-svoa</i>)	Tier 4	PA
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (<i>echothiophate iodide</i>)	Tier 4	
Miotics - Direct Acting - Drugs for Glaucoma		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (<i>cyclopentolate hcl/phenylephrine hcl</i>)	Tier 3	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopen-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (<i>phenylephrine hcl/tropicamide</i>)	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
Ophth - Beta blocker-Adrenergic-Carbonic Anhyd Inhib-Prostaglandin Analog - Drugs for Glaucoma		
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (<i>oxymetazoline hcl/pf</i>)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (<i>brinzolamide/brimonidine tartrate</i>)	Tier 2	
Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	Tier 4	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (<i>riboflavin 5-phosphate sodium (b2)</i>)	Tier 4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	Tier 4	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (<i>pilocarpine hcl</i>)	Tier 3	PA
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (<i>pilocarpine hcl</i>)	Tier 3	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (<i>sulfacetamide sodium/prednisolone acetate</i>)	Tier 2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i> (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (<i>gentamicin sulfate/prednisolone acetate</i>)	Tier 3	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (<i>tobramycin/dexamethasone</i>)	Tier 3	ST
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (<i>tobramycin/loteprednol etabonate</i>)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine hbr</i>)	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (<i>mitomycin</i>)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1	ST; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (<i>dexamethasone</i>)	Tier 3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	Tier 3	ST; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>fluorometholone</i>)	Tier 3	ST; QL (10 ML per 14 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (<i>fluocinolone acetonide</i>)	Tier 3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>loteprednol etabonate</i>)	Tier 3	ST; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (<i>loteprednol etabonate</i>)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 3	ST; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Tier 3	ST; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG (<i>fluocinolone acetonide</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (<i>triamcinolone acetonide/pf</i>)	Tier 4	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (<i>cyclosporine</i>)	Tier 3	ST; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (<i>cyclosporine/chondroitin sulfate a sodium</i>)	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	Tier 1	QL (60 EA per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (<i>cyclosporine</i>)	Tier 3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (<i>lifitegrast</i>)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (<i>ketorolac tromethamine/pf</i>)	Tier 3	ST; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	ST; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	ST; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST; QL (3.4 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (<i>nepafenac</i>)	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 3	ST; QL (9 ML per 16 days)
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
Ophthalmic - Beta blocker-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for Glaucoma		
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
<i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (<i>cysteamine hcl</i>)	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (<i>cysteamine hcl</i>)	Tier 4	PA
Ophthalmic - Decongestants - Drugs for Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	Tier 1	
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG (<i>fluorescein sodium</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 0.6 MG, 1 MG (<i>fluorescein sodium</i>)	Tier 1	
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG (<i>lissamine green</i>)	Tier 1	
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (<i>cenegermin-bkbj</i>)	Tier 4	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (<i>timolol</i>)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	Tier 3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
<i>proparacaine hcl</i> (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (<i>tetracaine hcl</i>)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (<i>chloroprocaine hcl/pf</i>)	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (<i>lidocaine hcl/pf</i>)	Tier 3	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolucizumab-dbl</i>)	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 4	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (<i>avacincaptad pegol sodium/pf</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab/needle, initial fill, filter</i>)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 4	PA
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (<i>lodoxamide tromethamine</i>)	Tier 2	ST; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (<i>tropicamide/proparacaine/phenylephrine/ketorolac in water</i>)	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (<i>verteporfin</i>)	Tier 4	
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (<i>netarsudil mesylate/latanoprost</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs for the Eye		
GELFILM OPHTHALMIC (EYE) FILM (<i>gelatin</i>)	Tier 3	
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (<i>hyaluronate sodium</i>)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500- 10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin/polymyxin b (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)</i>	Tier 1	
<i>bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>tobramycin</i>)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	Tier 3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	Tier 3	ST
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (<i>apraclonidine hcl</i>)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	Tier 1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (<i>bimatoprost</i>)	Tier 4	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (<i>travoprost</i>)	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (<i>latanoprost/pf</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (<i>bimatoprost</i>)	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (<i>latanoprostene bunod</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (<i>latanoprost</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil mesylate</i>)	Tier 3	ST; QL (2.5 ML per 30 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolocizumab-dblf</i>)	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab/needle, initial fill, filter</i>)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 4	PA
Vascular Endothelial Growth Factor(VEGF-A and PIGF)Receptor Inhibitors - Drugs for the Eye		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA
Organ Preservation Solutions		
Microplegic Solutions		
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (<i>cardioplegic and organ preservation solution no.1</i>)	Tier 3	
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (<i>cardioplegic solution no.16</i>)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.10</i>)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (<i>cardioplegic no.23 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (<i>cardioplegic solution no.27 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (<i>cardioplegic solution no.18 (induction 8:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (<i>cardioplegic solution no.22 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.30 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 60 MEQ/830 ML (POTASSIUM) (<i>cardioplegic solution no.34 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.15 (induction 8:1)</i>)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (<i>cardioplegic solution no.32 (maintenance 8:1)</i>)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (<i>cardioplegic solution no.31 (maintenance 4:1)</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (<i>cardioplegic solution no.29 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (<i>cardioplegic solution no.20 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (<i>cardioplegic solution no.26 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.14 (maintenance 8:1)</i>)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (<i>cardioplegic no.21 (reperfusate 4:1)</i>)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.28 (reperfusate 4:1)</i>)	Tier 3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (<i>cardioplegic solution no.24 (reperfusate 4:1)</i>)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.33 (warm induction 4:1)</i>)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (<i>ciprofloxacin hcl/hydrocortisone</i>)	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (<i>hydrocortisone/pramoxine hcl/chloroxylonol</i>)	Tier 3	
Respiratory Therapy Agents		
Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (<i>ensifentrine</i>)	Tier 3	PA
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (<i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (<i>desloratadine/pseudoephedrine sulfate</i>)	Tier 3	ST; QL (2 EA per 1 day)
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 ML)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 ML)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs for Allergies		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (<i>ciclesonide</i>)	Tier 3	ST; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 3	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>mometasone furoate</i>)	Tier 3	ST; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (<i>budesonide</i>)	Tier 3	ST; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 3	ST; QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (<i>reslizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (<i>mepolizumab</i>)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (<i>benralizumab</i>)	Tier 4	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 4	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 4	PA
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium bromide</i>)	Tier 3	ST; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium bromide</i>)	Tier 3	ST; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (<i>revfenacin</i>)	Tier 3	ST; QL (90 ML per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (<i>glycopyrrolate/formoterol fumarate</i>)	Tier 3	ST; QL (10.7 GM per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (<i>aclidinium bromide/formoterol fumarate</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 3	ST; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (<i>albuterol sulfate/budesonide</i>)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
<i>budesonide/formoterol fumarate</i> (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 3	ST; QL (1 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (<i>budesonide/glycopyrrolate/formoterol fumarate</i>)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (2 EA per 1 day)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 4	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	Tier 4	PA
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (<i>mannitol</i>)	Tier 4	ST; QL (20 EA per 1 day); Age (Min 18 Years)
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacaftor calcium/tezacaftor/deutivacaftor</i>)	Tier 4	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	Tier 4	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (<i>elexacaftor/tezacaftor/ivacaftor</i>)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (<i>elexacaftor/tezacaftor/ivacaftor</i>)	Tier 4	PA
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
Lung Surfactants - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (<i>poractant alfa</i>)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (<i>calfactant</i>)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (<i>beractant</i>)	Tier 3	
Mucolytics - Drugs for the Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	PA
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (<i>cocaine hcl</i>)	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG (<i>ciclesonide</i>)	Tier 3	ST; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	ST; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	ST; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 2	ST; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (<i>ciclesonide</i>)	Tier 3	ST; QL (6.1 GM per 30 days)
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (<i>varenicline tartrate</i>)	Tier 2	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (<i>chlorpheniramine maleate/codeine phosphate</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Syrup 5-1.5 Mg/5 MI)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (<i>talc</i>)	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (<i>talc</i>)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (<i>talc</i>)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 3	ST; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % (<i>clindamycin phosphate</i>)	Tier 3	ST
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate</i>)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole nitrate</i>)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram), 1.3 % (65 mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (<i>metronidazole</i>)	Tier 3	
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid/oxyquinoline sulfate</i>)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acid/oxyquinoline sulfate</i>)	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (<i>oxyquinoline sulfate/sodium lauryl sulfate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Estrogens - Drugs for Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (<i>estradiol</i>)	Tier 3	ST; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (<i>estradiol acetate</i>)	Tier 3	ST; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	Tier 2	
<i>estradiol</i> (YuvaFem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (<i>progesterone, micronized</i>)	Tier 2	
Weight Loss/Gain Agents		
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	PA
Weight Loss/Gain Agents - Drugs for Eating Disorders		
Anorexiants Combinations - Drugs for Eating Disorders		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine hcl/topiramate</i>)	Tier 3	PA
Anorexiants Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders		
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (<i>carboxymethylcellulose/citric acid</i>)	Tier 3	PA
PLENITY ORAL CAPSULE 0.75 GRAM (<i>carboxymethylcellulose/citric acid</i>)	Tier 3	PA
Anorexiants - Drugs for Eating Disorders		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders		
<i>orlistat oral capsule 120 mg</i>	Tier 1	PA
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (<i>semaglutide</i>)	Tier 2	PA
Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	Tier 4	PA
Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (<i>naltrexone hcl/bupropion hcl</i>)	Tier 3	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Index of Drugs

A		
<i>abacavir</i>	38	
<i>abacavir-lamivudine</i>	40	
ABENOR HP	160	
ABILIFY ASIMTUFII	126	
ABILIFY MAINTENA	126	
<i>abiraterone</i>	51, 53	
ABRYSVO (PF)	75	
<i>acamprosate</i>	142	
<i>acarbose</i>	207	
ACCU-CHEK AVIVA PLUS		
TEST STRP	268, 316	
ACCU-CHEK FASTCLIX		
LANCET DRUM ..	280, 316	
ACCU-CHEK GUIDE TEST		
STRIPS	269, 316	
ACCU-CHEK SAFE-T-PRO		
.....	280, 316	
ACCU-CHEK SAFE-T-PRO		
PLUS	280, 316	
ACCU-CHEK SMARTVIEW		
TEST STRIP	269, 316	
ACCU-CHEK SOFTCLIX		
LANCETS	280, 316	
<i>Accutane</i>	160	
ACCUTREND GLUCOSE		
TEST STRIPS	269, 316	
ACE AEROSOL CLOUD		
ENHANCER	310, 316	
<i>acebutolol</i>	101	
<i>acetaminophen-codeine</i> 15,		
16		
<i>acetazolamide</i>	105	
<i>acetic acid</i>	240, 389	
<i>acetylcysteine</i>	29, 398	
ACIOXIA	178	
ACIPHEX SPRINKLE	230	
<i>acitretin</i>	171	
ACTEMRA	23, 24	
ACTEMRA ACTPEN	23	
ACTHAR	204	
ACTHAR SELFJECT	204	
ACTHIB (PF)	85	
ACTI-LANCE LANCETS 280,		
316		
ACTIMMUNE	34	
ACUVAIL (PF)	378	
<i>acyclovir</i>	44, 172	
ADACEL(TDAP		
ADOLESN/ADULT)(PF) 83		
ADAKVEO	258	
<i>adalimumab-adaz</i>	18, 20,	
236		
<i>adapalene</i>	164	
<i>adapalene-benzoyl</i>		
<i>peroxide</i>	163	
ADASUVE	124	
ADBRY	166	
ADCETRIS	54, 70	
ADDYI	135	
<i>adefovir</i>	43	
ADEINZDE	162	
ADEMPAS	108	
<i>adenovirus vac live type-4,</i>		
7	81, 87	
<i>adenovirus vaccine live</i>		
<i>type-4</i>	81, 87	
<i>adenovirus vaccine live</i>		
<i>type-7</i>	81, 87	
ADERMICA HP	162	
ADLARITY	145	
ADMELOG SOLOSTAR U-		
100 INSULIN	221	
ADMELOG U-100 INSULIN		
LISPRO	221	
ADMIRAZOL	161	
ADMIRAZOL HP	161	
ADUHELM	145	
ADULT ASPIRIN REGIMEN		
.....	27, 258	
ADULT LOW DOSE		
ASPIRIN	27, 258	
ADVAIR HFA	396	
ADVANCED ALLERGY		
COLLECT KIT	174	
ADVANCED GLUC METER		
TEST STRIP	269, 316	
ADVANCED TRAVEL		
LANCETS	280, 316	
ADVATE	250	
ADVIN COVID-19 AG HOME		
TEST	277, 317	
ADVOCATE LANCET	280,	
317		
ADVOCATE REDI-CODE		
PLUS	269, 317	
ADYNOVATE	250	
ADZENYS XR-ODT 127, 134		
ADZYNMA	246	
AEMCOLO	48	
AEROCHAMBER		
MECHANICAL VENT .310,		
317		
AEROCHAMBER MINI ..	310,	
317		
AEROCHAMBER MV	310,	
317		
AEROCHAMBER PLUS		
FLOW-VU	310, 317	
AEROCHAMBER PLUS		
FLOW-VU,L MSK 310, 317		
AEROCHAMBER PLUS		
FLOW-VU,M MSK 310, 317		
AEROCHAMBER PLUS		
FLOW-VU,S MSK 310, 317		
AEROCHAMBER PLUS Z		
STAT	310, 317	
AEROCHAMBER PLUS Z		
STAT LG MSK	310, 317	
AEROCHAMBER PLUS Z		
STAT MD MSK	310, 317	
AEROCHAMBER PLUS Z		
STAT SM MSK	310, 317	
AEROCHAMBER Z-STAT		
PLUS-FLW SG	310, 317	
AEROTRACH PLUS	310,	
317		
AEROVENT PLUS ..	310, 317	
<i>Afirmelle</i>	148	
AFLURIA TRIV 2024-2025 88		
AFLURIA TRIV 2024-2025		
(PF)	88	
AFREZZA	219	
AFSTYLA	250	
AFTER PILL	158, 159	
AFTERA	158, 159	
AGAMATRIX AMP TEST		
STRIPS	269, 317	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

AGAMATRIX PRESTO		
TEST STRIPS	269, 317	
AGAMREE	215	
AGGRASTAT		
CONCENTRATE	258	
AGGRASTAT IN SODIUM		
CHLORIDE.....	258	
AIMOVIG AUTOINJECTOR		
.....	136	
AIMSCO LATEX CONDOM		
.....	289, 317	
AIRDUO DIGIHALER	396	
AIRSUPRA	396	
AJOVY AUTOINJECTOR		
.....	136	
AJOVY SYRINGE	136	
AKEEGA	50	
AKLIEF	164	
AKTEN (PF)	381	
AKYNZEO (NETUPITANT)		
.....	228	
Ala-Cort	174	
Ala-Scalp	174	
albendazole	32	
albuterol sulfate	395	
Alcaine	381	
alclometasone	174	
ALCOHOL PADS	74	
ALCOHOL PREP PADS ...	74	
alcohol swabs	74	
ALCOHOL WIPES	74	
ALDURAZYME	364	
ALECENSA	53	
alendronate	212	
ALFERON N	179	
alfuzosin	242	
ALHEMO	254	
ALINIA	35	
aliskiren	109	
ALIXI	161	
ALIXI HP	161	
ALKINDI SPRINKLE	216	
ALLERGIST TRAY 1/2 ML		
27GX3/8.....	290, 318	
ALLERGIST TRAY		
INTRADERMAL BEV. 290,		
318		
ALLERGIST TRAY		
REGULAR BEVEL.....	290,	
318		
ALLERGY SYRINGE	290,	
318		
allopurinol	245	
almotriptan malate	137	
alogliptin	207	
alogliptin-metformin	210	
alogliptin-pioglitazone ..	210	
ALOMIDE	382	
ALOMIRA HP	162	
alosetron	233, 237	
ALPHANATE	250	
ALPHANINE SD	249	
alprazolam	109, 130	
ALPRAZOLAM INTENSOL		
.....	109, 130	
ALPROLIX	249	
ALTABAX	167	
ALTACAINE	381	
ALTAFLUOR BENOX	379,	
381		
Altavera (28)	148	
ALTERNATE SITE LANCET		
.....	280, 318	
ALTOPREV	97	
ALTRENO	164	
ALTUVIIIIO	250	
ALUNBRIG	53	
ALURIS HP	163	
ALVAIZ	261	
ALVESCO	392	
alvimopan	31	
Alyacen 1/35 (28)	148	
Alyacen 7/7/7 (28)	156	
ALYFTREK	398	
ALYGLO	78	
ALYMSYS	50	
Alyq	108	
amantadine hcl	121, 122	
ambrisentan	108	
amcinonide	174	
AMELUZ	181	
Amethia	147	
Amethyst (28)	148	
amiloride	105	
amiloride-		
hydrochlorothiazide ..	105	
aminocaproic acid	254	
amiodarone	96	
amitriptyline	119	
amitriptyline-		
chlordiazepoxide	119, 130	
amlodipine	103	
amlodipine-atorvastatin	100	
amlodipine-benazepril ...	92	
amlodipine-olmesartan ...	93	
amlodipine-valsartan	93	
amlodipine-valsartan-		
hcthiamid.....	94	
ammonium lactate	174	
Amnesteem	160	
AMONDYS-45	265	
amoxapine	119	
amoxicil-clarithromy-		
lansopraz.....	232	
amoxicillin	32	
amoxicillin-pot clavulanate		
.....	32	
amphetamine sulfate	127,	
134, 140		
ampicillin	32	
AMVISC	383	
AMVISC PLUS	383	
AMVUTTRA	205	
amyl nitrite	30, 95	
ANACAINE	184	
anagrelide	258	
ANA-LEX KIT	29	
ANALPRAM-HC	178	
ANASCORP	76	
ANASTIA	183	
anastrozole	56	
ANGELIQ	212	
ANKTIVA	63	
ANNOVERA	158	
ANORO ELLIPTA	395	
anticoag citrate phos		
dextrose.....	247	
ANUCORT-HC	28	
APIDRA SOLOSTAR U-100		
INSULIN.....	221	
APIDRA U-100 INSULIN	221	
APLIGRAF	186	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>apomorphine</i>	122	<i>asenapine maleate</i> 122, 133	AUSTEDO XR TITRATION
<i>apraclonidine</i>	385	<i>Ashlyna</i>	KT(WK1-4)
<i>aprepitant</i>	228	ASMANEX HFA	138
APRETUDE	36	ASMANEX TWISTHALER	AUVELITY
<i>Apri</i>	148	.....	117
APTIOM	113	.....	avanafil
APTIVUS	47	ASPARLAS	190
AQINJECT 3.0 LOCK		<i>aspirin</i>	AVASTIN
SYRINGE	290, 318	ASPIRIN CHILDRENS	50
AQINJECT LUER LOCK		259	AVEED
SYRINGE	290, 318	<i>aspirin-dipyridamole</i>	205
AQINJECT SAFETY		ASSURE 4 STRIPS 269, 318	AVEIDA
NEEDLE	291, 318	ASSURE LANCE	182
AQINJECT SAFETY		ASSURE LANCE PLUS 280,	<i>Aviane</i>
SYRINGE	291, 318	318	148
AQINJECT STANDARD		ASSURE PLATINUM TEST	AVIDORA
NEEDLE	291, 318	STRIP	162
AQNEURSA	365	269, 318	AVIDORA HP
ARAKODA	34	ASSURE PRISM MULTI	162
ARALAST NP	398	STRIP	AVITA
<i>Aranelle (28)</i>	156	269, 318	164
ARANESP (IN		ASTAGRAF XL	AVITENE
POLYSORBATE)	248	262	254
ARCALYST	18	ASTRINGYN	AVITENE FLOUR
AREXVY (PF)	75	ATABEX OB	254
<i>arformoterol</i>	395	<i>atazanavir</i>	AVONEX
<i>argatroban</i>	260	<i>atenolol</i>	370
<i>argatroban in 0.9 % sod</i>		<i>atenolol-chlorthalidone</i> . 103	AVSOLA
<i>chlor</i>	260	ATGAM	18, 20, 236
ARIDOL BRONCHIAL		<i>atomoxetine</i>	AWANIS
CHALLENGE	189	ATORVALIQ	162
ARIKAYCE	31	<i>atorvastatin</i>	AXTLE
<i>aripiprazole</i>	126, 132, 133	<i>atovaquone</i>	54
ARISTADA	126, 127	<i>atovaquone-proguanil</i>	Ayuna
ARISTADA INITIO	126	34	149
<i>armodafinil</i>	139	ATRAPRO CP	AYVAKIT
ARMONAIR DIGIHALER 392		174	65
ARMOUR THYROID	225	ATROPEN	azacitidine
ARNUITY ELLIPTA	392	<i>atropine</i>	55
<i>arsenic trioxide</i>	56	<i>atropine sulfate (pf)</i>	AZASITE
ARTILIS	161	ATROVENT HFA	384
ARTISS	183	ATRYN	<i>azathioprine</i>
ARZERRA	58	258	22, 263
ASCENIV	78	ATTRUBY	<i>azelaic acid</i>
<i>Ascomp With Codeine</i>	16	<i>Aubra</i>	160, 182
ASCOR	203	<i>Aubra Eq</i>	<i>azelastine</i>
<i>ascorbic acid (vitamin c)</i>		AUGTYRO	376, 399
.....	203	65	<i>azelastine-fluticasone</i> ... 399
		<i>Aurovela 1.5/30 (21)</i>	AZELEX
		148	160, 182
		<i>Aurovela 1/20 (21)</i>	azithromycin
		148	45
		<i>Aurovela 24 Fe</i>	AZSTARYS
		148	127
		<i>Aurovela Fe 1.5/30 (28)</i> . 148	<i>Azurette (28)</i>
		<i>Aurovela Fe 1-20 (28)</i> 148	147
		AURYXIA	B
		193, 241, 242	B COMPLEX 100
		AUSTEDO	191
		137, 138	<i>bacitracin</i>
		AUSTEDO XR	384
		137, 138	<i>bacitracin-polymyxin b</i> . 383
			<i>baclofen</i>
			267
			BACTERIOSTATIC WATER-
			OGIVRI
			192
			BAFIERTAM
			371
			BAL-CARE DHA
			195
			BAL-CARE DHA
			ESSENTIAL
			195
			BALCOLTRA
			149
			BALFAXAR
			249
			<i>balsalazide</i>
			234
			BALVERSA
			60
			<i>Balziva (28)</i>
			149
			BAQSIMI
			204
			BARACLUDGE
			43
			BASADROX
			167

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

BASAGLAR KWIKPEN U-100 INSULIN	220	BD LUER-LOK SYRINGE	292, 293, 320, 321	BD SYRINGE LUER-LOK NONSTERILE	294, 323
BAVENCIO	69	BD LUER-LOK TIP CONTROL SYRINGE ...	293, 321	BD SYRINGE LUER-LOK STERILE	294, 295, 323
BAXDELA	42	BD MICROTAINER LANCET	280, 321	BD SYRINGE SLIP TIP NONSTERILE	295, 323
BAYER ASPIRIN	27, 259	BD NANO 2ND GEN PEN NEEDLE	287, 321	BD SYRINGE-DUAL CANNULA	295, 323
BAYER LOW DOSE ASPIRIN	27, 259	BD NOKOR ADMIX NEEDLE	293, 321	BD TUBERCULIN SLIP-TIP	295, 323
B-COMPLEX INJECTION	191	BD POSIFLUSH NORMAL SALINE 0.9	202	BD TUBERCULIN SYRINGE	295, 323
BD ALCOHOL SWABS	74	BD PRECISIONGLIDE ..	293, 321	BD ULTRA-FINE MICRO PEN NEEDLE	287, 323
BD ALLERGIST TRAY REG BEVEL	291, 319	BD PRECISIONGLIDE NON-STERILE	293, 321	BD ULTRA-FINE MINI PEN NEEDLE	288, 323
BD ALLERGY SYRINGE	291, 319	BD REGULAR BEVEL NEEDLES	293, 321	BD ULTRA-FINE NANO PEN NEEDLE	288, 324
BD AUTOSHIELD DUO PEN NEEDLE	287, 319	BD SAFETYGLIDE ALLERGIST TRAY	293, 321	BD ULTRA-FINE ORIG PEN NEEDLE	288, 324
BD BLUNT PLASTIC CANNULA	291, 319	BD SAFETYGLIDE NEEDLE	293, 322	BD ULTRA-FINE SHORT PEN NEEDLE	288, 324
BD BULK SYRINGE SLIP TIP	291, 319	BD SAFETYGLIDE SHIELDING REG	293, 322	BD VEO INSULIN SYR (HALF UNIT)	288, 324
BD ECCENTRIC TIP SYRINGE	291, 319	BD SAFETYGLIDE SYRINGE	293, 322	BD VEO INSULIN SYRINGE UF	288, 324
BD ECLIPSE	291, 319	BD SAFETYGLIDE TB REG BEVEL	294, 322	BD VERITOR AT-HOME COVID19 TST	277, 324
BD ECLIPSE LUER-LOK	291, 319	BD SAFETYGLIDE TUBERCULIN	294, 322	BELEODAQ	60
BD FILTER NEEDLE 5-MICRON NOKO ..	292, 319	BD SHORT BEVEL NEEDLES	294, 322	belladonna alkaloids-opium	232
BD FILTER NEEDLE-5 MICRON	292, 319	BD SHORT BEVEL THIN WALL	294, 322	BELRAPZO	52
BD INSULIN SYRINGE (HALF UNIT)	287, 319	BD SLIP TIP SYRINGE .	294, 322	BELSOMRA	141
BD INSULIN SYRINGE U-500	287, 319	B-D SLIP TIP SYRINGE .	294	benazepril	92
BD INSULIN SYRINGE ULTRA-FINE	287, 320	B-D SLIP TIP SYRINGE .	322	benazepril-hydrochlorothiazide	92
BD INTEGRA NEEDLE .	292, 320	BD SPECIALTY USE NEEDLES	294, 322	bendamustine	52
BD INTEGRA SYRINGE	292, 320	BD SYRINGE	295, 323	BENDEKA	52
BD INTERLINK BLUNT PLASTIC CAN	292, 320	BD SYRINGE CATH TIP NONSTERILE	294, 322	BENEFIX	249
BD INTERLINK SYRINGE	292, 320	BD SYRINGE CATHETER TIP	294, 323	BENLYSTA	25
BD INTRADERMAL BEVEL NEEDLES	292, 320			benzhydrocodone-acetaminophen	16
BD LUER-LOK BULK SYRINGE	292, 320			benznidazole	35

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>bepotastine besilate</i>	376	BIVIGAM	78	brimonidine	182, 385
BERINERT	247	<i>bleomycin</i>	69	brimonidine-dorzolamide	
BESIVANCE	384	BLEPHAMIDE S.O.P.	375	.....	374
BESPONSA	54, 70	BLINCYTO	72	brimonidine-dorzolamide	
BESREMI	60	<i>Blisovi 24 Fe</i>	149	(pf).....	374
<i>betaine</i>	366	<i>Blisovi Fe 1.5/30 (28)</i>	149	brimonidine-timolol	379
BETALOAN SUIK	215	<i>Blisovi Fe 1/20 (28)</i>	149	BRINEURA	363
betamethasone		BLOOD GLUCOSE TEST		brinzolamide	379
<i>dipropionate</i>	175	.....	269, 324	BRIUMVI	370
betamethasone valerate	175	BLULINK BG SYSTEM		BRIVIACT	115
betamethasone,		REFILL	280, 324	BRIXADI	141
<i>augmented</i>	175	BLULINK GLUCOSE TEST		<i>Bromfed Dm</i>	400
BETASERON	371	STRIP	269, 324	bromfenac	378
<i>betaxolol</i>	101, 380	blunt needle, disposable		bromocriptine	121
<i>bethanechol chloride</i>	245	.....	295, 324	brompheniramine-	
BETIMOL	380	BOOSTRIX TDAP	83	<i>pseudoeph-dm</i>	400
BETOPTIC S	380	<i>bortezomib</i>	64	BRONCHITOL	397
<i>bevacizumab</i>	381, 386	<i>bosentan</i>	108	BRUKINSA	57, 65
BEVESPI AEROSPHERE		BOSULIF	65	<i>budesonide</i>	235, 392
.....	395	BOTOX	267	<i>budesonide-formoterol</i> ..	396
<i>bexagliflozin</i>	209	BPO	163	BULLSEYE MINI SAFETY	
<i>bexarotene</i>	67, 170	BRAFTOVI	57	LANCETS	280, 325
BEXSERO	86	BREATHERITE MDI		<i>bumetanide</i>	105
BEYAZ	149	SPACER	310, 324	<i>buprenorphine</i>	17
BEYFORTUS	76	BREATHERITE SPACER-		<i>buprenorphine hcl</i> ... 17, 141	
<i>bicalutamide</i>	53	MASK, NEO	310, 324	buprenorphine-naloxone	
BIJUVA	213	BREATHERITE SPACER-		.....	141
BIKTARVY	40	MASK,ADULT	310, 324	<i>bupropion hcl</i>	119
<i>bimatoprost</i>	385	BREATHERITE SPACER-		<i>bupropion hcl (smoking</i>	
<i>bimatoprost (pf)</i>	385	MASK,CHILD	310, 325	<i>deter</i>).....	142
BIMZELX	166	BREATHERITE SPACER-		<i>buspironone</i>	110
BIMZELX AUTOINJECTOR		MASK,INFANT ... 310, 325		<i>busulfan</i>	51
.....	165	BREATHERITE SPACER-		butalbital-acetaminop-caf-	
BINAXNOW COVID AG		MASK,S.CHLD ... 311, 325		cod	16
CARD HOME TST	277, 324	BREATHERITE VALVED		butalbital-acetaminophen	
BINAXNOW COVID-19 AG		MDI CHAMBER ... 311, 325		.....	17
SELF TEST	277, 324	BREATHERITE VALVED		butalbital-acetaminophen-	
BIOGLO	379	MDI SPACER	311, 325	caff	17
BIOLON	383	BREEZE 2 TEST STRIPS		butalbital-aspirin-caffeine	
BIONIME RIGHTEST TEST		.....	269, 325	.....	27
STRIPS	269, 324	BRENZAVVY	209	butorphanol	17
<i>bismuth subcit k-</i>		BREO ELLIPTA	396	BUTTERFLY TOUCH	
<i>metronidz-tcn</i>	232	BREXAFEMME	33	LANCET	280, 325
<i>bisoprolol fumarate</i>	101	<i>Breyna</i>	396	BYDUREON BCISE	207
<i>bisoprolol-</i>		BREZTRI AEROSPHERE		BYETTA	207
<i>hydrochlorothiazide</i> ..	103	.....	397	BYLVAY	261
bivalirudin	260	<i>Briellyn</i>	149	BYOOVIZ	381, 386
		BRILINTA	258		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>cefadroxil</i>	41	<i>chloroquine phosphate</i> ..	34, 35	<i>cisplatin</i>	64
<i>cefdinir</i>	42	<i>chlorpromazine</i>	125	<i>citalopram</i>	117
<i>cefixime</i>	42	<i>chlorthalidone</i>	106	CITRANATAL (DUAL-IRON)	
<i>cefpodoxime</i>	42	<i>chlorzoxazone</i>	267	.....	195
<i>cefprozil</i>	42	CHOICEDM CLARUS	269, 327	CITRANATAL 90 DHA	
<i>cefuroxime axetil</i>	42	CHOLBAM	228	(ALGAL OIL)	195
<i>celecoxib</i>	25	<i>cholestyramine (with</i>		CITRANATAL ASSURE .	195
CELLTRION DIATRUST		<i>sugar)</i>	96	CITRANATAL DHA (ALGAL	
COV-19 HOME	277, 326	Cholestyramine Light	96, 97	OIL)	195
CEM-UREA	179	<i>cholestyramine-aspartame</i>		CITRANATAL HARMONY	
CENTANY AT	167	.....	97	(IRON FUM)	195
<i>cephalexin</i>	41	<i>choline,magnesium</i>		<i>citric-sod citrat-sod phos-</i>	
CEPROTIN (BLUE BAR)	260	<i>salicylate</i>	27	<i>dex</i>	247
CEPROTIN (GREEN BAR)		<i>chorionic gonadotropin,</i>		<i>cladribine</i>	55
.....	260	<i>human</i>	218	Claravis	160
CEQUA	378	CHOSEN LANCET .	281, 327	CLARINEX-D 12 HOUR ..	390
CEQUR SIMPLICITY	313, 326	CHOSEN SAFETY LANCET		<i>clarithromycin</i>	45
CEQUR SIMPLICITY		.....	281, 327	CLEANSING WASH	161, 182
INSERTER	281, 326	CIBINQO	166	CLEARSHIELD SODIUM	
CERDELGA	366	CICLODAN KIT	169	CHLOR FLUSH	202
CEREZYME	364	<i>ciclopirox</i>	169	<i>clemastine</i>	390
CERVIDIL	204	<i>ciclopirox-ure-camph-</i>		CLENPIQ	239
CETACAINE	180	<i>menth-euc</i>	169	CLEOCIN	401
CETACAINE ANESTHETIC		<i>cilostazol</i>	258	CLEVER CHEK LANCETS	
.....	180	CILOXAN	384	.....	281, 327
<i>cetirizine</i>	391	CIMDUO	38	CLEVER CHOICE	
<i>cetorelix</i>	223	CIMERLI	381, 386	CHAMBER-LRG MASK	
<i>cevimeline</i>	369	<i>cimetidine</i>	229	.....	311, 327
Charlotte 24 Fe	149	<i>cimetidine hcl</i>	229	CLEVER CHOICE	
Chateal Eq (28)	149	CIMZIA	18, 20, 236	CHAMBER-MED MASK	
CHEK-STIX CONTROL .	188, 315, 326	CIMZIA POWDER FOR		.....	311, 327
CHEMET	30	RECONST	18, 20, 236	CLEVER CHOICE	
CHEMSTRIP 10 MD	188, 327	CIMZIA STARTER KIT ...	18, 20, 236	CHAMBER-SM MASK	311, 327
CHEMSTRIP 10/SG	188, 327	<i>cinacalcet</i>	212	CLEVER CHOICE MICRO	
CHEMSTRIP 2 GP ..	188, 327	CINQAIR	393	TEST STRIP	269, 327
CHEMSTRIP 50B ...	188, 327	CINRYZE	247	CLEVER CHOICE PRO .	270, 327
CHEMSTRIP 7	188, 327	CIPRO	42	CLEVER CHOICE TALK	
CHEMSTRIP 9	188, 327	CIPRO HC	388	TEST	270, 327
CHENODAL	229	<i>ciprofloxacin</i>	43	CLEVER CHOICE TEST	
CHILDREN'S ASPIRIN	27, 259	<i>ciprofloxacin hcl</i>	42, 384, 389	STRIPS	270, 327
<i>chlordiazepoxide hcl</i>	109, 130	<i>ciprofloxacin-</i>		CLEVER CHOICE VOICE	
<i>chlordiazepoxide-clidinium</i>		<i>dexamethasone</i>	388	PLUS TEST	270, 327
.....	130, 232	CIPROFLOXACIN-FLUCINOLONE		CLIMARA PRO	213
<i>chlorhexidine gluconate</i>	369	.....	389	<i>clindamycin hcl</i>	45
				clindamycin palmitate hcl	
				.....	45

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Clindamycin Pediatric 45	COMETRIQ 63	CORTANE-B 389
clindamycin phosphate 160, 161, 401	COMFORT EZ LANCETS 281, 327	CORTIFOAM 235
clindamycin-benzoyl peroxide 161, 162	COMFORT TOUCH PLUS SAFETY LANC ... 281, 327	cortisone 216
CLINDESSE 401	COMFORT TOUCH ULT THIN LANCETS .. 281, 328	CORTISPORIN-TC 389
CLINITEST COVID-19 HOME TEST 277, 327	COMFORTSEAL LARGE MASK 311, 328	CORTROPHIN GEL 204
CLINPRO 5000 367	COMFORTSEAL MEDIUM MASK 311, 328	COSENTYX 166
clobazam 111, 130	COMFORTSEAL SMALL MASK 311, 328	COSENTYX (2 SYRINGES) 166
clobetasol 175, 376	COMIRNATY 2024-25 (12Y UP)(PF) 87	COSENTYX PEN 166
clobetasol-emollient 175	COMPACT SPACE CHAMBER 311, 328	COSENTYX PEN (2 PENS) 166
clocortolone pivalate 175	COMPACT SPACE CHAMBER-LRG MASK 311, 328	COSENTYX UNOREADY PEN 166
CLODAN KIT 178	COMPACT SPACE CHAMBER-MED MASK 311, 328	COTELLIC 62
clofarabine 55	COMPACT SPACE CHAMBER-SM MASK 311, 328	COTEMPLA XR-ODT 127
Clomid 215	COMPLERA 40	COVARYX 213
clomiphene citrate 215	COMPLETE NATAL DHA 195	COVARYX H.S. 213
clomipramine 119	COMPLETENATE 195	COVID-19 AT-HOME TEST 277, 328
clonazepam 110, 111, 130	Compro 227	CRENESSITY 204
clonidine 104	CONJUPRI 103	CREON 229
clonidine hcl 104, 127	Constulose 237	CRESEMBA 34
clopidogrel 259	CONTOUR NEXT TEST STRIPS 270, 328	CREXONT 120
clorazepate dipotassium 110, 130	CONTOUR PLUS TEST STRIP 270, 328	CRINONE 215, 402
clotrimazole 169, 369	CONTOUR TEST STRIPS 270, 328	cromolyn 62, 382, 393
clotrimazole- betamethasone 170	CONTRAVE 403	CRYODOSE TA MEDIUM STREAM SPR 181
clozapine 124	COPIKTRA 63, 64	CRYODOSE TA MIST SPRAY 181
COAGADEx 252	CORDRAN 175	Cryselle (28) 149
COAGUCHEK LANCETS 281, 327	CORDRAN TAPE LARGE ROLL 175	CRYSVITA 215
COARTEM 34	CORDX COVID-19 AG HOME TEST 277, 328	CUPRIMINE 24, 30
COBENFY 109	CORIFACT 252	CURAE 158, 159
COBENFY STARTER PACK 109	CORLANOR 106	CURITY ALCOHOL SWABS 74
cocaine 399		CUROSURF 398
codeine sulfate 12		CUSTODIOL HTK 387
codeine-butalbital-asa-caff 16		CUTAQUIG 78
colchicine 245		CUVITRU 79
colesevelam 97		CUVRIOR 30
colestipol 97		cyanocobalamin (vitamin b- 12) 202
COLOR LANCETS . 281, 327		cyclobenzaprine 267
COLUMVI 50		CYCLOMYDRIL 373
COMBIPATCH 213		cyclopentolate 376
COMBISTIX REAGENT . 188, 327		cyclopen-tropic-phenyleph- watr 373
COMBIVENT RESPIMAT 396		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

cyclopent-tropic-phen-ket-
wat 373
cyclophosphamide... 23, 52
cyclop-trop-propa-phen-
ket-wat 374
cycloserine 41
CYCLOSET..... 207
cyclosporine.... 23, 262, 378
CYCLOSPORINE IN
KLARITY..... 378
cyclosporine modified ... 23,
 262
cyproheptadine 390
CYRAMZA 68
Cyred..... 149
Cyred Eq 149
CYSTADROPS..... 379
CYSTAGON..... 240
CYSTARAN 379
CYSTO-CONRAY II..... 187
CYSTOGRAFIN..... 187
CYSTOGRAFIN-DILUTE 187
cytarabine 55
cytarabine (pf) 55
CYTOGAM..... 78
D
dabigatran etexilate 260
dactinomycin..... 68
dalfampridine..... 371
danazol..... 217
dantrolene..... 268
DANZITEN..... 65
dapsone 34, 161
DAPTACEL (DTAP
PEDIATRIC) (PF)..... 83
darifenacin..... 244
DARIO BLOOD GLUCOSE
TEST STRIP..... 270, 328
DARTISLA 232
darunavir..... 47
DARZALEX..... 58
DARZALEX FASPRO..... 58
dasatinib 65
Dasetta 1/35 (28)..... 149
Dasetta 7/7/7 (28)..... 156
DATROWAY..... 71
daunorubicin 68
DAURISMO..... 60

DAVOL IRRIGATION
SYRINGE 296, 328
DAVOL PISTON
IRRIGATION 296, 328
DAXXIFY..... 267
DAYBUE..... 144
Daysee..... 147
DAYVIGO..... 141
DAZA VEIDAOXIA 182
DAZOMON..... 182
DEBACTEROL 369
Deblitane..... 155
decitabine 55
deferasirox..... 30
deferiprone 30
deferoxamine..... 30
deflazacort 216
DELSTRIGO 40
demeclocycline 48
DEMEROL (PF)..... 12
DENTA 5000 PLUS 367
DENTA 5000 PLUS
SENSITIVE..... 367
DENTAGEL 368
DEOXIATAR..... 162
DEOXIAR..... 163
DEPAKOTE 111, 131
DEPAKOTE ER 111, 131,
 135
DEPAKOTE SPRINKLES
 111, 132
DEPO-ESTRADIOL 214
DEPO-PROVERA 146
DEPO-SUBQ PROVERA
104..... 146
Dermacinrx Lidocan..... 183
DERMACINRX LIDOGEL183
DERMACINRX LIDOREX183
DERMAZENE 170
DESCOVY..... 38
desflurane 28
desipramine 119
desloratadine..... 391
desmopressin..... 206
desog-
e.estradiol/e.estradiol 147
desonide 175
desoximetasone 175, 176

desvenlafaxine..... 118
desvenlafaxine succinate
 118
dexamethasone 216
DEXAMETHASONE
INTENSOL 216
dexamethasone sodium
phosphate 376
DEXCOM G6 RECEIVER
 281, 328
DEXCOM G6 SENSOR.. 281,
 329
DEXCOM G6
TRANSMITTER... 281, 329
DEXCOM G7 RECEIVER
 281, 329
DEXCOM G7 SENSOR.. 281,
 329
dexlansoprazole 230
dexmethylphenidate.... 127,
 128
DEXONTO 216
DEXTENZA..... 377
dextroamphetamine sulfate
 128, 134, 140
dextroamphetamine-
amphetamine.... 128, 134,
 140
DIACOMIT 116
DIADIMAXIA..... 161
DIAOXIA 161
DIASAXIATAR..... 163
DIASDIMAXIA..... 161
DIASOXIA..... 161
DIASTIX..... 315, 329
diatrizoate meg-diatrizoat
sod..... 187
DIATRUE PLUS TEST
STRIP 270, 329
diazepam..... 110, 111, 130
Diazepam Intensol. 110, 130
diazoxide..... 204
dichlorphenamide . 105, 264
diclofenac epolamine.... 181
diclofenac potassium.... 26
diclofenac sodium.. 26, 170,
 181, 378
diclofenac-misoprostol... 25

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP =
 Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH =
 Orally Administered Anti-Cancer Drug

<i>dicloxacillin</i>	47	<i>divalproex</i>	111, 112, 132, 135	DRYSOL	171
<i>dicyclomine</i>	232	<i>docetaxel</i>	67	DRYSOL DAB-O-MATIC	171
<i>didanosine</i>	38	<i>Dodex</i>	202	DUAKLIR PRESSAIR	396
<i>diethylpropion</i>	402	<i>dofetilide</i>	96	DUAVEE	213
DIFFERIN	164	<i>DOJOLVI</i>	194	DULERA	396
DIFICID	45	<i>Dolishale</i>	149	<i>duloxetine</i>	118, 135
<i>diflunisal</i>	27	<i>donepezil</i>	145	DUOBRII	164
<i>difluprednate</i>	377	DOPTELET (10 TAB PACK)	.....	DUODOTE	30
<i>Digitek</i>	104	.....	261	DUOPA	120
<i>digoxin</i>	104	DOPTELET (15 TAB PACK)	.....	DUPIXENT PEN	167, 393
<i>dihydroergotamine</i>	136	.....	261	DUPIXENT SYRINGE	167, 393
<i>Dilantin</i>	113	DOPTELET (30 TAB PACK)	.....	DUREX AIR CONDOM ..	289, 329
<i>Dilantin Extended</i>	113	.....	261	DUREX AVANTI BARE	
<i>Dilantin Infatabs</i>	113	<i>dorzolamide</i>	379	REAL FEEL	289, 329
DILANTIN-125	113	<i>dorzolamide (pf)</i>	379	DUREX EXTRA SENSITIVE	
DILAUDID (PF)	12	<i>dorzolamide-timolol</i>	379	CONDOM	289, 329
<i>diltiazem hcl</i>	102	<i>dorzolamide-timolol (pf)</i>	379	DUREX TROPICAL	
DILT-XR	102	<i>Dotti</i>	214	CONDOM	289, 329
DILUENT FOR BICNU	191	DOVATO	37	DUROLANE	266
<i>diluent for decitabine</i>	191	DOVER BULB SYRINGE	.....	DURYSTA	385
DILUENT FOR ELIGARD	191	.....	296, 329	<i>dutasteride</i>	242
DILUENT FOR ISTODAX	191	<i>doxazosin</i>	106	<i>dutasteride-tamsulosin</i>	240
DILUENT FOR JEVTANA	.....	<i>doxepin</i>	119, 141	DUVYZAT	264
.....	191	<i>doxercalciferol</i>	365	DUZALLO	245
<i>diluent for melphalan</i>	191	<i>doxorubicin</i>	68	DYANA VEL XR	128, 134
DILUENT FOR		<i>doxorubicin, peg-liposomal</i>	.....	DYNOMA	178
NOVOSEVEN RT	191	.....	69	DYSPORT	267
DILUENT FOR ROTARIX	192	<i>doxycycline hyclate</i> 48, 370		E	
DILUENT FOR VIVITROL	.....	<i>doxycycline monohydrate</i>	.....	E.E.S. 400	45
.....	192	.....	48, 182	EASIVENT HOLDING	
<i>diluent, carmustine</i>		<i>doxylamine-pyridoxine (vit</i>		CHAMBER	311, 329
<i>(ethanol)</i>	192	<i>b6)</i>	227	EASIVENT MASK LARGE	
<i>diluent, romidepsin (prop</i>		D-PENAMINE	24, 30	.....	311, 329
<i>gly)</i>	192	DRITHOCREME HP	171	EASIVENT MASK MEDIUM	
<i>diluent, voretigene</i>		<i>dronabinol</i>	134, 227, 403	.....	311, 329
<i>neparvovec</i>	192	DROPLET LANCETS	281, 329	EASIVENT MASK SMALL	
DILUTING MEDIUM FOR		DROPSAFE ALCOHOL		.....	311, 330
NOVOLOG	191	PREP PADS	74	EASY COMFORT	
<i>dimethyl fumarate</i>	371	DROPSAFE SICURA		ALCOHOL PAD	74
DIOOXIA	171	SAFETY NEEDLE	296, 329	EASY COMFORT LANCETS	
DIPENTUM	234	<i>drospirenone-e.estradiol-</i>		.....	281, 330
<i>Diphen</i>	390	<i>lm.fa</i>	149	EASY GLIDE CATHETER	
<i>diphenoxylate-atropine</i>	227	<i>drospirenone-ethinyl</i>		TIP SYRING	296, 330
<i>dipyridamole</i>	259	<i>estradiol</i>	149	EASY GLIDE DENTAL	
<i>disopyramide phosphate</i>	95	DROXIA	260	IRRIG SYRING	296, 330
<i>disulfiram</i>	142	<i>droxidopa</i>	104		
DIURIL	106				

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

EASY GLIDE LUER LOCK	EASY TOUCH	EGRIFTA SV 217
SYRINGE 296, 297, 330	TUBERCULIN FLIPLOCK	ELAHERE 50, 54
EASY GLIDE LUER SLIP TB	..... 299, 333	ELAPRASE 364
SYRINGE 297, 330	EASY TOUCH	ELELYSO 364
EASY PLUS II TEST 270,	TUBERCULIN	ELEMENT COMPACT TEST
330	SHEATHLK 299, 333	STRIPS 271, 334
EASY STEP 270, 330	EASY TOUCH TWIST	ELEMENT TEST STRIPS
EASY TALK GLUCOSE	LANCETS 282, 333	..... 271, 334
TEST 270, 330	EASY TOUCH UNI-SLIP 299,	ELESTRIN 214
EASY TALK PLUS II TEST	333	eletriptan 137
STRIP 270, 330	EASY TRAK GLUCOSE	ELFABRIO 364
EASY TOUCH 299, 333	TEST 270, 333	ELIGARD 61
EASY TOUCH ALCOHOL	EASY TRAK II TEST STRIP	ELIGARD (3 MONTH) 61
PREP PADS 74	..... 270, 333	ELIGARD (4 MONTH) 61
EASY TOUCH BLULINK	EASY TWIST AND CAP	ELIGARD (6 MONTH) 61
TEST STRIP 270, 330	LANCETS 282, 333	Elinest 150
EASY TOUCH FLIPLOCK	EASYGLUCO TEST 270, 333	ELIQUIS 248
NEEDLE 297, 330	EASYMAX 271, 334	ELIQUIS DVT-PE TREAT
EASY TOUCH FLIPLOCK	EASYMAX 15 TEST STRIPS	30D START 248
SYRINGE 297, 331	..... 270, 334	Elixophyllin 393
EASY TOUCH FLURINGE	EASYPOINT NEEDLE ... 300,	ELLA 158, 159
..... 298, 331	334	ELLUME COVID-19 HOME
EASY TOUCH FLURINGE	EBGLYSS PEN 167	TEST 277, 334
FLIPLOCK 297, 331	EBGLYSS SYRINGE 167	ELMIRON 240
EASY TOUCH FLURINGE	ECLIPSE NEEDLE . 300, 334	ELOCTATE 250
FLU TRAY 298, 331	ECLIPSE SYRINGE 300, 334	ELREXFIO 71
EASY TOUCH FLURINGE	EC-NAPROXEN 26	Eluryng 158
SHEATHLOCK ... 298, 331	econazole nitrate 169	ELYXYB 137
EASY TOUCH	ECONTRA EZ 158, 159	ELZONRIS 70
HYPODERMIC NEEDLE	ECONTRA ONE-STEP .. 158,	EMBRACE BLOOD
..... 298, 332	159	GLUCOSE SYSTEM .. 271,
EASY TOUCH LANCETS	ECOTRIN 27, 259	334
..... 282, 332	ECOZA 169	EMBRACE EVO TEST
EASY TOUCH LUER LOCK	edaravone 264	STRIPS 271, 334
SYRINGE 298, 332	EDARBI 94	EMBRACE LANCETS ... 282,
EASY TOUCH SAFETY	EDARBYCLOR 94	334
LANCETS 282, 332	EDEX 190	EMBRACE PRO TEST
EASY TOUCH	ED-SPAZ 231, 244	STRIPS 271, 334
SHEATHLOCK SYRG-	EDURANT 37	EMBRACE SAFETY
NDL 298, 299, 332	EEMT 213	LANCET 282, 334
EASY TOUCH	EEMT HS 213	EMBRACE TALK TEST
SHEATHLOCK SYRINGE	efavirenz 37	STRIPS 271, 334
..... 299, 333	efavirenz-emtricitabin-	EMBRACE WAVE
EASY TOUCH SYR	tenofov 40	GLUCOSE TEST STRP
ALLERGY TRAY . 299, 333	efavirenz-lamivu-tenofov	..... 271, 334
EASY TOUCH TEST STRIP	disop 40	EMEND 228
..... 270, 333	EFFER-K 193	EMFLAZA 216
	EGATEN 32	EMGALITY PEN 136

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

EMGALITY SYRINGE ... 109, 136	EPIDIOLEX 111	estradiol 214, 402
EMPAVELI 246, 259	EPIFIX AMNIOTIC MEMBRANE 185	estradiol valerate 214
EMPLICITI 56	EPIFOAM 178	estradiol-norethindrone acet 213
EMROSI 49, 182	epinastine 376	ESTRATEST F.S. 213
EMSAM 117	epinephrine 104, 391	ESTRING 402
emtricitabine 38	epinephrine hcl 399	estrogens-
emtricitabine-tenofovir (tdf) 38	epirubicin 69	methyltestosterone ... 213
EMTRIVA 39	Epitol 113, 132	eszopiclone 140
EMVERM 32	EPKINLY 50	ethacrynic acid 105
Emzahn 155	eplerenone 93, 105	ethambutol 41
enalapril maleate 93	EPOGEN 248	ethosuximide 116
enalapril-	epoprostenol 107	ethyl chloride 181
hydrochlorothiazide 92	EPRONTIA 114	ethynodiol diac-eth estradiol 150
ENBREL 18, 20	eprosartan 94	etodolac 27
ENBREL MINI 18, 20	eptifibatide 258	etonogestrel-ethinyl estradiol 158
ENBREL SURECLICK 18, 20	EQUETRO 113, 132	etoposide 59
ENDARI 191, 194, 260	ERBITUX 72	etravirine 37
ENDO AVITENE 255	ergocalciferol (vitamin d2) 203	EUCRISA 167
Endocet 16, 17	ergoloid 146	EUFLEXXA 266
ENDOMETRIN 215	ERGOMAR 136	EUTHYROX 226
ENFIT THUMB CONTROL RING SYRIN 279, 334	ergotamine-caffeine 136	EVAMIST 214
ENGERIX-B (PF) 77, 78	eribulin 62	EVARREST 255
ENGERIX-B PEDIATRIC (PF) 78	ERIVEDGE 60	EVENCARE G2 271, 334
ENHERTU 54, 71	ERLEADA 53	EVENCARE G3 TEST ... 271, 335
Enilloring 158	erlotinib 51	EVENCARE MINI GLUCOSE TEST STR 271, 335
ENJAYMO 246, 248	ERMEZA 225	EVENCARE PROVIEW TEST STRIP 271, 335
enoxaparin 257	Errin 155	EVENCARE TEST .. 271, 335
Enpresse 156	ERWINASE 57	EVENITY 211
Enskyce 150	Ery Pads 161	everolimus (antineoplastic) 62
ENSPRYNG 263	Ery-Tab 45	everolimus (immunosuppressive) 263
ENSTILAR 165	ERYTHROCIN (AS STEARATE) 46	EVERSENSE E3 SENSOR-HOLDER 282, 335
entacapone 121	erythromycin 46, 384	EVERSENSE E3 SMART TRANSMITTER ... 282, 335
ENTADFI 240	erythromycin ethylsuccinate 46	EVICEL 255
entecavir 43	erythromycin with ethanol 161	EVKEEZA 96
ENTERO VU 186	erythromycin-benzoyl peroxide 162	EVOLUTION TEST STRIPS 271, 335
ENTRESTO 94	ERZOFRI 122	EVOMELA 52
ENTRESTO SPRINKLE ... 94	escitalopram oxalate 117	EVOTAZ 39, 47
ENTYVIO 235	esomeprazole magnesium 230	
ENTYVIO PEN 235	ESPEROCT 251	
Enulose 228	Estarylla 150	
ENVARUSUS XR 262	estazolam 131, 140	
ENZNONUTY 180		
EOHILIA 216		
EPCLUSA 44		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

EVRYSDI	268	felbamate	111	FLEXICHAMBER-LG CHILD MASK	311, 336
EXCEL SYRINGE ...	300, 335	felodipine	103	FLEXICHAMBER-SM ADULT MASK	312, 336
EXEL HYPODERMIC NEEDLES	300, 335	FEM PH	401	FLEXICHAMBER-SM CHILD MASK	312, 336
EXEL SYRINGE	300, 335	FEMCAP	277, 336	FLOLIPID	98
EXELDERM	169	FEMLYV	150	FLOW-EZE VENTED NEEDLE	300, 336
EXEM	188	FEMRING	402	FLOWFLEX COVID-19 AG HOME TEST	277, 336
exemestane	56	fenofibrate	97	floxuridine	55
EXODERM	168	fenofibrate micronized	97	FLUAD TRIV 2024-25(65Y UP)(PF)	88
EXONDYS-51	265	fenofibrate nanocrystallized	97	FLUARIX TRIV 2024-2025 (PF)	88
EXSERVAN	264	fenofibric acid	97	FLUBLOK TRIV 2024-2025 (PF)	88
EYLEA	381, 382, 386	fenofibric acid (choline) ..	97	FLUCELVAX TRIV 2024-2025	89
EYLEA HD	381, 386	FENSOLVI	222	FLUCELVAX TRIV 2024-2025 (PF)	88
EYSUVIS	377	fentanyl	12, 13	fluconazole	34
E-Z DISK	186	fentanyl citrate	12	flucytosine	33
E-Z JECT LANCETS	282, 335	fentanyl citrate (pf)	12, 28	fludarabine	55
E-Z JECT THIN LANCETS	282, 335	fentanyl citrate (pf)- 0.9%nacl	12	fludrocortisone	224
EZ SMART LANCETS ... 282, 336		FERRIPROX	30	FLULAVAL TRIV 2024-2025 (PF)	89
EZ SMART PLUS TEST 271, 336		FERVINA	168	FLUMIST TRIVALENT 2024-2025	81, 89
EZ SMART TEST 271, 336		fesoterodine	244	flunisolide	399
EZALLOR SPRINKLE	98	FETZIMA	118	fluocinolone	176
ezetimibe	100	FIASP FLEXTOUCH U-100 INSULIN	221	fluocinolone acetonide oil	389
ezetimibe-simvastatin ... 101		FIASP PENFILL U-100 INSULIN	221	fluocinolone and shower cap	176
E-Z-HD BARIUM	186	FIASP PUMPCART	221	fluocinonide	176
E-Z-PAQUE	186	FIASP U-100 INSULIN ... 221		Fluocinonide-E	176
E-Z-PASTE	186	FIBRYGA	254	fluocinonide-emollient ..	176
F		FIDILA	168	fluorescein-benoxinate 380, 381	
FABHALTA	246	FILOMA	169	fluorescein-propraracaine	380
FABRAZYME	364	FILSPARI	92	fluoride (sodium)	368
Falmina (28)	150	FILSUVEZ	186	FLUORIDEX DAILY DEFENSE	368
famciclovir	44	filter needles	300, 336	FLUORIDEX SENSITIVITY RELIEF	368
famotidine	230	FINACEA	161, 182		
FANAPT	122	finasteride	242		
FANTASY CONDOM	289, 336	FINGERSTIX LANCETS 282, 336			
FARXIGA	209	ingolimod	372		
FASENRA	393	FINTEPLA	116		
FASENRA PEN	393	Finzala	150		
FASTEP COVID-19 AG HOME TEST	277, 336	Fioricet	18		
FC2 FEMALE CONDOM 280, 336		FIRDAPSE	265		
febuxostat	245	FLAREX	377		
FEIBA NF	247	flavoxate	244		
		FLEBOGAMMA DIF	79		
		flecainide	96		
		FLEXICHAMBER	311, 336		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

FLUORIMAX 5000 368	FORA GD50 TEST STRIPS 272, 337	FREESTYLE LIBRE 2 PLUS SENSOR 282, 338
FLUORIMAX 5000 SENSITIVE 368	FORA GTEL GLUCOSE TEST STRIP 272, 337	FREESTYLE LIBRE 2 READER 283, 338
fluorometholone 377	FORA TEST STRIP 272, 337	FREESTYLE LIBRE 2 SENSOR 283, 338
FLUOROPLEX 170	FORA TN'G ADVAN PRO TEST STRIP 272, 337	FREESTYLE LIBRE 3 PLUS SENSOR 283, 338
fluorouracil 170	FORA TN'G VOICE TEST STRIPS 272, 337	FREESTYLE LIBRE 3 READER 283, 338
fluoxetine 117	FORA V10 272, 337	FREESTYLE LIBRE 3 SENSOR 283, 338
FLUOXIA 178	FORA V10-V12-D10-D20 STRIPS 272, 337	FREESTYLE LITE STRIPS 272, 338
fluphenazine hcl 125	FORA V12 GLUCOSE ... 272, 337	FREESTYLE PRECISION NEO STRIPS 273, 338
flurandrenolide 176	FORA V20 272, 337	FREESTYLE TEST 273, 338
flurazepam 131, 140	FORA V30A 272, 337	FREESTYLE UNISTIK 2 283, 338
flurbiprofen 26	FORACARE GD20 . 272, 337	frovatriptan 137
flurbiprofen sodium 378	FORACARE GD40 TEST STRIPS 272, 337	FRUZAQLA 65
fluticasone propionate 176, 392, 399	FORACARE LANCETS 282, 337	FULPHILA 252
fluticasone propion- salmeterol 396, 397	formoterol fumarate 395	fulvestrant 66
fluvastatin 98	FOSAMAX PLUS D 212	FUROSCIX 105
fluvoxamine 117	fosamprenavir 47	furosemide 105
FLUZONE HIGH-DOSE TRIV 24-25 89	fosfomycin tromethamine 33, 243	FUZEON 36
FLUZONE QUAD SOUTH HEM2024(PF) 89	fosinopril 93	FYARRO 62
FLUZONE QUAD SOUTHERN HEM 2024 89	fosinopril- hydrochlorothiazide 92	Fyavolv 213
FLUZONE TRIV 2024-2025 89	FOSRENOL 241	FYCOMPA 110
FLUZONE TRIV 2024-2025 (PF) 89	FOTIVDA 65	FYLNETRA 252
FML FORTE 377	FRAGMIN 257	Fyremadel 223
FOLET ONE 194, 195	FRAICHE 5000 KIDS PLUS 368	G
folic acid 203	FRAICHE 5000 PREVI ... 368	gabapentin 112
FOLLISTIM AQ 215	FREEFLEX PLUS TRANSFER ADAPTER 309, 337	GALAFOLD 367
FOLOTYN 54	FREESTYLE INSULINX 272, 337	galantamine 145
fondaparinux 257	FREESTYLE INSULINX TEST STRIPS 272, 337	Gallifrey 224
FORA 6 CONNECT GLUCOSE STRIP 271, 336	FREESTYLE LANCETS 282, 337	GALZIN 30
FORA 6CONN-GTEL-TN'G ADV STRIP 271, 336	FREESTYLE LIBRE 14 DAY READER 282, 338	GAMASTAN 79
FORA D15G STRIPS 271, 336	FREESTYLE LIBRE 14 DAY SENSOR 282, 338	GAMIFANT 263
FORA D20 272, 336		GAMMAGARD LIQUID 79
FORA D40-G31 TEST STRIPS 272, 336		GAMMAGARD S-D (IGA < 1 MCG/ML) 79
FORA G20 272, 337		GAMMAKED 79
FORA G30-PREMIUM V10 TEST STRP 272, 337		GAMMAPLEX 79
		GAMMAPLEX (WITH SORBITOL) 79
		GAMUNEX-C 79
		ganirelix 223

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

GARDASIL 9 (PF)	88	GLEOLAN	190	GOODLIFE AC-302 TEST STRIP	273, 339
GASTROMARK	187	GLEOSTINE	52	GOTOKNOW COVID-19 AG HOME TEST	277, 339
gatifloxacin	384	GLIADEL WAFER	52	GRAFIX CORE	185
GATTEX 30-VIAL	239	glimepiride	209	GRAFIX PRIME	185
GATTEX ONE-VIAL	239	glipizide	209	GRAFIX XC	185
GAVILYTE-C	237	glipizide-metformin	209	granisetron hcl	228
Gavilyte-G	237	GLOPERBA	245	GRANIX	252
Gavilyte-N	238	GLOSTRIPS	380	GRASTEK	76
GAVRETO	67	GLUCAGON (HCL) EMERGENCY KIT	204	GREEN GLO	380
GAZYVA	58	Glucagon Emergency Kit (Human)	204	griseofulvin microsize	34
GE100 BLOOD GLUCOSE TEST STRIP	273, 339	GLUCO NAVII TEST STRIP	273, 339	griseofulvin ultramicrosize	34
GE333 BLOOD GLUCOSE TEST STRIP	273, 339	GLUCOCARD 01 SENSOR PLUS	273, 339	guanfacine	104, 127
gefitinib	51	GLUCOCARD EXPRESSION	273, 339	GUARDIAN 4 GLUCOSE SENSOR	283, 339
GELFILM	382	GLUCOCARD SHINE TEST STRIPS	273, 339	GUARDIAN 4 TRANSMITTER ...	283, 339
GELFOAM	255	GLUCOCARD VITAL SENSOR	273, 339	GUARDIAN CONNECT TRANSMITTER ...	283, 340
GELFOAM JMI POWDER	255	GLUCOCARD VITAL TEST STRIPS	273, 339	GUARDIAN LINK 3 TRANSMITTER ...	283, 340
GELFOAM JMI SPONGE	255	GLUCOCARD VITAL TEST STRIPS	273, 339	GUARDIAN SENSOR 3	283, 340
GELFOAM SPONGE SIZE 200	255	GLUCOCOM GLUCOSE	273, 339	GVOKE	205
GEL-ONE	266	GLUCOCOM LANCETS	283, 339	GVOKE HYPOPEN 1-PACK	204
GELSYN-3	266	glutamine (sickle cell) ..	191, 194, 260	GVOKE HYPOPEN 2-PACK	205
gemcitabine	55	glyburide	210	GVOKE PFS 1-PACK SYRINGE	205
gemfibrozil	97	glyburide micronized	209	GVOKE PFS 2-PACK SYRINGE	205
Gemmily	150	glyburide-metformin	209	GYNAZOLE-1	401
GEMTESA	241	glycine urologic solution	240	H	
GENABIO COVID-19 RAPID AT-HOME	277, 339	glycopyrrolate	232, 370	HAEGARDA	248
GENADUR (WITH LEXINAL)	185	glycopyrrolate (pf)	232	Hailey	150
Generlac	229	Glydo	183	Hailey 24 Fe	150
Gengraf	23, 262	GLYRX-PF	232	Hailey Fe 1.5/30 (28)	150
GENOTROPIN	217	GLYXAMBI	209	Hailey Fe 1/20 (28)	150
GENOTROPIN MINIQUICK	217	GM100	273, 339	HALAVEN	62
gentamicin	167, 383	GOJJI BLOOD GLUCOSE TEST STRIP	273, 339	halcinonide	176
GENULTIMATE TEST STRIP	273, 339	GOJJI LANCETS ...	283, 339	HALO CLOSED VIAL ADAPTOR	309, 340
GENVISC 850	266	GONAL-F	215	halobetasol propionate	176
GENVOYA	40	GONAL-F RFF	215	Haloette	158
GILENYA	372	GONAL-F RFF REDI-JECT	215	HALOG	176
GILOTRIF	51				
GIMOTI	231				
GLASSIA	398				
glatiramer	371				
Glatopa	371				

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>haloperidol</i>	124	<i>HIXDEFRIMA</i>	169	<i>hydrochlorothiazide</i>	106
<i>haloperidol lactate</i>	124	<i>HIZENTRA</i>	79	<i>hydrocodone bitartrate</i> ...	13
HARMONY GLUCOSE		<i>HOMATROPAIRE</i>	376	<i>hydrocodone-</i>	
TEST STRIP	273, 340	<i>HOVYN</i>	172	<i>acetaminophen</i>	16
HARVONI	44	<i>huber safety needles</i>		<i>hydrocodone-</i>	
HAVRIX (PF)	77	<i>(disp.)</i>	300, 340	<i>chlorpheniramine</i>	400
HAXDRAX	169	HUMALOG KWIKPEN		<i>hydrocodone-homatropine</i>	
HEALON ENDOCOAT ...	383	INSULIN	221	.....	400
HEALON GV PRO	383	HUMALOG MIX 50-50		<i>hydrocodone-ibuprofen</i> ..	16
HEALON PRO	383	INSULN U-100	220	<i>hydrocortisone</i> 28, 176, 177,	
HEALON5 PRO	383	HUMALOG MIX 50-50		216, 235	
HEALTHPRO TEST STRIPS		KWIKPEN	220	<i>hydrocortisone acetate</i> ...28	
.....	273, 340	HUMALOG MIX 75-25(U-		<i>hydrocortisone butyrate</i> 176	
HEALTHY ACCENTS		100)INSULN	220	<i>hydrocortisone sod</i>	
UNILET LANCET 283, 340		HUMALOG U-100 INSULIN		<i>succinate</i>	216
<i>Heather</i>	155	.....	221	<i>hydrocortisone valerate</i> 177	
HEMA-COMBISTIX 188, 340		HUMATE-P	251	<i>hydrocortisone-acetic acid</i>	
HEMANGEOL	101	HUMATROPE	217, 218	.....	389
HEMLIBRA	254	HUMIRA	19, 20, 236	<i>hydrocortisone-iodoquinol</i>	
HEMOFIL M HIGH	251	HUMIRA PEN	19, 20, 236	.....	170
HEMOFIL M LOW	251	HUMIRA(CF)	19, 20, 236	<i>hydrocortisone-iodoquinol-</i>	
HEMOFIL M MID	251	HUMIRA(CF) PEN	19, 20,	<i>aloe</i>	167
HEMOFIL M SUPER HIGH		236		<i>hydrocortisone-pramoxine</i>	
.....	251	HUMIRA(CF) PEN		.....	29, 177, 178
HEP FLUSH-10 (PF)	256	CROHNS-UC-HS	19, 20,	<i>Hydromet</i>	400
HEPAGAM B	80	236		<i>hydromorphone</i>	13
heparin (porcine)	256	HUMIRA(CF) PEN		<i>hydromorphone (pf)</i>	13
heparin (porcine) in 0.9%		PEDIATRIC UC 19, 20, 236		<i>hydromorphone (pf)-0.9 %</i>	
<i>nacl</i>	256	HUMIRA(CF) PEN PSOR-		<i>nacl</i>	13
heparin (porcine) in 5 %		UV-ADOL HS ..	19, 20, 236	<i>hydroquinone</i>	173
<i>dex</i>	256	HUMULIN 70/30 U-100		<i>hydroxocobalamin</i>	202
heparin lock flush (porcine)		INSULIN	219	<i>hydroxychloroquine</i> ..	21, 35
.....	256	HUMULIN 70/30 U-100		<i>hydroxyurea</i>	56
HEPARIN		KWIKPEN	219	<i>hydroxyzine hcl</i>	109
LOCKFLUSH(PORCINE)(		HUMULIN N NPH INSULIN		<i>hydroxyzine pamoate</i> ... 109	
PF)	256	KWIKPEN	219	HYFTOR	181
heparin, porcine (pf)	256,	HUMULIN N NPH U-100		HYMOVIS	266
257		INSULIN	219	HYMPAVZI PEN	254
HEPLISAV-B (PF)	78	HUMULIN R REGULAR U-		<i>hyoscyamine sulfate</i>	231,
HER STYLE	158, 159	100 INSULN	219	244	
HERCEPTIN	72	HUMULIN R U-500 (CONC)		HYOSYNE	231, 244
HERCEPTIN HYLECTA ...	72	INSULIN	219	HYPERHEP B	80
HERCESSI	72	HUMULIN R U-500 (CONC)		HYPERHEP B NEONATAL	
HERZUMA	72	KWIKPEN	219	.....	80
HETLIOZ LQ	135	HYALGAN	266	HYPERRHO S/D	80
HEXIOUNYL	168	HYCAMTIN	68	HYPER-SAL	144
HIBERIX (PF)	85	<i>hydralazine</i>	104	HYPOCYN ANTIPRURITIC	
HICON	66	HYDRO 35	179	.....	75, 186

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

HYPODERMIC NEEDLES	IMCIVREE	403	INPEN (FOR HUMALOG)
.....	IMDELLTRA	50	GREY
HYQVIA	IMFINZI	69	288, 341
HYQVIA HY COMPONENT	imipenem-cilastatin	41	INPEN (FOR HUMALOG)
.....	imipramine hcl	119	PINK
HYQVIA IG COMPONENT	imipramine pamoate	120	288, 341
HYSINGLA ER	imiquimod	179	INPEN (NOVOLOG OR
I	IMJUDO	59	FIASP) GREY
ibandronate	IMPAVIDO	35	288, 341
IBRANCE	IMVEXXY MAINTENANCE		INPEN (NOVOLOG OR
IBSRELA	PACK	223	FIASP) PINK
Ibu	IMVEXXY STARTER PACK		288, 341
ibuprofen.....	.....	223	INQOVI
icatibant	INBRIJA	121	71
Iclevia	Incassia	155	INREBIC
ICLUSIG	INCONTROL ALCOHOL		61
IDARAN	PADS	74	INSPIRACHAMBER
idarubicin	INCONTROL SUPER THIN		312, 341
IDELVION	LANCETS	283, 340	INSPIRACHAMBER WITH
IDHIFA	INCONTROL ULTRA THIN		MASK-LARGE
IDOSE TR	LANCETS	283, 340	312, 341
IDYYXIATAR	INCRELEX	222	INSPIRACHAMBER WITH
IFE-BIMIX 30/1	INCRUSE ELLIPTA	394	MASK-MED
ifosfamide	indapamide	106	312, 341
IGALMI	INDICAID COVID-19 AG		INSPIRACHAMBER WITH
IHEALTH COVID-19 AG	HOME TEST	277, 341	MASK-SMALL
HOME TEST	indium-111 chloride	190	312, 341
IHEALTH GLUCOSE TEST	indomethacin	27	insulin asp prt-insulin
STRIP	INFANRIX (DTAP) (PF)	84	aspart
IHEEZO (PF)	INFASURF	398	220
ILARIS (PF)	INFINITY TEST STRIPS	273,	insulin aspart u-100
ILET INFUSION KIT-INSET	341		221,
23	INFLECTRA	19, 20, 236	222
ILET INFUSION KIT-INSET	infliximab	19, 20, 236	insulin lispro
32	INFUGEM	56	222
ILET INFUSION-CONTACT	INGREZZA	138, 139	insulin lispro protamin-
DTCH 23	INGREZZA INITIATION		lispro
ILET INSULIN PUMP	PK(TARDIV)	138, 139	220
315,	INGREZZA SPRINKLE ..	138,	INTEGRA
340	139		PRECISIONGLIDE
ILET STARTER KIT	INJECT EASE LANCETS		NEEDLE
CONTACT.....	.....	283, 341	301, 341
ILET STARTER KIT-INSET	INJECTAFER	193	INTEGRA SYRINGE
.....	INLYTA	65	301, 341
ILEVRO	INPEFA	203	INTELENCE
ILUMYA	INPEN (FOR HUMALOG)		37
ILUVIEN	BLUE	288, 341	INTELISWAB COVID-19
imatinib			HOME TEST
IMBRUVICA			277, 341
57, 65			INTERLINK SYRINGE AND
			CANNULA
			301, 341
			INTRAROSA
			223
			INVACARE LANCETS ...
			284,
			342
			INVEGA HAFYERA
			122
			INVEGA SUSTENNA
			123
			INVEGA TRINZA
			123
			INVELTYS
			377
			INVOKAMET
			208
			INVOKAMET XR
			208
			INVOKANA
			209
			INZDEAXIAVAR
			163
			IODOFLEX
			75
			IODOSORB
			75

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

IOPIDINE	385	JENTADUETO	210	KETONE CARE	315, 342
IPOL	90	JENTADUETO XR	210	KETONE URINE TEST ..	315,
ipratropium bromide	394,	JESDUVROQ	246	342	
399		JEVTANA	67	ketoprofen	26
ipratropium-albuterol	396	Jinteli	213	ketorolac	25, 378
IQIRVO	261	JIVI	251	KETOSTIX	315, 342
irbesartan	94	JOENJA	366	KEVARAXAP	173
irbesartan-		JOLESSA	150	KEVARTIA	173
hydrochlorothiazide	94	JORNAY PM	128	KEVEYIS	264
irinotecan	68	Joyeaux	150	KEVZARA	24
IRRIGATION SYRINGE . 301,		Juleber	151	KEYTRUDA	70
342		JULIE	158, 159	KHAPZORY	73
ISENTRESS	37	JULUCA	37	KIMMTRAK	73
ISENTRESS HD	37	Junel 1.5/30 (21)	151	KIMONO LUBRICATED	
Isibloom	150	Junel 1/20 (21)	151	CONDOMS	289, 342
isoflurane	28	Junel Fe 1.5/30 (28)	151	KIMONO MICROTHIN	
isoniazid	41	Junel Fe 1/20 (28)	151	AQUA LUBE CON	289,
isosorbide dinitrate	95	Junel Fe 24	151	342	
isosorbide mononitrate ..	95	JUST RIGHT 5000	368	KIMONO MICROTHIN	
isosorbide-hydralazine .	109	JUXTAPID	101	CONDOMS	289, 342
isotretinoin	160	JYLAMVO	21, 54	KIMONO MICROTHIN	
isradipine	103	JYNARQUE	242	LARGE CONDOMS ...	289,
ISTODAX	60	K		342	
ISTURISA	204	KADCYLA	54, 71	KIMONO TEXTURED	
ITOVEBI	63	Kaitlib Fe	151	CONDOMS	289, 342
itraconazole	34	KALBITOR	107	KIMONO THIN	
IV PREP WIPES	74	Kalliga	151	LUBRICATED CONDOMS	
ivabradine	106	KALYDECO	397	.....	289, 342
ivermectin	32, 182	KANJINTI	72	KINERET	23
IWILFIN	50	KANUMA	364	KINRIX (PF)	84
IXEMPRA	59	KAPSPARGO SPRINKLE		Kionex (With Sorbitol) ...	192
IXINITY	249	.....	101	Kiprofen	26
IYUZEH (PF)	385	KARBINAL ER	390, 391	KISQALI	59
IZERVAY (PF)	373, 382	Kariva (28)	147	kit for tc 99m-sod	
J		KATARAXAP	173	thiosulfate	189
Jaimiess	147	KATARVIA	173	KLARITY (CHONDROITIN)	
JAKAFI	61	KCENTRA	249	(PF)	373
Jantoven	247	Kelnor 1/35 (28)	151	Klayesta	168
JANUMET	210	Kelnor 1/50 (28)	151	KLISYRI	170
JANUMET XR	210	KEMOPLAT	64	Klor-Con M10	193
JANUVIA	207	KEPIVANCE	237	Klor-Con M15	193
JARDIANCE	209	KERASTAT	174	Klor-Con M20	193
Jasmiel (28)	150	KERENDIA	93	KLOXXADO	31
JATENZO	205	KERIDA	179	KOATE	251
Javygtor	367	KESIMPTA PEN	370	KOGENATE FS	251
JAYPIRCA	57, 65	ketoconazole	33, 169	KORLYM	208
JEMPERLI	70	KETODAN KIT	169	KORSUVA	12, 13
Jencycla	155	KETO-DIASTIX	315, 342	KOSELUGO	62

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

KOTARAXAP	173	lansoprazole	230	levothyroxine	226
KOVALTRY	251	lanthanum	241	LEVULAN	181
KOVANAZE	368	lapatinib	51	LIBERVANT	111, 131
K-PHOS NO 2	242	Larin 1.5/30 (21)	151	LIBTAYO	70
K-PHOS ORIGINAL	242	Larin 1/20 (21)	151	LICART	181
KPN	195	Larin 24 Fe	151	LIDO BDK	315
KRAZATI	61	Larin Fe 1.5/30 (28)	151	lidocaine	184
KRINTAFEL	35	Larin Fe 1/20 (28)	151	lidocaine hcl	28, 184, 369
KRYSTEXXA	245	latanoprost	385	lidocaine hcl-hydrocortison	
Kurvelo (28)	151	LAYOLIS FE	152	ac	29, 178
KUTAR	173	LAZCLUZE	51	Lidocaine Viscous	369
KUTARVIA	173	LEENA 28	156	lidocaine-hydrocortisone-	
KYLEENA	146	leflunomide	25	aloe	29
KYPROLIS	64	LEMTRADA	370	lidocaine-prilocaine	180
KYZATREX	206	lenalidomide	67	lidocaine-racepinep-	
L		LENVIMA	65	tetracaine	184
l norgest/e.estradiol-		LEQEMBI	145	Lidocan Iii	184
e.estrad	147, 156	Lessina	152	Lidocan Iv	184
L.E.T. (LIDO-EPINEPH-		letrozole	56	Lidocan V	184
TETRA)	183	leucovorin calcium	73	LIDOPIN	184
L.E.T.(LIDO-EPINEPH BIT-		LEUKERAN	52	LIDTOPIC	184
TETRA)	183, 184	LEUKINE	253	LIDTOPIC MAX	184
labetalol	93	leuprolide	61	LIFESHIELD BLUNT	
LABSTIX REAGENT	188,	leuprolide (3 month)	61	CANNULA	301, 342
342		levalbuterol hcl	395	LIKMEZ	35
lacosamide	112	levalbuterol tartrate	395	LILETTA	146
lactated ringers	192	levamlodipine	103	linezolid	46
lactulose	229, 237	LEVEMIR FLEXPEN	220	LINZESS	228, 233
LAGEVRIO (EUA)	48	LEVEMIR U-100 INSULIN		liothyronine	225
LAMICTAL XR STARTER		.....	220	LIQREV	108
(BLUE)	114	levetiracetam	115	LIQUID E-Z PAQUE	187
LAMICTAL XR STARTER		levobunolol	380	LIQUID POLIBAR PLUS	187
(GREEN)	114	levocarnitine	191, 365	liraglutide	207
LAMICTAL XR STARTER		levocarnitine (with sugar)		lisdexamphetamine	128
(ORANGE)	115	.....	365	lisinopril	93
lamivudine	39, 43	levocetirizine	391	lisinopril-	
lamivudine-zidovudine ...	40	levofloxacin	43, 384	hydrochlorothiazide	92
lamotrigine	115, 132	levoleucovorin calcium ... 73		LITE TOUCH-MEDIUM	
LAMPIT	35	Levonest (28)	156	MASK	312, 342
LAMZEDE	363	levonorgest-eth.estradiol-		LITEAIRE MDI CHAMBER	
lancets	284, 342	iron	152	.....	312, 342
LANCETS, SUPER THIN		levonorgestrel	159	LITETOUCH-LARGE MASK	
.....	284, 342	levonorgestrel-ethinyl		.....	312, 342
LANCETS, THIN	284, 342	estrad	152	LITETOUCH-SMALL MASK	
LANCETS, ULTRA THIN	284,	levonorg-eth estrad		.....	312, 343
342		triphasic	156	LITFULO	160
LANOXIN	104	Levora-28	152	lithium carbonate	133
lanreotide	225	levorphanol tartrate	13	lithium citrate	133

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

LITHOSTAT	242	LUMAKRAS	61	maraviroc	36
LIVALO	98	LUMIGAN	385	MARGENZA	72
LIVDELZI	261	LUMIZYME	365	Marlissa (28)	152
LIVMARLI	261	LUMRYZ	139	MARPLAN	117
LIVTENCITY	42	LUMRYZ STARTER PACK	139	MARVONA SUIK (PF)	28
L-MESITRAN SOFT	186	LUNSUMIO	50	MATULANE	52
LO LOESTRIN FE	147	LUPKYNIS	262	Matzim La	102
Loestrin 1.5/30 (21)	152	LUPRON DEPOT	62, 223	MAVENCLAD (10 TABLET PACK)	371
Loestrin 1/20 (21)	152	LUPRON DEPOT (3 MONTH)	61, 223	MAVENCLAD (4 TABLET PACK)	372
Loestrin Fe 1.5/30 (28-Day)	152	LUPRON DEPOT (4 MONTH)	61	MAVENCLAD (5 TABLET PACK)	372
Loestrin Fe 1/20 (28-Day)	152	LUPRON DEPOT (6 MONTH)	62	MAVENCLAD (6 TABLET PACK)	372
lofexidine	141	LUPRON DEPOT-PED ..	222, 223	MAVENCLAD (7 TABLET PACK)	372
Lojaimiess	147	LUPRON DEPOT-PED (3 MONTH)	222	MAVENCLAD (8 TABLET PACK)	372
LOKELMA	192	lurasidone	122	MAVENCLAD (9 TABLET PACK)	372
LOMAIRA	403	LUTATHERA	63, 66	MAVILO	173
LONSURF	56	Lutera (28)	152	MAVILO LP	173
loperamide	227	LYBALVI	125, 127, 133	MAVYRET	44
lopinavir-ritonavir	39	Lyleq	155	MAXIDEX	377
LOQTORZI	70	Lyllana	214	MAYZENT	372
lorazepam	110, 131	LYNPARZA	64	MAYZENT STARTER(FOR 1MG MAINT)	372
Lorazepam Intensol	110, 131	LYSODREN	53	MAYZENT STARTER(FOR 2MG MAINT)	372
LORBRENA	53	LYTGOBI	60	MB HYDROGEL	174
Loryna (28)	152	LYUMJEV KWIKPEN U-100 INSULIN	222	Md-Gastroview	187
losartan	94	LYUMJEV KWIKPEN U-200 INSULIN	222	meclizine	227
losartan- hydrochlorothiazide	94	LYUMJEV U-100 INSULIN	222	meclofenamate	25
LOTEMAX	377	Lyza	156	mecobalamin (vitamin b12)	202
LOTEMAX SM	377	M		MEDISENSE THIN LANCETS	284, 343
loteprednol etabonate	377	MAD NASAL ATOMIZER- SYRG-ADAPTR ..	301, 343	MEDLANCE PLUS LANCETS	284, 343
LOTREXONE	12	mafenide acetate	172	MEDLANCE PLUS SPECIAL BLADE	284, 343
lovastatin	99	MAGELLAN SAFETY NEEDLE	301, 343	MEDROL	216
Low-Ogestrel (28)	152	MAGELLAN SAFETY SYRINGE	301, 343	MEDROLOAN II SUIK	216
loxapine succinate	124	MAGELLAN SYRINGE ..	301, 343	MEDROLOAN SUIK	216
Lo-Zumandimine (28)	152	MAGELLAN TUBERCULIN SAFETY SYR	301, 343	medroxyprogesterone ..	146, 224
lubiprostone	233, 237	malathion	185	mefenamic acid	25
LUCENTIS	382, 386				
LUCIRA CHECK-IT COVID HOME TST	278, 343				
LUER LOCK SYRINGE ..	301, 343				
LUER SLIP TIP SYRINGE TRAY	301, 343				
LUER-LOK TIP	301, 343				
LUGOLS	75				
luliconazole	169				

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>mefloquine</i>	35	<i>methsuximide</i>	116	<i>midazolam</i>	28, 131, 140
<i>megestrol</i>	64, 403	<i>methyldopa</i>	104	<i>midazolam (pf)</i>	28, 131
MEKINIST	62	<i>methyldopa-</i>		<i>midodrine</i>	104
MEKTOVI	62	<i>hydrochlorothiazide</i> ..	104	MIEBO (PF)	373
<i>meloxicam</i>	26	<i>methylergonovine</i>	224	MIFEPREX	204
<i>melphalan hcl</i>	52	<i>methylphenidate</i>	129	<i>mifepristone</i>	204, 208
<i>memantine</i>	145	<i>methylphenidate hcl</i>	128,	<i>miglitol</i>	207
<i>memantine-donepezil</i> ...	145	129, 139		<i>miglustat</i>	366
MENEST	214	<i>methylprednisolone</i>	216	<i>Mili</i>	153
MENOPUR	215	<i>methyltestosterone</i>	206	<i>Mimvey</i>	213
MENOSTAR	214	<i>metoclopramide hcl</i>	231	MINI PRENATAL	195
MENQUADFI (PF)	85	<i>metolazone</i>	106	MINIMED 630G INSULIN	
MENTAX	168	METOPIRONE	189	PUMP	315, 344
MENVEO A-C-Y-W-135-DIP		<i>metoprolol succinate</i>	101	MINIMED 780G INSULIN	
(PF)	85	<i>metoprolol ta-</i>		PUMP	315, 344
<i>meperidine</i>	13	<i>hydrochlorothiaz</i>	103	<i>minocycline</i>	24, 49
<i>meperidine (pf)</i>	13	<i>metoprolol tartrate</i>	101	<i>minoxidil</i>	104
<i>meprobamate</i>	110	<i>metronidazole</i> ..	35, 182, 401	<i>Minzoya</i>	153
MEPSEVII	364	<i>metyrosine</i>	107	MIPLYFFA	365
<i>mercaptopurine</i>	55	<i>mexiletine</i>	95	MIRENA	146
<i>Merzee</i>	152	<i>Mibelas 24 Fe</i>	152	MIRO3D	185
<i>mesalamine</i>	234	<i>miconazole nitrate-zinc ox-</i>		MIRODERM	
<i>mesalamine with cleansing</i>		<i>pet</i>	169	FENESTRATED	185
<i>wipe</i>	235	MICONAZOLE-3	401	MIRODERM	
<i>mesna</i>	74	MICRO BLOOD GLUCOSE		FENESTRATED PLUS 185	
<i>Metadate Er</i>	128	.....	274, 343	MIROTRACT	185
<i>metaxalone</i>	267	MICRO THIN LANCETS 284,		<i>mirtazapine</i>	116
<i>metformin</i>	222	343		<i>misoprostol</i>	231
<i>methacholine chloride</i> ..	189	MICROCHAMBER ..	312, 343	<i>mitomycin</i>	69
<i>methadone</i>	13	MICRODOT BLOOD		<i>mitomycin (pf) in water</i> .	376
<i>Methadone Intensol</i>	13	GLUCOSE SYSTEM ..	274,	MITOSOL	376
<i>Methadose</i>	13	343		<i>mitoxantrone</i>	69
<i>methamphetamine</i> 128, 134		MICRODOT LANCET	284,	MKO (MIDAZOLAM-	
<i>methazolamide</i>	105	343		KETAMINE-ONDAN)	28
<i>methenamine hippurate</i> . 46,		MICRODOT XTRA BLOOD		<i>M-M-R II (PF)</i> ..	81, 89, 90, 91
243		GLUCOSE	274, 343	M-NATAL PLUS	196
<i>methenamine mandelate</i> 46,		<i>Microgestin 1.5/30 (21)</i> ..	153	MOBILE LANCETS 284, 344	
243		<i>Microgestin 1/20 (21)</i>	153	<i>modafinil</i>	139
<i>methen-sod phos-meth</i>		<i>Microgestin Fe 1.5/30 (28)</i>		MODERNA COVID 23-	
<i>blue-hyos</i>	46, 243	.....	153	24(6M-11Y)PF	87
<i>methimazole</i>	211	<i>Microgestin Fe 1/20 (28)</i> 153		MODERNA COVID 24-	
METHITEST	206	MICROLET LANCET	284,	25(6M-11Y)PF	87
<i>methocarbamol</i>	267	344		<i>moexipril</i>	93
<i>methotrexate sodium</i> 21, 54		<i>microplegic solution no.1</i>		MOKURA	173
<i>methotrexate sodium (pf)</i>		.....	386	MOKURA LP	173
.....	21, 54	<i>microplegic solution no.1-</i>		MOKURA MOD	173
<i>methoxsalen</i>	171	<i>cp2d</i>	386	<i>molindone</i>	124
<i>methscopolamine</i>	231	MICROSPACER	312, 344	<i>mometasone</i>	177, 399

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Mondoxyne NI 49	MONOJECT REGULAR	MULTI-DRAW NEEDLE 268,
MONJUVI 58	LUER ... 303, 304, 346, 347	348
MONOJECT 140CC PISTON	MONOJECT SAFETY LUER	MULTISTIX 188, 349
SYRINGE 301, 344	LOCK TIP 304, 347	MULTISTIX 10 SG .. 188, 349
MONOJECT 35CC	MONOJECT SAFETY	MULTISTIX 5 188, 349
SYRINGE CATH TIP .. 301,	SYRINGES 304, 347	MULTISTIX 7 188, 349
344	MONOJECT SMARTIP	MULTISTIX 8 SG 188, 349
MONOJECT 3CC SYR	CANNULA 304, 347	MULTISTIX 9 188, 349
25GX1 302, 344	MONOJECT SYRINGE .. 304,	MULTISTIX 9 SG 188, 349
MONOJECT ALLERGY	305, 347, 348	mupirocin 167
TRAY 302, 344	MONOJECT SYRINGE	mupirocin calcium 167
MONOJECT ALLERGY	ECCENTRI LUER 304, 347	MUSCUSOLICE 181
TRAY DETACH ... 302, 344	MONOJECT SYRINGE	Mutamycin 69
MONOJECT BLOOD	LUER LOK 304, 347	MVASI 50
COLLECTION 268, 344	MONOJECT SYRINGE	MY CHOICE 159
MONOJECT CONTROL	REGULAR LUER 304, 347	MY WAY 159
SYRINGE LUER .. 302, 344	MONOJECT SYRINGE	MYALEPT 222
MONOJECT DISPOSABLE	TOOMEY TYPE ... 305, 348	MYCAPSSA 225
SYRINGE 302, 344	MONOJECT TB 305, 348	mycophenolate mofetil .. 23,
MONOJECT ECCENTRIC	MONOJECT TB LUER LOK	263
NON-STERILE 302, 344	..... 305, 348	mycophenolate mofetil
MONOJECT ENFIT	MONOJECT TB REGULAR	(hcl) 23, 263
STERILE SYRINGE ... 279,	LUER TIP 305, 348	mycophenolate sodium 263
344, 345	MONOJECT TB SAFETY	MYDCOMBI 374
MONOJECT ENFIT	SYRINGE 305, 348	MYDRIATIC4(TROP-PROP-
SYRINGE 279, 345	MONOJECT TUBERCULIN	PE-KTRLC) 382
MONOJECT ENFIT	SYRINGE 305, 348	MYFEMBREE 223
SYRINGE CAP 279, 345	MONOLET LANCETS ... 284,	MYGLUCOHEALTH 274, 349
MONOJECT FILTER	348	MYGLUCOHEALTH
ASPIRATOR 302, 345	MONOLET THIN LANCETS	LANCETS 284, 349
MONOJECT FILTER	..... 284, 348	MYHIBBIN 263
NEEDLE 302, 345	Mono-Linyah 153	MYLERAN 51
MONOJECT HYPODERMIC	MONOVISC 266	MYLOTARG 54, 70
NEEDLES 302, 345	MONSEL'S 255	MYNATAL 196
MONOJECT HYPODERMIC	montelukast 393	MYNATAL ADVANCE ... 196
POLYPROPYL 302, 345	morphine 14	MYNATAL PLUS 196
MONOJECT LUER-LOCK	morphine (pf) 13	MYNATAL-Z 196
TIP 303, 346	morphine concentrate 14	MYNATE 90 PLUS 196
MONOJECT MAGELLAN	morphine in 0.9 % sodium	MYOBLOC 267
SYRINGE 303, 346	chlor 14	MYRBETRIQ 241
MONOJECT MEDICATION	MOTPOLY XR 112	MYTESI 227
TRANSF NDL 303, 346	MOUNJARO 207	MYXREDLIN 220
MONOJECT PHARMACY	MOVANTIK 31	N
TRAY LUER 303, 346	MOXATAG 32	NABI-HB 80
MONOJECT PHARMACY	moxifloxacin 43, 384	nabumetone 26
TRAY REG TIP ... 303, 346	MULPLETA 261	nadolol 101
MONOJECT REG TIP NON-	MULTAQ 96	naftifine 168
STERILE 303, 346		NAGLAZYME 364

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>nalbuphine</i>	17	<i>Neo-Polycin</i>	383	<i>nitrofurantoin</i>	33, 243
<i>naloxone</i>	31	<i>Neo-Polycin Hc</i>	375	<i>nitrofurantoin macrocrystal</i>	33, 243
NALTREX	12	NEORAL	23, 262	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	33, 243
<i>naltrexone</i>	142	NEO-SYNALAR	168	<i>nitroglycerin</i>	28, 95
NAMENDA XR	145	NEO-SYNALAR KIT	168	NITRO-TIME	95
NAMZARIC	145, 146	NEO-VITAL RX	196	NITYR	366
<i>naproxen</i>	26	NERLYNX	51	NIVESTYM	253
<i>naproxen sodium</i>	26	<i>Neuac</i>	162	<i>nizatidine</i>	230
<i>naratriptan</i>	137	NEULASTA	253	NOCDURNA (MEN)	206
NATACYN	384	NEULASTA ONPRO	252	NOCDURNA (WOMEN) ..	206
NATAVI PNV	196	NEULUMEX	187	NOCTIVA	207
NATAVI PRIMA	202	NEUPOGEN	253	NOKOR NEEDLE ...	306, 349
NATAZIA	156	NEUPRO	122	NORA-BE	156
<i>nateglinide</i>	208	NEURAPTINE	181	NORDITROPIN FLEXP RO	.....
NATESTO	206	NEUTEK 2TEK TEST STRIPS	274, 349	.....	218
NAYZILAM	111, 131	NEVANAC	378	<i>norelgestromin-</i> <i>ethin.estradiol</i>	158
<i>nebivolol</i>	101	<i>nevirapine</i>	37, 38	<i>noreth-ethinyl estradiol-</i> <i>iron</i>	153
NEBUSAL	144	NEW DAY	159	<i>norethindrone</i> <i>(contraceptive)</i>	156
Necon 0.5/35 (28)	153	NEXA PLUS	196	<i>norethindrone acetate</i> ...	224
<i>needle (disp) 16 g.</i> ..	305, 349	NEXAVIR	180	<i>norethindrone ac-eth</i> <i>estradiol</i>	153, 213
<i>needle (disp) 18 g.</i> ..	305, 349	NEXIUM PACKET	230	<i>norethindrone-e.estradiol-</i> <i>iron</i>	153, 156
<i>needle (disp) 19 g.</i> ..	305, 349	NEXLETOL	96	<i>norgestimate-ethinyl</i> <i>estradiol</i>	153, 157
<i>needle (disp) 23 gauge</i>	306,	NEXLIZET	100	NORMAL SALINE FLUSH	202
349		NEXOBRID	172	NORM-JECT	306, 349
<i>needles, huber disposable</i>	306, 349	NEXOBRID POWDER COMPONENT	172	NORM-JECT TUBERKULIN	306, 349
<i>nefazodone</i>	118	NEXPLANON	146	NORMLGEL AG	167
NEFFY	104	NEXTSTELLIS	153	NORPACE CR	95
<i>nelarabine</i>	55	NEXVIAZYME	365	Nortrel 0.5/35 (28)	153
NEMLUVIO	160	NGENLA	218	NORTREL 1/35 (21)	154
NENDRUX	179	<i>niacin</i>	99	Nortrel 1/35 (28)	154
NEOMED ENFIT SYRINGE	279, 349	<i>Niacor</i>	99	Nortrel 7/7/7 (28)	157
<i>neomycin</i>	31	<i>nicardipine</i>	103	<i>nortriptyline</i>	120
<i>neomycin-bacitracin-poly-</i> <i>hc</i>	375	<i>nicotine</i>	143	NORVIR	47
<i>neomycin-bacitracin-</i> <i>polymyxin</i>	383	<i>nicotine (polacrilex)</i>	142	NO-STICK GLUCOSE ...	315,
<i>neomycin-polymyxin b gu</i>	240	NICOTROL NS	143	349	
<i>neomycin-polymyxin b-</i> <i>dexameth</i>	375	<i>nifedipine</i>	103	NOURIANZ	120
<i>neomycin-polymyxin-</i> <i>gramicidin</i>	383	Nikki (28)	153	NOVA MAX GLUCOSE TEST	274, 349
<i>neomycin-polymyxin-hc</i>	375, 389	<i>nilutamide</i>	53		
NEONATAL PLUS VITAMIN	196	<i>nimodipine</i>	102		
		NINLARO	65		
		NIPENT	55		
		<i>nisoldipine</i>	103		
		<i>nitazoxanide</i>	35		
		<i>nitisinone</i>	366		
		Nitro-Bid	95		
		NITRO-DUR	95		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

NOVA SAFETY LANCETS	NYPOZI 253	olmesartan-amlodipin- hcthiaid 94
..... 284, 349	nystatin 33, 168, 369	olmesartan- hydrochlorothiazide 94
NOVA SUREFLEX	nystatin-triamcinolone .. 170	olopatadine 376, 399
LANCETS 284, 349	Nystop 168	OLPRUVA 366
NOVAREL 218	NYVEPRIA 253	OLUMIANT 24, 160
NOVAVAX COVID 2023- 24(PF)(EUA) 87	O	OMECLAMOX-PAK 232
NOVAVAX COVID 2024- 25(PF)(EUA) 87	OBAGI ELASTIDERM 173	omega-3 acid ethyl esters 99
NOVOEIGHT 251	OBAGI NU-DERM	omeprazole 230
NOVOLIN 70/30 U-100	BLENDER 173	omeprazole-sodium
INSULIN 219	OBAGI NU-DERM CLEAR 173	bicarbonate 230
NOVOLIN 70-30 FLEXPEN	OBAGI NU-DERM	OMEZA 186
U-100 219	SUNFADER 173	OMNARIS 399
NOVOLIN N FLEXPEN ... 219	OBAGI-C CLARIFYING	OMNIFLEX DIAPHRAGM 278, 350
NOVOLIN N NPH U-100	SERUM 173	OMNIPAQUE 187
INSULIN 219	OBAGI-C THERAPY NIGHT 174	OMNIPOD 5 G6-G7 INTRO
NOVOLIN R FLEXPEN ... 220	OBIZUR 252	KT(GEN5) 313, 350
NOVOLIN R REGULAR	OBSTETRIX DHA 196	OMNIPOD 5 G6-G7 PODS
U100 INSULIN 220	OBSTETRIX DHA	(GEN 5) 314, 350
NOVOSEVEN RT 250	PRENATAL DUO 196	OMNIPOD CLASSIC PODS
NOXAFIL 34	OBSTETRIX EC 196, 197	(GEN 3) 314, 350
NP THYROID 225	OBSTETRIX ONE ... 194, 197	OMNIPOD DASH INTRO KIT
NPLATE 261	OCALIVA 261	(GEN 4) 314, 350
NUBEQA 53	OCELLA 154	OMNIPOD DASH PDM KIT
NUCALA 393	OCREVUS 370	(GEN 4) 288, 350
NUCORT 178	OCREVUS ZUNOVO 370	OMNIPOD DASH PODS
NUCYNTA 14	OCTAGAM 80	(GEN 4) 314, 350
NUCYNTA ER 14	octreotide acetate . 225, 239	OMNIPOD GO PODS 314, 350
NUDEXTA 140	octreotide,microspheres 225, 239	OMNIPOD GO PODS 10
NUJO 172	ODACTRA 76	UNITS/DAY 314, 350
NULIBRY 364	ODEFSEY 40	OMNIPOD GO PODS 15
NULOJIX 264	ODOMZO 60	UNITS/DAY 314, 350
NUMBONEX 184	OFEV 65, 401	OMNIPOD GO PODS 20
NUMBRINO 399	ofloxacin 43, 384, 389	UNITS/DAY 314, 350
NUMOISYN 12, 369	OGIVRI 72	OMNIPOD GO PODS 25
NUPLAZID 126	OGSIVEO 49	UNITS/DAY 314, 350
NURTEC ODT 136	OHC COVID-19 ANTIGEN	OMNIPOD GO PODS 30
NUTROPIN AQ NUSPIN 218	HOME TEST 278, 349	UNITS/DAY 314, 350
NUVARING 158	OHTUVAYRE 389	OMNIPOD GO PODS 30
NUVESSA 401	OJEMDA 57	UNITS/DAY 314, 350
NUWIQ 251	OJJAARA 49	OMNIPOD GO PODS 40
NUZYRA 32, 49	olanzapine 125, 133	UNITS/DAY 314, 350
Nyamyc 168	olanzapine-fluoxetine ... 119, 125, 133	OMNITROPE 218
Nylia 1/35 (28) 154	olmesartan 95	OMVOH 234
Nylia 7/7/7 (28) 157		OMVOH PEN 234
NYMALIZE 102		
NYNUTEY 184		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

ON CALL EXPRESS TEST STRIP 274, 351	OPTICHAMBER ADULT MASK-LARGE 312, 351	ORTHO-NOVUM 7/7/7 (28) 157
ON CALL LANCET . 284, 351	OPTICHAMBER DIAMOND LG MASK 312, 351	ORTHOVISC 266
ON CALL PLUS LANCET 284, 351	OPTICHAMBER DIAMOND VHC 312, 351	OSCIMIN 231, 244
ON CALL PLUS TEST STRIP 274, 351	OPTICHAMBER DIAMOND-MED MSK 312, 351	OSCIMIN SL 231, 244
ON CALL VIVID TEST STRIP 274, 351	OPTICHAMBER DIAMOND-SML MASK 312, 351	oseltamivir 45
ONCASPAR 57	OPTION-2 159	OSPHENA 224
ondansetron 228	OPTIUM EZ 274, 351	OTEZLA 24, 171
ondansetron hcl 228	OPTIUM TEST 274, 351	OTEZLA STARTER .. 25, 171
ONE DAILY PRENATAL 197	OPTUMRX 274, 351	OTREXUP (PF) 21
ONE-A-DAY PRENATAL 202	OPVEE 31	OVACE PLUS 172
ONE-A-DAY PRENATAL-1 197	OPZELURA 166	OVACE PLUS SHAMPOO 172
ONETOUCH DELICA PLUS LANCET 284, 351	ORACIT 243	OVIDREL 218
ONETOUCH DELICA SAFETY LANCET 284, 351	ORALAIR 76	oxaliplatin 64
ONETOUCH ULTRA TEST 274, 351	Oralone 369	oxaprozin 26
ONETOUCH ULTRASOFT 2 LANCET 284, 351	ORAMAGICRX 369	oxazepam 110, 131
ONETOUCH VERIO TEST STRIPS 274, 351	ORAQIX 368	oxcarbazepine 114
ONGENTYS 121	ORAVIG 33	OXERVATE 380
ON-GO COVID-19 AG AT HOME TEST 278, 351	ORENCIA 22	OXIAICE 161
ONIVYDE 68	ORENCIA (WITH MALTOSE) 22	OXIAVARY 164
ONPATTRO 205	ORENCIA CLICKJECT 22	oxiconazole 169
ON-THE-GO LANCETS . 284, 351	ORENITRAM 107	OXISTAT 169
ONTRUZANT 72	ORENITRAM MONTH 1 TITRATION KT 107	OXLUMO 241
ONUREG 56	ORENITRAM MONTH 2 TITRATION KT 107	oxybutynin chloride 244, 245
ONYDA XR 127	ORENITRAM MONTH 3 TITRATION KT 107	oxycodone 14
ONZDEAXIADEMTAR ... 163	ORFADIN 366	oxycodone-acetaminophen 16, 17
ONZDEAXIADEMVAR ... 163	ORGOVYX 62	OXYCONTIN 15
ONZDEAXIAZAR 163	ORIAHNN 223	oxymorphone 15
OPCICON ONE-STEP ... 159	ORILISSA 223	OXYTROL 245
OPDIVO 70	ORKAMBI 398	OZEMPIC 208
OPDUALAG 56	ORLADEYO 107	OZURDEX 377
OPFOLDA 365	orlistat 403	P
OPILL 156	Ormalvi 264	Pacerone 96
OPIPZA 127, 133	orphenadrine citrate 267	paclitaxel 67
opium tincture 227	orphenadrine-asa-caffeine 267	paclitaxel protein-bound . 67
OPSUMIT 108	ORSERDU 66	PACNEX HP 163
OPSYNVI 92	ORTHO MICRONOR 156	PACNEX LP 163
	ORTHO TRI-CYCLEN (28) 157	PADCEV 54, 71
		PALFORZIA (LEVEL 1) ... 82
		PALFORZIA (LEVEL 2) ... 82
		PALFORZIA (LEVEL 3) ... 82
		PALFORZIA (LEVEL 4) ... 82
		PALFORZIA (LEVEL 5) ... 82
		PALFORZIA (LEVEL 6) ... 82
		PALFORZIA (LEVEL 7) ... 83

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

PALFORZIA (LEVEL 8) ... 83	PENTASA 235	PHOTREXA CROSS-
PALFORZIA (LEVEL 9) ... 83	pentazocine-naloxone 17	LINKING KIT 374
PALFORZIA (LEVEL 10) .. 83	pentoxifylline 254	PHOTREXA VISCOUS ... 374
PALFORZIA (LEVEL 11 UP-	Percocet 17	PHYSIOLYTE 193
DOSE) 83	PERFECT POINT SAFETY	PHYSIOSOL IRRIGATION
PALFORZIA INITIAL (4-17	LANCETS 284, 352	..... 193
YRS) 83	PERFECT POINT SAFETY	phytonadione (vitamin k1)
PALFORZIA LEVEL 11	NEEDLE 306, 352	..... 203
MAINTENANCE 83	perindopril erbumine 93	PIASKY 246, 259
paliperidone 123	Periogard 369	PIFELTRO 38
PALYNZIQ 367	PERJETA 72	pilocarpine hcl 369, 373
PANCREAZE 229	permethrin 185	PILOT COVID-19 AT-HOME
PANDEL 177	perphenazine 125	TEST 278, 352
PANHEMATIN 247	perphenazine-amitriptyline	pimecrolimus 172
PANRETIN 170	..... 119	pimozide 124
pantoprazole 230	PERSERIS 123	Pimtreea (28) 147
PANZYGA 80	PERTZYE 229	pindolol 101
papaverine 107	PFIZER COVID 2024-25(5Y-	pioglitazone 222
PARAGARD T 380A 146	11Y)PF 87	pioglitazone-glimepiride 210
paricalcitol 365	PFIZER COVID 2024-	pioglitazone-metformin . 210
paromomycin 31	25(6MO-4Y)PF 87	PIP BLOOD GLUCOSE
paroxetine hcl 118	PFLEX INSPIRATORY	TEST STRIP 274, 352
paroxetine	TRAINER 312, 352	PIP LANCET 284, 352
mesylate(menop.sym) 224	PHARMACIST CHOICE 274,	PIQRAY 64
PARSABIV 212	352	pirfenidone 401
PASER 40	PHASEAL PROTECTOR	piroxicam 26
PAVBLU 382, 386	..... 309, 352	PISTON SYRINGE WITH
PAXLOVID 48	PHEBURANE 366	ENFIT 279, 352
pazopanib 65	PHEDRAX 168	PIVYA 32
PEDIARIX (PF) 77, 84	phenazopyridine 243	PLAN B ONE-STEP 159
PEDMARK 74	phendimetrazine tartrate	PLATINUM TEST STRIP 274,
PEDVAX HIB (PF) 85	..... 403	352
peg 3350-electrolytes 238	phenelzine 117	PLEGRIDY 371
peg3350-sod sul-nacl-kcl-	phenobarbital 110, 140	PLENITY 402
asb-c 238	phenoxybenzamine 106	PLENITY (WELCOME KIT)
PEGASYS 43	phentermine 403	..... 402
peg-electrolyte soln 238	phenylephrine hcl 379	PLENVU 238
PEMAZYRE 60	phenyleph-tropicamide in	plerixafor 248
pemetrexed 54	water 374	PLUVICTO 63, 66
pemetrexed disodium 54	Phenyleph 113	PNEUMOVAX-23 86
PEMFEXY 55	phenytoin 113	pnv cmb#95-ferrous
PEMGARDA (EUA) 76	phenytoin sodium	fumarate-fa 197
PEMRYDI RTU 55	extended 113	PNV-DHA + DOCUSATE 197
PENBRAYA (PF) 85	PHESGO 73	PNV-SELECT 197
penicillamine 24, 30	PHEXXI 146	POCKET CHAMBER 312,
penicillin v potassium 47	Philith 154	352
PENTACEL (PF) 84	PHOSPHOLINE IODIDE . 373	PODOCON 179
pentamidine 46	PHOTREXA 374	podofilox 179

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

POLIBAR ACB	187	PRED MILD	377	PRENATAL 19	198
POLIVY	54, 70	PRED-G S.O.P.	375	PRENATAL 19 (WITH	
POLY HUB NEEDLE	306,	prednicarbate	177	DOCUSATE)	198
352		prednisoln sp-moxiflox-		PRENATAL COMPLETE	198
Polycin	383	bromfen	375	PRENATAL ESSENTIALS	
polymyxin b sulf-		prednisolone	216	.....	198
trimethoprim	383	prednisolone acetate ...	377	PRENATAL FORMULA ..	198
POMALYST	68	prednisolone acetate (pf)		PRENATAL FORMULA-DHA	
POMBILITI	365	.....	377	.....	198
PONVORY	372	prednisolone acetate-		PRENATAL GUMMIES ...202	
PONVORY 14-DAY		bromfenac	380	PRENATAL GUMMIES(ZINC	
STARTER PACK	372	prednisolone acetate-		CHELATE)	194
Portia 28	154	nepafenac	380	PRENATAL MULTI	198
PORTRAZZA	72	prednisolone sod ph-bromf		PRENATAL MULTI-DHA	
posaconazole	34	(pf)	380	(ALGAL OIL)	198
potassium chloride	194	prednisolone sod ph-		PRENATAL MULTI-	
potassium citrate	243	bromfenac	380	DHA(WITH VIT K)	199
potassium iodide	193	prednisolone sod ph-		PRENATAL	
POTELIGEO	58	moxiflox	375	MULTIVITAMINS	199
povidone-iodine	384	prednisolone sodium		PRENATAL ONE DAILY	199
PR BENZOYL PEROXIDE		phosphate	216, 377	PRENATAL PLUS	199
.....	163	prednisolone-moxiflo-		PRENATAL PLUS	
PR CREAM	181	nepafenac	375	(CALCIUM CARB)	199
PR NATAL 400	197	prednisolone-moxifloxacin		PRENATAL PLUS DHA .	199
PR NATAL 400 EC	197	hcl	375	PRENATAL PLUS VITAMIN-	
PR NATAL 430	197	prednisolone-moxiflox-		MINERAL	199
PR NATAL 430 EC	197	bromfen	376	PRENATAL TABLET	199
PRADAXA	260	prednisolon-moxiflox-		prenatal vit no.179-iron-	
PRAKETAMIDE	184	bromf(pf)	376	folic	199
pralatrexate	55	prednisone	217	PRENATAL VITAMIN	199
pralidoxime	29	PREDNISONE INTENSOL		PRENATAL VITAMIN PLUS	
PRALUENT PEN	100	.....	217	LOW IRON	200
pramipexole	122	pregabalin	112, 135	PRENATAL VITAMIN WITH	
PRAMOSONE	178	PREGNYL	218	MINERALS	200
prasugrel hcl	259	PREHEVBRIO (PF)	78	prenatal vit-iron fum-folic	
pravastatin	99	PREMARIN	215, 402	ac	200
praziquantel	32	PREMIER TEST STRIP .	275,	PRENATAL WITH DHA-	
prazosin	107	352		FOLIC ACID	200
PRECISION PCX PLUS		PREMIUM V10	275, 353	PREPIDIL	204
TEST	274, 352	PREMPHASE	213	PRESERA	174
PRECISION PCX TEST .	274,	PREMPRO	214	PRESSURE ACTIVATED	
352		PRENAISSANCE	197	LANCETS	284, 353
PRECISION POINT OF		PRENAISSANCE PLUS .	197	pretomanid	41
CARE TEST	275, 352	PRENATA	197	Prevalite	97
PRECISION Q-I-D TEST	275,	PRENATABS FA	198	PREVNAR 20 (PF)	86
352		PRENATABS RX	198	PREVYMIS	42
PRECISION XTRA TEST		PRENATAL	199, 202	PREZCOBIX	39, 47
.....	275, 352	PRENATAL + DHA	198	PREZISTA	47

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

PRIALT	12	PROLIA	224	QBREXZA	168
PRIFTIN	41, 48	PROMACTA	261	QELBREE	130
PRILOSEC	230	promethazine 227, 228, 390,	391	QINLOCK	66
primaquine	35	Promethazine Vc	389	QLOSI	374
PRIMEAIRE	312, 353	promethazine-codeine ..	400	QNASL	399
primidone	110	promethazine-dm	400	QSYMIA	402
PRIMSOL	33	promethazine-		QTERN	209
PRIORIX (PF)	81, 90, 91	phenylephrine	389	QUADRACEL (PF)	84
PRIVIGEN	80	Promethegan . 228, 390, 391		quazepam	131, 140
PRO COMFORT ALCOHOL		PRONAL	179	quetiapine	125, 133
PADS	74	propafenone	96	QUICKVUE AT-HOME	
PRO COMFORT LANCET		proparacaine	381	COVID-19 TEST .. 278, 353	
.....	285, 353	propranolol	101	QUIDROXZAR	179
PRO COMFORT SAFETY		propranolol-		QUILLICHEW ER	129
LANCET	285, 353	hydrochlorothiazid	106	QUILLIVANT XR	129
PRO DNA COLLECTION 369		propylthiouracil	211	quinapril	93
PRO VOICE V8-V9 TEST		PROQUAD (PF) 82, 90, 91		quinapril-	
STRIP	275, 353	protriptyline	120	hydrochlorothiazide	92
probenecid	245	PROVIDA OB	200	quinidine gluconate	95
probenecid-colchicine ..	245	PROVISC	383	quinidine sulfate	95
PROCARE SPACER WITH		PROVOCHOLINE	189	quinine sulfate	35
ADULT MASK	312, 353	prucalopride	231	QUINTET AC	275, 353
PROCARE SPACER WITH		PTS PANELS EGLU TEST		QUINTET GLUCOSE TEST	
CHILD MASK	313, 353	STRIP	275, 353	STRIPS	275, 353
PROCHAMBER	313, 353	PULMICORT FLEXHALER		QUIT 2	143
prochlorperazine	227	.....	392	QUIT 4	143
prochlorperazine maleate		PULMOZYME	399	QULIPTA	136
.....	125, 227	PURAZIL	171	QUTENZA	184
PROCORT	29	PURE COMFORT		QUVIVIQ	141
PROCRIT	249	ALCOHOL PADS	74	QVAR REDIHALER	392
PROCTOFOAM HC	29	PURE COMFORT LANCETS		R	
Procto-Med Hc	29, 177	.....	285, 353	rabeprazole	230
Proctosol Hc	29, 177	PURE COMFORT SAFETY		RADICAVA	264
Proctozone-Hc	29, 177	LANCETS	285, 353	RADICAVA ORS	264
PROCYSBI	240	PURIXAN	55	RADICAVA ORS STARTER	
PRODIGY LANCETS	285,	PUSH BUTTON SAFETY		KIT SUSP	264
353		LANCETS	285, 353	RADIOGARDASE	30
PRODIGY NO CODING . 275,		pyrazinamide	41	RAGWITEK	76
353		pyridostigmine bromide 265		raloxifene	224
PRODIGY TWIST TOP		pyridoxine (vitamin b6) . 203		ramipril	93
LANCET	285, 353	pyrimethamine	35	ranolazine	95
PROFILNINE	249	PYRUKYND	260	RAPID SARS-COV-2 AG	
progesterone	224	PYTEST	188	HOME TEST	278, 353
progesterone micronized		PYTEST KIT	188	rasagiline	121
.....	224	Q		RASUVO (PF)	21, 22
PROGRAF	262	QALSODY	264	RAVICTI	366
PROLASTIN-C	398	QBRELIS	93	RAYALDEE	365
PROLEUKIN	61			READI-CAT 2	187

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

REBIF (WITH ALBUMIN)	371	RETACRIT	249	RITUXAN	22, 58
REBIF REBIDOSE	371	RETEVMO	67	RITUXAN HYCELA	58
REBIF TITRATION PACK		RETIN-A MICRO PUMP	164	rivastigmine	145
	371	RETISERT	377	rivastigmine tartrate	145
REBINYN	249	RETROVIR	39	RIVELSA	156
REBLOZYL	254, 261	REVCovi	365	RIVFLOZA	241
REBYOTA	226	REVEAL TEST STRIP	275, 354	RIXUBIS	250
RECEDO	181			rizatriptan	137
Reclipsen (28)	154	REVUFORJ	49	ROCKLATAN	382
RECOMBINATE	252	REXULTI	127	roflumilast	394
RECOMBIVAX HB (PF)	78	REYATAZ	47	ROLVEDON	253
RECORLEV	204	REYVOW	137	romidepsin	60
RECOTHROM	255	REZDIFFRA	261	ropinirole	122
RECOTHROM SPRAY KIT		REZLIDHIA	63	Rosadan	183
	255	REZUROCK	25	ROSULA	162
REFUAH PLUS	275, 353	RHOGAM ULTRA-FILTERED PLUS	81	rosuvastatin	99
REGENECARE	184	RHOPHYLAC	81	ROTARIX	82, 90
REGIOCIT (EUA)	247	RHOPRESSA	385	ROTATEQ VACCINE	82, 90
REGRANEX	186	RIABNI	22, 58	ROVIS	183
RELAGARD	401	RIASTAP	254	ROXYBOND	15
RELENZA DISKHALER	45	ribavirin	44, 47	ROZLYTREK	66
RELEUKO	253	RIDAURA	22	RUBRACA	64
RELIAMED LANCET	285, 354	rifabutin	41, 48	RUCONEST	248
		rifampin	41, 48	rufinamide	116
RELIAMED SAFETY SEAL LANCETS	285, 354	RIGHTEST GL300 LANCETS	285, 354	RUKOBIA	36
RELIAMED TWIST AND CAP LANCET	285, 354	RIGHTEST GS550 TEST STRIPS	275, 354	RUXIENCE	22, 58
RELION CONFIRM-MICRO	275, 354	RIGHTEST GS700 TEST STRIP	275, 354	RYBELSUS	208
RELION PRIME TEST STRIPS	275, 354	RIGHTEST GT333 TEST STRIP	275, 354	RYBREVANT	51
RELION ULTIMA	275, 354	RIGHTEST MAX TEST STRIP	275, 354	RYDAPT	66
RELISTOR	31	rilpivirine	38	RYLAZE	57
REMODULIN	107	riluzole	264	RYPLAZIM	258
REMYDA	182	rimantadine	45	RYSTIGGO	265
RENACIDIN	240	ringer's	193	RYTARY	120
RENFLEXIS	19, 21, 236	RINVOQ	24, 166, 235	RYTELO	50
RENOVAR	75, 186	RINVOQ LQ	24	RYZUMVI	373
repaglinide	208	risedronate	212	S	
REPATHA PUSHTRONEX	100	risperidone	123, 133	SABRIL	112
REPATHA SURECLICK	100	risperidone microspheres	123	SAFESNAP SYRINGE	306, 307, 354, 355
REPATHA SYRINGE	100	RITEFLO AEROCHAMBER	313, 354	SAFETY LANCETS	285, 355
RESPA-AR	389	ritonavir	47	safety needles	307, 355
RESTASIS	378			SAFETY SEAL LANCETS	285, 355
RESTASIS MULTIDOSE	378			SAFETY-LET LANCETS	285, 355
RESTIMO	183			SAFYRAL	154
				SAIZEN SAIZENPREP	218
				Sajazir	102

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>salicylic acid</i>	179, 180	SHINGRIX (PF)	91	sodium chlor 0.9%	
SALIMEZ FORTE	180	SIGNIFOR	225	bacteriostat	192, 202
<i>salsalate</i>	27	SIGNIFOR LAR	225	sodium chloride ...	144, 181,
SALVAX	180	SIKLOS	260	192, 193	
SALVAX DUO PLUS	179	<i>sildenafil</i>	190	sodium chloride 0.45 %	202
SANCUSO	228	<i>sildenafil</i>		sodium chloride 0.9 % .	192,
SANDIMMUNE	23, 262	(<i>pulm.hypertension</i>)..	109	202	
SANDOSTATIN LAR		SILICONE MASK - INFANT		sodium chloride 0.9 %	
DEPOT	225, 239	.....	313, 355	(<i>flush</i>).....	202
SANTYL	174	SILIQ	166	sodium citrate	247
SAPHNELO	263	<i>silodosin</i>	242	sodium citrate in 0.9 % nacl	
<i>sapropterin</i>	367	SILVASORB	186	.....	247
SARCLISA	59	<i>silver nitrate</i>	167	sodium citrate-citric acid	
SAVAYSA	248	<i>silver nitrate applicators</i>		.....	243
SAVELLA	118, 135	.....	179	SODIUM FLUORIDE 5000	
<i>saxagliptin</i>	207	<i>silver sulfadiazine</i>	172	DRY MOUTH	368
<i>saxagliptin-metformin</i> ...	210	SIMBRINZA	374	SODIUM FLUORIDE 5000	
SAXENDA	403	SIMILAC PRENATAL	200	PLUS	368
SCALACORT DK	177	SIMLANDI(CF)	19, 21, 237	sodium fluoride-pot nitrate	
SCEMBLIX	66	SIMLANDI(CF)		.....	368
SCLEROSOL		AUTOINJECTOR ... 19, 21,	237	sodium iodide-123	189
INTRAPLEURAL	400	<i>Simliya (28)</i>	147	sodium iodide-131	189
<i>scopolamine base</i>	227	<i>Simpeesse</i>	148	sodium oxybate	139
SECUADO	122	SIMPONI	19, 21, 237	sodium phenylbutyrate	366,
SEGLUROMET	208	SIMPONI ARIA	19, 21	367	
<i>selegiline hcl</i>	121	SIMULECT	263	sodium polystyrene	
<i>selenium sulfide</i>	172	<i>simvastatin</i>	99	sulfonate	192
SELZENTRY	36	SINGLE-LET	285, 355	sodium,potassium,mag	
SEMGLEE(INSULIN		<i>sirolimus</i>	263	sulfates	238
GLARGINE-YFGN)	220	SIRTURO	41	SOFDRA	168
SEMGLEE(INSULIN		SIRVANA	164	SOGROYA	218
GLARG-YFGN)PEN ... 220		<i>sitagliptin</i>	207	SOHONOS	264
SE-NATAL 19 CHEWABLE		SITZMARKS	188	SOLESTA	316
.....	200	SITZMARKS FOR KIDS .	188	solifenacin	244
SE-NATAL-19	200	SIVEXTRO	46	SOLIQUA 100/33	211
SEREVENT DISKUS	395	SKYCLARYS	264	SOLIRIS	246, 260
SERNIVO	177	SKYLA	146	SOLOSEC	36
SEROQUEL XR	125	SKYRIZI	165, 234	SOLTAMOX	67
SEROSTIM	218	SKYTROFA	218	SOLU-CORTEF	217
<i>sertraline</i>	118	SLYND	156	SOLU-CORTEF ACT-O-	
<i>Setlakin</i>	154	SMART SENSE LANCETS		VIAL (PF)	217
<i>sevelamer carbonate</i> ...	241	.....	285, 355	SOLUS V2 LANCETS	285,
<i>sevelamer hcl</i>	241	SMART SENSE TEST		355	
SEVENFACT	250	STRIPS	276, 355	SOLUS V2 TEST STRIPS	
<i>sevoflurane</i>	28	SMARTEST LANCET ... 285,		.....	276, 355
SF	368	355		SOMATULINE DEPOT ... 225	
SF 5000 PLUS	368	SMARTEST TEST .. 276, 355		SOMAVERT	217
Sharobel	156			sorafenib	63

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>sorbitol</i>	240	STERILANCE TL	285, 356	SUNOSI	139
<i>sorbitol-mannitol</i>	240	STERILE HYDROGEL FOR		SUPARTZ FX	266
SORILUX	171	JELMYTO	192	SUPER THIN LANCETS	285,
<i>sotalol</i>	96, 102	<i>sterile talc</i>	400	356	
<i>Sotalol Af</i>	96, 102	STERITALC	400	SUPPRELIN LA	223
SOTYKTU	165	STIMUFEND	253	SUPRAX	42
SOTYLIZE	96, 102	STIOLTO RESPIMAT	396	SURE COMFORT	
SOVALDI	44	STIVARGA	63	ALCOHOL PREP PADS	74
SOVUNA	21, 35	STOP SMOKING AID	144	SURE COMFORT LANCETS	
SPACE CHAMBER	313, 355	STRAVIX	185	.....	285, 356
LARGE MASK	313, 355	STRENSIQ	364	SURE-LANCE	285, 356
SPACE CHAMBER WITH		STRIBILD	40	SURE-LANCE ULTRA THIN	
MEDIUM MASK ..	313, 355	STRIVERDI RESPIMAT ..	394	.....	285, 356
SPACE CHAMBER WITH		STRONG IODINE	75, 193	SURE-PREP ALCOHOL	
SMALL MASK	313, 355	STUART ONE	200	PREP PADS	75
SPEEDYSWAB COVID-19		SUBLOCADE	141	SURE-TEST EASYPLUS	
HOME TEST	278, 356	<i>Subvenite</i>	115	MINI	276, 356
SPEVIGO	165	Subvenite Starter (Blue) Kit		SURE-TOUCH LANCET	285,
SPIKEVAX 2023-2024(12Y		.....	115, 132	356	
UP)(PF)	87	Subvenite Starter (Green)		SURGUARD2 SAFETY	307,
SPIKEVAX 2024-2025(12Y		Kit	115, 132	356	
UP)(PF)	88	Subvenite Starter (Orange)		SURVANTA	398
<i>spinosad</i>	185	Kit	115, 132	SUSVIMO	382, 386
SPINRAZA (PF)	268	SUCRAID	229	SUSVIMO (INITIAL FILL)	
SPIRIVA RESPIMAT	394	<i>sucralfate</i>	239	.....	382, 386
SPIRIVA WITH		SUFLAVE	238	SUSVIMO IMPLANT AND	
HANDIHALER	394	<i>sulconazole</i>	169	INS. TOOL	290, 356
<i>spironolactone</i>	93, 105	sulfacetamide sodium ..	172,	SUTAB	239
<i>spironolacton-</i>		384		Syeda	154
<i>hydrochlorothiaz</i>	105	sulfacetamide sodium		SYLVANT	61
SPRAVATO	117	(acne)	161	SYMAX DUOTAB ...	231, 244
SPRAY AND STRETCH	181	sulfacetamide sodium-		SYMDEKO	398
Sprintec (28)	154	sulfur	162	SYMLINPEN 120	207
Sps (With Sorbitol)	192	sulfacetamide sod-sulfur-		SYMLINPEN 60	207
SPS (WITH SORBITOL)	192	urea	162, 183	SYMPROIC	31
Sronyx	154	sulfacetamide-		SYMTUZA	39
SSD	172	prednisolone	375	SYNAGIS	76
SSKI	193	sulfadiazine	48	SYNALAR CREAM KIT ..	178
ST JOSEPH ASPIRIN	28,	sulfamethoxazole-		SYNALAR OINTMENT KIT	
259		trimethoprim	32, 33	.....	178
ST. JOSEPH ASPIRIN	28,	SULFAMYLON	172	SYNALAR TS	179
259		sulfasalazine	24, 235	SYNAREL	223
stavudine	39	SULFATRIM	33	SYNDROS	134, 227, 403
STEGLATRO	209	sulindac	26	SYNJARDY	208
STEGLUJAN	209	sumatriptan	137	SYNJARDY XR	208
STELARA	165, 234	sumatriptan succinate ..	137	SYNOJOYNT	266
STENDRA	190	sunitinib malate	66	SYNVISC	266
		SUNLENCA	31	SYNVISC-ONE	266

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>syringe (disposable)</i> 307, 356	<i>tamoxifen</i> 67	<i>telmisartan-</i>
SYRINGE 3CC/20GX1 ... 307, 356	<i>tamsulosin</i> 242	<i>hydrochlorothiazid</i> 94
SYRINGE 3CC/21GX1 ... 307, 357	TANDEM MOBI AUTOSOFT 30 KT 23 316, 357	<i>temazepam</i> 131, 140
SYRINGE 3CC/21GX1-1/2 307, 357	TANDEM MOBI AUTOSOFT XC KIT 5 316, 357	TEMBEXA 49
SYRINGE 3CC/22GX1 ... 307, 357	TANDEM MOBI AUTOSOFT XC KT 23 316, 357	TEMODAR 53
SYRINGE 3CC/22GX3/4 307, 357	TANDEM MOBI CARTRIDGE 290, 357	<i>temozolomide</i> 53
SYRINGE 3CC/25GX1 ... 308, 357	TANDEM MOBI SYSTEM 315, 357	TEMPO REFILL KIT WITH GAUZE 286, 358
SYRINGE AVITENE 255	TANDEM MOBI TRUSTEEL KIT 23 316, 357	<i>temsirolimus</i> 62
<i>syringe with needle</i> 308, 357	<i>Tarina 24 Fe</i> 154	Tencon 18
<i>syringe with needle, safety</i> 308, 357	<i>Tarina Fe 1/20 (28)</i> 154	TENDERA-OB 200
SYRINGE WITHOUT NEEDLE 308, 357	<i>Tarina Fe 1-20 Eq (28)</i> ... 154	TENIVAC (PF) 84
<i>syringe, enfit, non-sterile</i> 279, 357	TARON-PREX PRENATAL-DHA 194, 200	<i>tenofovir disoproxil fumarate</i> 39, 43
<i>syringe, enfit, sterile</i> 279, 280, 357	TARPEYO 217	TEPADINA 52
T	TASCENSO ODT 372	TEPEZZA 225
T.R.U.E. TEST ALLERGEN 77	TASIGNA 66	TEPMETKO 66
TABLOID 55	<i>tasimelteon</i> 135	<i>terazosin</i> 107
TABRECTA 66	<i>tavaborole</i> 170	<i>terbinafine hcl</i> 33
TACHOSIL 255	TAVALISSE 247	<i>terbutaline</i> 395
<i>tacrolimus</i> 172, 262	TAVNEOS 18	<i>terconazole</i> 401
<i>tadalafil</i> 190, 242	TAYTULLA 154	<i>teriflunomide</i> 372
<i>tadalafil (pulm. hypertension)</i> 109	<i>tazarotene</i> 171, 182	<i>teriparatide</i> 211
TAFINLAR 57	TAZVERIK 60	Terrell 28
<i>tafluprost (pf)</i> 385	TD GOLD TEST STRIP . 276, 358	TERSIFOAM 172
TAGITOL V 187	TDVAX 84	TERUMO ALLERGY SYRINGE 308, 358
TAGRISSO 51	TECENTRIQ 69	TERUMO HYPODERMIC NEEDLE/SYRIN .. 308, 358
TAKE ACTION 159	TECENTRIQ HYBREZA ... 69	TERUMO SYRINGE 308, 358
TAKHZYRO 107	TECHLITE LANCETS ... 285, 358	TEST N'GO TEST ... 276, 358
TALICIA 233	TEGLUTIK 264	<i>testosterone</i> 206
TALTZ AUTOINJECTOR 166	TEGRETOL 114, 132	<i>testosterone cypionate</i> . 206
TALTZ AUTOINJECTOR (2 PACK) 166	TEGRETOL XR 114, 132	<i>testosterone enanthate</i> . 206
TALTZ AUTOINJECTOR (3 PACK) 166	TEGSEDI 205	<i>tetrabenazine</i> 138
TALTZ SYRINGE 166	TELCARE LANCETS ... 285, 358	<i>tetracaine hcl</i> 381
TALZENNA 64	TELCARE TEST STRIPS 276, 358	<i>tetracaine hcl (pf)</i> 381
	TELIORA 178	<i>tetracycline</i> 49
	<i>telmisartan</i> 95	TEVIMBRA 70
	<i>telmisartan-amlodipine</i> ... 93	Texacort 177
		TEZSPIRE 393
		THALOMID 34, 68
		THEO-24 394
		<i>theophylline</i> 394
		THERANATAL 200
		THERANATAL COMPLETE 200
		THERANATAL ONE 200

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

THERANATAL OVAVITE 201	TOBRADEX 375	TRECTOR 41
THERANATAL PLUS 201	TOBRADEX ST 375	TRELEGY ELLIPTA 397
thiamine hcl (vitamin b1) 202	tobramycin 383, 397	TRELSTAR 62
THIN LANCETS 286, 358	tobramycin in 0.225 % nacl 397	TREMFYA 165, 234
THIOLA EC 240	tobramycin with nebulizer 397	TREMFYA PEN 234
thioridazine 125	tobramycin-	treprostinil sodium 108
thiotepa 52	dexamethasone 375	TRESIBA FLEXTOUCH U-
thiothixene 125	tobramycin-vancomycin 376, 383, 384	100 221
THRESHOLD IMT TRAINER 313, 358	TOBREX 384	TRESIBA FLEXTOUCH U-
THRESHOLD PEP DEVICE 313, 358	TOLAK 170	200 221
THRIVITE RX 201	tolcapone 121	TRESIBA U-100 INSULIN 221
THROMBIN-JMI 255	tolmetin 26	tretinoin 164
THYMOGLOBULIN 81	tolterodine 245	tretinoin (antineoplastic) 66
THYQUIDITY 226	tolvaptan 105	tretinoin microspheres . 164
THYROGEN 189	TOOMEY SYRINGE 308, 358	TRETEN 252
thyroid (pork) 225	TOPCARE UNIVERSAL 1	TREXALL 22, 55
Tiadyt Er 102	LANCET 286, 358	triamcinolone acetonide 177, 369
tiagabine 112	topiramate 114	triamterene 105
TIBSOVO 63	topotecan 68	triamterene-
TIGLUTIK 265	toremifene 67	hydrochlorothiazid 105
Tilia Fe 157	TORONOVA II SUIK 26	triazolam 131, 140
timol-brimon-dorzol-	TORONOVA SUIK 26	TRICARE 201
bimato(pf) 374	Torpenz 63	TRI-CHLOR 180
timolol 381	torse mide 105	Triderm 177
timolol maleate 102, 380, 381	TOTAL VISC 383	trientine 30
timolol maleate (pf) 380	TOUJEO MAX U-300	Tri-Estarylla 157
timolol-bimatoprost (pf) 379	SOLOSTAR 221	TRIFERIC 193
timolol-brimonidi-	TOUJEO SOLOSTAR U-300	trifluoperazine 125
dorzolam(pf) 379	INSULIN 221	trifluridine 385
timolol-dorzolam-	TOXICOLOGY SALIVA	trihexyphenidyl 121
bimatopro(pf) 379	COLLECTION 189	TRIJDY XR 211
tinidazole 36	TPOXX (NATIONAL	TRIKAFTA 398
tiopronin 240, 241	STOCKPILE) 49	Tri-Legest Fe 157
TIROSINT 226	TRACLEER 108	Tri-Linyah 157
TIROSINT-SOL 226	TRADJENTA 207	TRILOAN II SUIK 217
TISSEEL VHSD	tramadol 15	TRILOAN SUIK 217
(APROTININ, SYN) 183	tramadol-acetaminophen 17	Tri-Lo-Estarylla 157
TIS-U-SOL PENTALYTE 193	trandolapril 93	Tri-Lo-Marzia 157
TIVDAK 54, 71	trandolapril-verapamil 92	Tri-Lo-Mili 157
TIVICAY 37	tranexamic acid 254	Tri-Lo-Sprintec 157
TIVICAY PD 37	tranylcypromine 117	TRI-LUMA 174
tizanidine 267, 268	TRANZAREL 184	TRILURON 266
TLANDO 206	travoprost 385	trimethobenzamide 227
TOBI PODHALER 397	TRAZIMERA 73	trimethoprim 33
	trazodone 118	Tri-Mili 157
		trimipramine 120

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	190	TRUETRACK TEST 276, 359	TYVASO REFILL KIT	108
TRIMO-SAN JELLY	401	TRULANCE	TYVASO STARTER KIT .	108
TRINATAL RX 1	201	TRULICITY	TZIELD	203
TRINATE	201	TRUMENBA	U	
TRINTELLIX	119	TRUQAP	UBRELVY	136
TRIPTODUR	223	TRUSKIN	UDENYCA	253
TRISENOX	56	TRUSTEX LATEX CONDOM	UDENYCA AUTOINJECTOR	253
Tri-Sprintec (28)	157	.....	.....	253
TRIUMEQ	40	TRUSTEX LUBRICATED	UDENYCA ONBODY	253
TRIUMEQ PD	40	CONDOMS	ULESFIA	185
TRIVISC	266	.....	ULTICARE	309, 360
Trivora (28)	157	TRUSTEX NON-LUB	ULTICARE LOW DEAD	
Tri-Vylibra	157	CONDOMS	SPACE SYRING . 308, 359,	360
Tri-Vylibra Lo	157	TRUSTEX-RIA	ULTICARE SAFETY	
TRODELVY	71	LUB/SPERMICIDE	SYRINGE	308, 360
TROGARZO	36	.....	ULTICARE TB SAFETY	
TROJAN BARESKIN	289, 358	TRUSTEX-RIA	SYRINGE	309, 360
TROJAN EXTENDED		LUBRICATED CONDOMS	ULTILET ALCOHOL SWAB	
PLEASURE	289, 358	.....	.....	75
TROJAN PLEASURE PACK		TRUSTEX-RIA NON-LUB	ULTILET BASIC LANCETS	
.....	289, 358	CONDOMS.....	.....	286, 360
TROJAN ULTRA RIBBED		.....	ULTILET CLASSIC	
CONDOM	289, 358	TRUXIMA	LANCETS	286, 360
TROJAN ULTRA THIN ..	289, 359	.....	ULTILET LANCETS 286, 360	
tropicamide	376	TRYNGOLZA	ULTILET SAFETY	
trospium	245	.....	LANCETS	286, 360
TRUDHESA	136	TUBERCULIN SYRINGE	ULTIMA TEST STRIPS ..	276, 360
TRUE COMFORT		.....	.....	246, 260
ALCOHOL PADS	75	.....	ULTRA FINE LANCETS 286,	360
TRUE COMFORT LANCET		TUDORZA PRESSAIR ...	ULTRA PRENATAL PLUS	
.....	286, 359	394	DHA	201
TRUE COMFORT PRO		TUKYSA	ULTRA THIN II LANCETS	
ALCOHOL PADS	75	.....	.....	286, 360
TRUE COVER CONDOM		Tulana	ULTRA THIN LANCETS 286,	360
.....	289, 359	.....	.....	286, 360
TRUE METRIX GLUCOSE		TURALIO	ULTRA THIN PLUS	
TEST STRIP	276, 359	.....	LANCETS	286, 360
TRUE METRIX PRO TEST		Turqoz (28)	ULTRA TLC LANCETS .	286, 360
STRIP	276, 359	.....	.....	286, 360
TRUEPLUS KETONE	315, 359	TUXARIN ER	ULTRA-CARE LANCETS	
TRUEPLUS LANCETS ..	286, 359	.....	.....	286, 360
TRUETEST TEST STRIPS		TWINRIX (PF)	ULTRALANCE LANCETS	
.....	276, 359	.....	.....	286, 360
		TWIRLA	ULTRASAL-ER	180
			
		TWIST LANCETS ... 286, 359		
		TYBLUME		
			
		TYBOST		
			
		Tydemy		
			
		TYENNE		
			
		TYENNE AUTOINJECTOR		
			
		TYMLOS		
			
		TYRVAYA		
			
		TYSABRI		
			
		TYVASO		
			
		TYVASO DPI		
			
		TYVASO INSTITUTIONAL		
		START KIT		
			

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

ULTRA-THIN II LANCETS	UROGESIC-BLUE 46, 244	VAXCHORA ACTIVE
..... 286, 360	URO-MP 46, 243	COMPONENT 82, 86
ULTRATRAK 276, 360	UROQID-ACID NO.2. 46, 243	VAXCHORA BUFFER
ULTRATRAK ULTIMATE	ursodiol 229	COMPONENT 144
..... 276, 360	UZEDY 123, 124	VAXCHORA VACCINE ... 82,
UNILET COMFORTOUCH	V	86
LANCET 286, 360	VABYSMO 373	VAXELIS (PF) 77, 84, 85, 86,
UNILET GP LANCET 286,	VAFSEO 246	87
360	VAGINAL	VAXNEUVANCE (PF) 86
UNILET LANCET 286, 361	CONTRACEPTIVE FILM	VCF CONTRACEPTIVE
UNILET LANCETS . 286, 361	..... 160	FILM 160
UNILET SUPER THIN	valacyclovir 44	VCF CONTRACEPTIVE GEL
LANCETS 286, 361	VALCHLOR 170	..... 160
UNISTIK 3 COMFORT	valganciclovir 42	VECTIBIX 72
LANCET 286, 361	valproic acid 112, 132	VEGZELMA 50
UNISTIK 3 EXTRA LANCET	valproic acid (as sodium	VELETRI 108
..... 286, 361	salt) 112, 132	Velivet Triphasic Regimen
UNISTIK 3 GENTLE 286, 361	valrubicin 69	(28) 158
UNISTIK 3 NORMAL	valsartan 95	VELPHORO 241, 242
LANCET 286, 361	valsartan-	VELSIPITY 235
UNISTIK COMFORT	hydrochlorothiazide 94	VELTASSA 192
LANCETS 286, 361	VALSTAR 69	VEMLIDY 43
UNISTIK CZT LANCET . 286,	VALTOCO 111, 131	VENCLEXTA 57
361	vancomycin 43	VENCLEXTA STARTING
UNISTIK EXTRA LANCETS	vancomycin in 0.9 %	PACK 57
..... 287, 361	sodium chl. 376	venlafaxine 118
UNISTIK NORMAL	VANFLYTA 60	VENTAVIS 108
LANCETS 287, 361	VANISHPOINT SYRINGE	Venxxiva 241
UNISTIK PRO LANCET 287,	..... 309, 361, 362	VEOPOZ 226
361	VANISHPOINT	VEOZAH 204
UNISTIK SAFETY ... 287, 361	TUBERCULIN SYRINGE	verapamil 96, 103
UNISTIK TOUCH LANCETS	..... 309, 362	VERIFINE SAFETY LANCET
..... 287, 361	VANOXIDE-HC 163	MINI 287, 362
UNISTRIP1 TEST STRIP	VAQTA (PF) 77	VERIFINE UNIVERSAL
..... 276, 361	vardenafil 191	LANCET 287, 362
UNIVERSAL 1 LANCETS	varenicline tartrate 144	VERQUVO 95
..... 287, 361	VARIBAR HONEY 187	VERSACLOZ 124
UPLIZNA 262	VARIBAR NECTAR 187	VERZENIO 59
UPNEEQ (PF) 374	VARIBAR PUDDING 187	VESICARE LS 244
UPTRAVI 106	VARIBAR THIN HONEY . 187	Vestura (28) 155
URAMAXIN 180	VARIBAR THIN LIQUID . 187	VEVYE 378
URAMAXIN GT 179	VARIVAX (PF) 82, 91	V-GO 20 314, 362
urea 180	VARIZIG 81	V-GO 30 314, 362
UREA NAIL STICK 180	VARUBI 228	V-GO 40 314, 362
URETRON D-S 46, 243	VASCEPA 100	VIBERZI 233, 237
URISTIX 4 188, 361	VASELINE WHITE	Vienna 155
URISTIX REAGENT 188, 361	PETROLEUM 182	vigabatrin 112
URO-458 46, 243	VASHE 186	Vigadrone 112

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

VIGAFYDE	113	VORTEX VHC FROG		WESNATAL DHA	
<i>Vigpoder</i>	113	MASK-CHILD	313, 362	COMPLETE	201
VIJOICE	366	VORTEX VHC LADYBUG		WESTAB PLUS	201
<i>vilazodone</i>	119	MASK-TODDLR ..	313, 362	WIDE-SEAL DIAPHRAGM	
VILTEPSO	265	VORTEX VHC PEDIATRIC		60	278, 362
VIMIZIM	364	MASK	313, 362	WIDE-SEAL DIAPHRAGM	
VIMPAT	112	VOSEVI	44	65	278, 362
<i>vinblastine</i>	68	VOWST	226	WIDE-SEAL DIAPHRAGM	
<i>vinorelbine</i>	68	VOXZOGO	211	70	278, 362
VIOKACE	229	VOYDEYA	246	WIDE-SEAL DIAPHRAGM	
<i>Viorele (28)</i>	148	VP-CH-PNV	201	75	278, 363
VIRACEPT	47	VPRIV	364	WIDE-SEAL DIAPHRAGM	
VIREAD	39, 43	VRAYLAR	127, 133	80	278, 363
VISCO-3	266	VTAMA	171	WIDE-SEAL DIAPHRAGM	
VISTASEAL-FIBRIN		VUEBLU	189	85	278, 363
SEALANT	256	VUITY	374	WIDE-SEAL DIAPHRAGM	
VISUDYNE	382	VUMERITY	371	90	278, 363
VITAFOL FE+ (WITH		VYALEV	120	WIDE-SEAL DIAPHRAGM	
DOCUSATE)	201	VYEPTI	136	95	278, 363
VITAFOL GUMMIES	201	<i>Vyfemla (28)</i>	155	WILATE	252
Vitamin D2	203	VYLEESI	135	WILZIN	30
VITAMIN K	203	<i>Vylibra</i>	155	WINLEVI	160
Vitamin K1	203	VYLOY	49	WINREVAIR	92
VITRAKVI	68	VYNDAMAX	205	WINRHO SDF	81
VIVAGUARD INO TEST		VYNDAQEL	205	<i>Wixela Inhub</i>	397
STRIP	276, 362	VYONDYS-53	265	WOMEN'S PRENATAL	
VIVAGUARD LANCET ..	287, 362	VYVANSE	129	PLUS DHA	201
VIVAGUARD SAFETY		VYVGART	265	WOUNDGELHA MATRIX	182
LANCET	287, 362	VYVGART HYTRULO	265	<i>Wymzya Fe</i>	155
VIVIMUSTA	53	VYXEOS	53	WYNZORA	165
VIVITROL	142	VYZULTA	385	X	
VIVJOA	33	W		XADAGO	121
VIVOTIF	82, 85	WAINUA	205	XALIX	180
VIZIMPRO	51	WAKIX	139	XALKORI	53
VOCABRIA	37	<i>warfarin</i>	247	XARELTO	248
<i>Volnea (28)</i>	148	water for injection, sterile		XARELTO DVT-PE TREAT	
VONJO	61	.....	192	30D START	248
VONVENDI	254	water for irrigation, sterile		XATMEP	22, 55
VOQUEZNA	226	.....	193	XCLAIR	174
VOQUEZNA DUAL PAK	233	WAVESENSE JAZZ	276, 362	XCOPRI	116
VOQUEZNA TRIPLE PAK		WAVESENSE PRESTO ..	276, 362	XCOPRI MAINTENANCE	
.....	233	362		PACK	116
VORANIGO	50	WAYZEN	179	XCOPRI TITRATION PACK	
VORAXAZE	73	WEBCOL	75	.....	116
<i>voriconazole</i>	34	WEGOVY	403	XDEMZY	373
VORTEX HOLDING		WELIREG	60	XELJANZ	24, 235
CHAMBER	313, 362	<i>Wera (28)</i>	155	XELJANZ XR	24, 235
				XELPROS	385

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

XELSTRYM	129, 134	YASMIN (28)	155	zidovudine	39
XEMBIFY	80	YAZ (28)	155	ZIEXTENZO	253
XENLETA	47	YCANTH	180	ZIIHERA	49
XENON XE-133	189	YERVOY	59	ZILBRYSQ	265
XENOVIEW PATIENT DOSE	189	YOKATAR	174	ZIMHI	31
XENOVIEW PREPARATION GAS BLEND	189	YONDELIS	69	ziprasidone hcl	122, 133
XENPOZYME	363	YONSA	51, 53	ZIRABEV	51
XEOMIN	267	YORVIPATH	224	ZIRGAN	385
XEPI	167	YUPELRI	394	ZITHRANOL	171
XERMELO	227	Yuvaferm	402	ZOKINVY	367
XGEVA	224	Z		ZOLADEX	62
XHANCE	399	Zafemy	158	zoledronic acid	212
XIAFLEX	266	zafirlukast	393	zoledronic acid-mannitol- water	212
XIFAXAN	48	zaleplon	141	zoledronic ac-mannitol- 0.9nacl	212
XIGDUO XR	208, 209	ZALTRAP	71	ZOLINZA	60
XIIDRA	378	ZANOSAR	69	zolmitriptan	137
XIPERE (PF)	378	Zarah	155	zolpidem	141
XIRUN	179	ZARXIO	253	ZOMACTON	218
XOFLUZA	45	ZAVZPRET	136	Zomig	137
XOLAIR	391	ZEGALOGUE AUTOINJECTOR	205	ZONISADE	116
XOLREMDI	248	ZEGALOGUE SYRINGE	205	zonisamide	116
XOSPATA	60	ZEJULA	64	ZONTIVITY	259
XPHOZAH	191	ZELAPAR	121	ZORYVE	167, 171, 172
XPOVIO	59, 67	ZELBORAF	57	Zovia 1-35 (28)	155
XTAMPZA ER	15	ZELNORM	233, 237	ZTALMY	114
XTANDI	53	ZEMAIRA	398	ZUBSOLV	142
Xulane	158	Zenatane	160	ZULRESSO	117
XULTOPHY 100/3.6	211	ZENPEP	229	Zumandimine (28)	155
XURIDEN	366	Zenzedi	129, 135, 140	ZURZUVAE	117
XYNTHA	252	ZEPATIER	44	ZYDELIG	63, 64
XYNTHA SOLOFUSE	252	ZEPBOUND	402	ZYKADIA	53
XYOSTED	206	ZEPOSIA	235, 372	ZYLET	375
XYWAV	139	ZEPOSIA STARTER KIT (28-DAY)	235, 372	ZYMFENTRA	19, 237
Y		ZEPOSIA STARTER PACK (7-DAY)	236, 373	ZYNLONTA	58
YALE DISPOSABLE NEEDLES	309, 363	ZEPZELCA	69	ZYNYZ	70
Yargesa	366	ZETONNA	399	ZYPRAM	29
				ZYPREXA RELPREVV ...	126

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug