

# *Standard Drug Formulary*

## February 2024

### Inland Empire Health Plan

This formulary was last updated on January 18, 2024. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the Standard Drug Formulary visit [www.iehp.org](http://www.iehp.org).

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?.....	6
How can I tell if the drug listed is a brand or generic drug?.....	6
What are drug tiers?.....	7
How often is the formulary updated?.....	7
What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?.....	8
What are preventive health drugs?.....	8
What is a contraceptive drug or device?.....	8
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?.....	8
What if my drug requires a prior authorization or step therapy?.....	8
What if my drug is non-formulary or not listed?.....	10
Participating retail pharmacies.....	10
What are specialty drugs?.....	10
Oral Anticancer Drugs.....	11
What are preventive health drugs?.....	11
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?.....	11
What is a contraceptive drug or device?.....	11
Mail service pharmacy.....	11
Categorical List of Prescription Drugs.....	12
Index of Drugs.....	366

## **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.
  - Female over-the-counter contraceptive products when ordered by a Physician.
- Disposable devices that are Medically Necessary for the administration of a covered outpatient prescription Drug such as syringes and inhaler spacers.

## **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
<b><i>enoxaparin inj</i></b> 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, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML <b><i>(dalteparin sodium)</i></b>	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* of the IEHP *Evidence of Coverage* (EOC).

The column titled “Drug Tier” is the cost level you pay for a drug.

Drug Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that are biologics; 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](http://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 taken on an ongoing basis for a chronic condition and is typically purchased at a pharmacy. These include drugs that are self-administered, oral, or self-injectable drugs.

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 at no charge to the insured. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit [www.iehp.org](http://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.

Most generic drug contraceptives and contraceptive devices are covered at no charge to the insured. Most brand drug contraceptives require a copayment, which may be waived based on medical necessity. Physicians or Members may provide medical necessity information using the prior authorization process by calling or faxing a form to IEHP Pharmacy Services. (See “What is the prior authorization/exception request process?” below.)

### **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](http://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](http://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](http://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.

### **What are preventive health drugs?**

Preventive health drugs are medications or vaccines used to prevent the occurrence or recurrence of a disease or medical condition. They aim to protect individuals from infections, chronic diseases, or other health problems before they occur. Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the insured. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.

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.

### **What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?**

The formulary includes FDA-approved diabetes drugs. In addition to blood glucose test strips, urine test strips, lancets, and insulin syringes/pens, diabetic testing supplies are also included on the formulary.

### **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.

### **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](http://www.iehp.org)

## Categorical List of Prescription Drugs

Alternative Therapy - Vitamins and Minerals.....	14
Analgesic, Anti-inflammatory or Antipyretic .....	14
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever .....	14
Anesthetics - Drugs for Pain and Fever .....	32
Anorectal Preparations - Rectal Preparations.....	33
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning.....	34
Anti-Infective Agents .....	36
Anti-Infective Agents - Drugs for Infections .....	36
Antineoplastics .....	54
Antineoplastics - Drugs for Cancer .....	55
Antiseptics and Disinfectants - Antiseptics and Disinfectants.....	78
Biologicals.....	80
Biologicals - Biological Agents .....	80
Cardiovascular Therapy Agents .....	94
Cardiovascular Therapy Agents - Drugs for the Heart .....	94
Central Nervous System Agents - Drugs for the Nervous System .....	113
Chemical Dependency, Agents to Treat - Drugs for Addiction.....	146
Chemicals-Pharmaceutical Adjuvants.....	150
Cognitive Disorder Therapy .....	151
Cognitive Disorder Therapy - Drugs for the Nervous System.....	151
Contraceptives - Drugs for Women .....	152
Dermatological .....	167
Dermatological - Drugs for the Skin.....	167
Diagnostic Agents .....	193
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System.....	196
Eating Disorder Therapy .....	197
Eating Disorder Therapy - Drugs for Eating Disorders .....	197
Electrolyte Balance-Nutritional Products.....	199
Electrolyte Balance-Nutritional Products - Drugs for Nutrition .....	199
Endocrine .....	205
Endocrine - Hormones .....	205
Enzymes - Vitamins and Minerals .....	229

Gastrointestinal Therapy Agents.....	229
Gastrointestinal Therapy Agents - Drugs for the Stomach .....	230
Genitourinary Therapy - Drugs for the Urinary System .....	244
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever .....	249
Hematological Agents .....	250
Hematological Agents - Drugs for the Blood.....	250
Hepatobiliary System Treatment Agents - Drugs for the Liver .....	266
Immunosuppressive Agents - Drugs for Organ Transplants .....	266
Locomotor System .....	268
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones.....	268
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment .....	273
Medical Supply, FDB Superset.....	299
Metabolic Disease Enzyme Replacement Agents.....	325
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease .....	325
Metabolic Modifiers.....	327
Metabolic Modifiers - Drugs that Alter Metabolism .....	327
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat .....	329
Multiple Sclerosis Agents - Drugs for the Nervous System .....	332
Ophthalmic Agents.....	335
Ophthalmic Agents - Drugs for the Eye.....	335
Organ Preservation Solutions.....	349
Organ Preservation Solutions - Drugs for the Heart .....	349
Otic (Ear) - Drugs for the Ear.....	351
Respiratory Therapy Agents - Drugs for the Lungs.....	352
Vaginal Products - Drugs for Women.....	364

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Alternative Therapy - Vitamins and Minerals</b>		
<b>Alternative Therapy - Unclassified - Vitamins and Minerals</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID ( <i>flaxseed</i> )	Tier 3	
<b>Analgesic, Anti-inflammatory or Antipyretic</b>		
<b>Analgesic - Opioid Antagonists</b>		
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	
<b>Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever</b>		
<b>Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs</b>		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML ( <i>ziconotide acetate</i> )	Tier 4	
<b>Analgesic Opioid Agonists - Arthritis and Pain Drugs</b>		
<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 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
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<b>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</b>	Tier 1	ST; QL (2 EA per 1 day)
<b>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</b>	Tier 1	ST; QL (1 EA per 1 day)
<b>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</b>	Tier 1	
<b>hydromorphone oral liquid 1 mg/ml</b>	Tier 1	
<b>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</b>	Tier 1	
<b>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</b>	Tier 1	PA; ST
<b>hydromorphone rectal suppository 3 mg</b>	Tier 1	
<b>HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)</b>	Tier 3	ST; QL (1 EA per 1 day)
<b>levorphanol tartrate oral tablet 2 mg</b>	Tier 1	ST
<b>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</b>	Tier 1	
<b>meperidine (pf) injection solution 25 mg/ml</b>	Tier 1	
<b>meperidine oral solution 50 mg/5 ml</b>	Tier 1	QL (30 ML per 1 day)
<b>meperidine oral tablet 50 mg</b>	Tier 1	QL (6 EA per 1 day)
<b>methadone injection solution 10 mg/ml</b>	Tier 1	QL (4 ML per 1 day)
<b>methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/ML)</b>	Tier 1	QL (4 ML per 1 day)
<b>methadone oral concentrate 10 mg/ml</b>	Tier 1	QL (4 ML per 1 day)
<b>methadone oral solution 10 mg/5 ml</b>	Tier 1	QL (20 ML per 1 day)
<b>methadone oral solution 5 mg/5 ml</b>	Tier 1	QL (40 ML per 1 day)
<b>methadone oral tablet 10 mg</b>	Tier 1	QL (4 EA per 1 day)
<b>methadone oral tablet 5 mg</b>	Tier 1	QL (8 EA per 1 day)
<b>methadone oral tablet,soluble 40 mg</b>	Tier 1	QL (1 EA per 1 day)
<b>methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)</b>	Tier 1	QL (1 EA per 1 day)
<b>morphine (pf) intravenous syringe 1 mg/2 ml</b>	Tier 1	
<b>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</b>	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>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, 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)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG ( <i>oxycodone hcl</i> )	Tier 3	
<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, 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 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)
<b>Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); 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>codeine phosphate/butalbital/aspirin/caffeine</i> (Butalbital Compound W/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)
<b>Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		
<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)
<b>Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
<b>Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs</b>		
<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	
<b>Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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)
<b>Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs</b>		
<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)
<b>Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs</b>		
<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	
<b>Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 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
<b>Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs</b>		
<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	
<i>butalbital/acetaminophen/caffeine</i> (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
<i>butalbital/acetaminophen</i> (Tencon Oral Tablet 50-325 Mg)	Tier 1	
<i>butalbital/acetaminophen/caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	
<b>Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs</b>		
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	Tier 4	PA
<b>Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs</b>		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab/pf</i> )	Tier 4	PA
<b>Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG ( <i>rilonacept</i> )	Tier 4	PA
<b>Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, Non-Selective - Arthritis and Pain Drugs</b>		
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
<b>Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel - Arthritis and Pain Drugs</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i></b>	Tier 4	PA
<b><i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i></b>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML ( <b><i>adalimumab-atto</i></b> )	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <b><i>adalimumab-atto</i></b> )	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG ( <b><i>infliximab-axxq</i></b> )	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) ( <b><i>certolizumab pegol</i></b> )	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <b><i>certolizumab pegol</i></b> )	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <b><i>certolizumab pegol</i></b> )	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <b><i>adalimumab-adbm</i></b> )	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <b><i>adalimumab-adbm</i></b> )	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <b><i>adalimumab-adbm</i></b> )	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <b><i>adalimumab-adbm</i></b> )	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <b><i>adalimumab</i></b> )	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <b><i>adalimumab</i></b> )	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <b><i>adalimumab</i></b> )	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML ( <b><i>adalimumab</i></b> )	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(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML ( <i>adalimumab-adaz</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
RENFLXIS 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
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
<b>DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs</b>		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML ( <i>adalimumab-atto</i> )	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab-atto</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
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <i>etanercept</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
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
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</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) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML ( <i>adalimumab-adaz</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
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML ( <i>adalimumab- adaz</i> )	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML ( <i>adalimumab-adaz</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
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
<b>DMARD - Antimalarials - Arthritis and Pain Drugs</b>		
<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, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>DMARD - Antimetabolites - Arthritis and Pain Drugs</b>		
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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty |  
 EHB = USPSTF 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 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)
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)
<b>DMARD - Antinflammatory, Select. costimulation modulator, T-cell Inhib. - Arthritis and Pain Drugs</b>		
ORENCIA (WITH MALTOSE) 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
<b>DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>DMARD - Gold Compounds - Arthritis and Pain Drugs</b>		
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	Tier 3	
<b>DMARD - Immunosuppressives - Arthritis and Pain Drugs</b>		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 200 mg/ml, 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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	Tier 2	
<b>DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs</b>		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML ( <i>anakinra</i> )	Tier 4	PA
<b>DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs</b>		
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
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
<b>DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</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
<b>DMARD - Other - Arthritis and Pain Drugs</b>		
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty |  
EHB = USPSTF 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>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
<b>DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	Tier 4	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19) ( <i>apremilast</i> )	Tier 4	PA
<b>DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
<b>Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs</b>		
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	Tier 4	PA
<b>Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs</b>		
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
<b>NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs</b>		
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
<b>NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
<b>NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs</b>		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<b>NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<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	
<i>tolmetin oral tablet 600 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	
<b>NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs</b>		
<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	
<b>NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs</b>		
<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	
<b>NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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>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	
<b>NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs</b>		
<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	
<b>Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs</b>		
<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	
<b>Salicylate Analgesic Combinations - Arthritis and Pain Drugs</b>		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<b>Salicylate Analgesics - Arthritis and Pain Drugs</b>		
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	EHB
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG ( <i>aspirin</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	
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
<b>Anesthetics - Drugs for Pain and Fever</b>		
<b>Anesthetic - Non-Parenteral - Drugs for Sedation</b>		
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
<b>Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation</b>		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG ( <i>midazolam/ketamine hcl/ondansetron hcl</i> )	Tier 1	
<b>General Anesthetic - Inhalant Volatile - Drugs for Sedation</b>		
<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	
<b>General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation</b>		
<i>midazolam (pf) injection solution 5 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
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<b>General Anesthetic Adjuncts - Opioid - Drugs for Sedation</b>		
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<b>Local Anesthetic - Amides - Drugs for Sedation</b>		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) ( <i>bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)</i> )	Tier 3	
<b>Anorectal Preparations - Rectal Preparations</b>		
<b>Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W) ( <i>nitroglycerin</i> )	Tier 3	
<b>Anorectal - Glucocorticoids - Rectal Preparations</b>		
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	
<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	
<b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations</b>		
ANA-LEX KIT RECTAL KIT 2-2 % ( <i>hydrocortisone acetate/lidocaine hcl/aloe vera</i> )	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</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>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % ( <i>hydrocortisone acetate/pramoxine hcl</i> )	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % ( <i>hydrocortisone acetate/pramoxine hcl</i> )	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % ( <i>hydrocortisone acetate/pramoxine hcl/skin cleanser no.16</i> )	Tier 3	
<b>Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning</b>		
<b>Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
<b>Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML ( <i>pralidoxime chloride/atropine sulfate</i> )	Tier 3	
<b>Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<b>Antidote - Radioactive Agents - Drugs for Overdose or Poisoning</b>		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM ( <i>prussian blue (insoluble)</i> )	Tier 3	
<b>Antidote Others - Drugs for Overdose or Poisoning</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WILZIN ORAL CAPSULE 25 MG (ZINC) ( <i>zinc acetate</i> )	Tier 3	
<b>Chelating Agents - Copper - Drugs for Overdose or Poisoning</b>		
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
<b>Chelating Agents - Iron - Drugs for Overdose or Poisoning</b>		
<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
<b>Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	Tier 3	
<b>Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning</b>		
<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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	Tier 3	ST; QL (1 EA per 1 day)
<b>Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning</b>		
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)
<b>Anti-Infective Agents</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
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
<b>Anti-Infective Agents - Drugs for Infections</b>		
<b>Amebicides - Drugs for Parasites</b>		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
<b>Aminoglycoside Antibiotic - Antibiotics</b>		
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	
<b>Aminomethylcycline Antibiotics - Antibiotics</b>		
NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )	Tier 3	PA
<b>Aminopenicillin Antibiotic - Antibiotics</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG ( <i>amoxicillin</i> )	Tier 3	
<b>Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics</b>		
<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	
<b>Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites</b>		
<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
<b>Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites</b>		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<b>Anthelmintic Agents Other - Drugs for Parasites</b>		
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
<b>Antibacterial Folate Antagonist - Other Combinations - Antibiotics</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<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	
<b>Antibacterial Folate Antagonist Others - Antibiotics</b>		
PRIMSOL ORAL SOLUTION 50 MG/5 ML ( <i>trimethoprim</i> )	Tier 2	
<i>trimethoprim oral tablet 100 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
<b>Antibacterial Nitrofurantoin Derivatives - Antibiotics</b>		
<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	
<b>Antibacterial Other - Antibiotics</b>		
<i>fosfomicin tromethamine oral packet 3 gram</i>	Tier 1	
<b>Antifungal - Allylamines - Drugs for Fungus</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<b>Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus</b>		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
<b>Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	Tier 3	PA
<b>Antifungal - Glucan Synthesis Inhibitors - Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	Tier 3	PA
<b>Antifungal - Imidazoles - Drugs for Fungus</b>		
<i>ketokonazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG ( <i>miconazole</i> )	Tier 3	
<b>Antifungal - Tetrazoles - Drugs for Fungus</b>		
VIVJOA ORAL CAPSULE 150 MG ( <i>oteseconazole</i> )	Tier 3	PA
<b>Antifungal - Triazoles - Drugs for Fungus</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>Antifungal other - Drugs for Fungus</b>		
<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	
<b>Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML ( <i>interferon gamma-1b, recomb.</i> )	Tier 4	PA
<b>Antileprotic - Immunomodulators - Antibiotics</b>		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	Tier 4	PA
<b>Antileprotic - Sulfone Agents - Antibiotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
<b>Antimalarial Combinations - Drugs for Parasites</b>		
<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	
<b>Antimalarials - Drugs for Parasites</b>		
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)
<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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>hydroxychloroquine oral tablet 300 mg, 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</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
<b>Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites</b>		
LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>nifurtimox</i> )	Tier 3	
<b>Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites</b>		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
<b>Antiprotozoal Agents - Other - Drugs for Parasites</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG ( <i>miltefosine</i> )	Tier 2	PA
<b>Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites</b>		
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)
<b>Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections</b>		
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	
<b>Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections</b>		
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	
<b>Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections</b>		

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) ( <i>ibalizumab-uiyk</i> )	Tier 2	PA
<b>Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections</b>		
<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)
<b>Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG ( <i>fostemsavir tromethamine</i> )	Tier 2	PA
<b>Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG ( <i>enfuvirtide</i> )	Tier 2	QL (2 EA per 1 day)
<b>Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections</b>		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) ( <i>cabotegravir</i> )	Tier 2	ST; 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>	Tier 1	ST; QL (21 ML per 365 days); Age (Min 12 Years)
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOCABRIA ORAL TABLET 30 MG ( <i>cabotegravir sodium</i> )	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
<b>Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections</b>		
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)
<b>Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections</b>		
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir sodium/lamivudine</i> )	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections</b>		
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	Tier 2	QL (1 EA per 1 day)
<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)
<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	
<b>Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections</b>		
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine/tenofovir disoproxil fumarate</i> )	Tier 2	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
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG ( <i>emtricitabine/tenofovir alafenamide fumarate</i> )	Tier 2	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)
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections</b>		
<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)
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)
<b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections</b>		
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)
<b>Antiretroviral- Nucleoside and Nucleotide Analogs, Protease Inhibitors - Drugs for Viral Infections</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i> )	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections</b>		
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)
<b>Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections</b>		
<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)
<b>Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections</b>		
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)
<b>Antitubercular - Aminobenzoic Acid Analogs - Antibiotics</b>		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM ( <i>aminosalicylic acid</i> )	Tier 3	
<b>Antitubercular - D-alanine Analogs - Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<b>Antitubercular - Diarylquinoline Antibiotics - Antibiotics</b>		
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	Tier 4	PA
<b>Antitubercular - Isonicotinic Acid Derivatives - Antibiotics</b>		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 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
<b>Antitubercular - Niacinamide Derivatives - Antibiotics</b>		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<b>Antitubercular - Nitroimidazole Derivatives - Antibiotics</b>		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
<b>Antitubercular - Rifamycin and Derivatives - Antibiotics</b>		
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	
<b>Antitubercular Agents Other - Antibiotics</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	Tier 3	
<b>Carbapenem Antibiotic Combinations - Antibiotics</b>		
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	Tier 1	
<b>Cephalosporin Antibiotics - 1st Generation - Antibiotics</b>		
<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	
<b>Cephalosporin Antibiotics - 2nd Generation - Antibiotics</b>		
<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	
<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	
<b>Cephalosporin Antibiotics - 3rd Generation - Antibiotics</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections</b>		
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
<b>CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections</b>		
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	Tier 4	PA
<b>CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections</b>		
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	Tier 3	PA
<b>Fluoroquinolone Antibiotics - Antibiotics</b>		
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	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG ( <i>gemifloxacin mesylate</i> )	Tier 3	
<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	
<b>Glycopeptide Antibiotics - Antibiotics</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections</b>		
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)
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections</b>		
<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	ST; 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)
<b>Hepatitis C - Interferons - Drugs for Viral Infections</b>		
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
<b>Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections</b>		
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

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections</b>		
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuvir/velpatasvir/voxilaprevir</i> )	Tier 4	PA
<b>Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections</b>		
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
<b>Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections</b>		
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
<b>Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections</b>		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections</b>		
<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	
<b>Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections</b>		
<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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections</b>		
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)
<b>Influenza-A Antiviral Agents - Drugs for Viral Infections</b>		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
<b>Lincosamide Antibiotics - Antibiotics</b>		
<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 MI)	Tier 1	
<b>Macrolide Antibiotics - Antibiotics</b>		
<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	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG ( <i>erythromycin stearate</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>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	
<b>Misc Anti-Infective - Drugs for Infections</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 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	
<b>Misc Anti-Infective Combinations - Drugs for Infections</b>		
<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	
<b>Oxazolidinone Antibiotics - Antibiotics</b>		
<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	ST; QL (6 EA per 6 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
<b>Penicillin Antibiotic - Natural - Antibiotics</b>		
<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	
<b>Penicillin Antibiotic - Penicillinase-resistant - Antibiotics</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>Pleuromutilin Antibiotics - Antibiotics</b>		
XENLETA ORAL TABLET 600 MG ( <i>lefamulin acetate</i> )	Tier 3	PA
<b>Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections</b>		
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)
<b>Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections</b>		
<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 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	
<b>Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections</b>		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
<b>Rifamycins and Related Derivative Antibiotics - Antibiotics</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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
<b>SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections</b>		
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)
<b>SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG ( <i>molnupiravir</i> )	\$0	QL (40 EA per 29 days); Age (Min 18 Years)
<b>Sulfonamide Antibiotic - Antibiotics</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Tetracycline Antibiotics - Antibiotics</b>		
<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	QL (2 EA per 1 day)
<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, 150 mg, 50 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 suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 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>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	QL (2 EA per 1 day)
<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	
<b>Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections</b>		
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	
<b>Antineoplastics</b>		
<b>Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor</b>		
TRUQAP ORAL TABLET 160 MG, 200 MG ( <i>capivasertib</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Gamma-Secretase Inhibitor (GSI)</b>		
OGSIVEO ORAL TABLET 50 MG ( <i>nirogacestat hydrobromide</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors</b>		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG ( <i>momelotinib dihydrochloride</i> )	Tier 4	PA; OCH
<b>Antineoplastic - PARP Inhibitor and Antiandrogen Combinations</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG ( <i>niraparib tosylate/abiraterone acetate</i> )	Tier 4	PA; OCH
<b>Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj</b>		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML ( <i>mirvetuximab soravtansine-gynx</i> )	Tier 4	PA
<b>Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML ( <i>mosunetuzumab-axgb</i> )	Tier 4	PA
<b>Antineoplastics - Drugs for Cancer</b>		
<b>ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer</b>		
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
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML ( <i>bevacizumab-bvzr</i> )	Tier 4	PA
<b>Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1), HER-2 (ErbB2)R.Inhib - Drugs for Cancer</b>		
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; OCH
<b>Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer</b>		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML ( <i>amivantamab-vmjw</i> )	Tier 4	PA
<b>Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer</b>		
<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
<b>Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
<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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
TAGRISSO ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer</b>		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 4	
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	Tier 4	OCH
<b>Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer</b>		
TEPADINA INJECTION RECON SOLN 100 MG ( <i>thiotepa</i> )	Tier 4	
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	Tier 4	
<b>Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer</b>		
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	Tier 4	OCH
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer</b>		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 200 mg/ml, 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>melphalan 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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>melfalan hcl intravenous recon soln 50 mg</i>	Tier 4	
<i>melfalan oral tablet 2 mg</i>	Tier 1	OCH
<b>Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer</b>		
<i>carmustine intravenous recon soln 100 mg</i>	Tier 4	
<i>carmustine intravenous recon soln 300 mg, 50 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	
<b>Antineoplastic - Alkylating Agent - Other - Drugs for Cancer</b>		
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	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML ( <i>bendamustine hcl</i> )	Tier 4	
<b>Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer</b>		
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
<b>Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XALKORI ORAL PELLETT 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
<b>Antineoplastic - Antiadrenals - Drugs for Cancer</b>		
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	Tier 4	OCH
<b>Antineoplastic - Antiandrogens - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer</b>		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG ( <i>daunorubicin/cytarabine liposomal</i> )	Tier 4	PA
<b>Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer</b>		
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 1 gram, 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed intravenous solution 25 mg/ml</i>	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML ( <i>pemetrexed</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)
<b>Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty |  
EHB = USPSTF 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>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
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer</b>		
<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	
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
<b>Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
<b>Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer</b>		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine/tipiracil 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
<b>Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer</b>		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML ( <i>nivolumab-relatlimab-rmbw</i> )	Tier 4	PA
<b>Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer</b>		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG ( <i>elotuzumab</i> )	Tier 4	PA
<b>Antineoplastic - Aromatase Inhibitors - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Arsenic Compounds - Drugs for Cancer</b>		
<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	
<b>Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer</b>		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML ( <i>calaspargase pegol-mknl</i> )	Tier 4	PA
ONCASPARG 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
<b>Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer</b>		
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</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
<b>Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer</b>		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML ( <i>mogamulizumab-kpkc</i> )	Tier 4	PA
<b>Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer</b>		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG ( <i>loncastuximab tesirine-lpyl</i> )	Tier 4	PA
<b>Antineoplastic - CD-19 directed CAR-T cell immunotherapy - Drugs for Cancer</b>		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10 <sup>6</sup> TO 2.5X10 <sup>8</sup> CELL ( <i>tisagenlecleucel</i> )	Tier 4	PA
<b>Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer</b>		
MONJUVI INTRAVENOUS RECON SOLN 200 MG ( <i>tafasitamab-cxix</i> )	Tier 4	PA
<b>Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer</b>		
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
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML ( <i>isatuximab-irfc</i> )	Tier 4	PA
<b>Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer</b>		
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
<b>Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer</b>		
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Epipodophyllotoxins - Drugs for Cancer</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	OCH
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 4	
<b>Antineoplastic - Epothilones and Analogs - Drugs for Cancer</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG ( <i>ixabepilone</i> )	Tier 4	PA
<b>Antineoplastic - Estrogens - Drugs for Cancer</b>		
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	Tier 4	OCH
<b>Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer</b>		
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hydrobromide</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer</b>		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )	Tier 4	PA; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</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
<b>Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer</b>		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG ( <i>belinostat</i> )	Tier 4	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	Tier 4	PA; OCH
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
<b>Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer</b>		
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Interferons - Drugs for Cancer</b>		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	Tier 4	PA
<b>Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG ( <i>siltuximab</i> )	Tier 4	PA
<b>Antineoplastic - Interleukins - Drugs for Cancer</b>		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT ( <i>aldesleukin</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
<b>Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Janus Kinase (JAK), FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer</b>		
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
<b>Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG ( <i>ribociclib succinate/letrozole</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer</b>		
KRAZATI ORAL TABLET 200 MG ( <i>adagrasib</i> )	Tier 4	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 320 MG ( <i>sotorasib</i> )	Tier 4	PA; OCH
<b>Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer</b>		
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 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
<b>Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer</b>		
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
<b>Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer</b>		
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG ( <i>selumetinib sulfate/vitamin e tpgs</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
<b>Antineoplastic - Microtubule Inhibitors - Drugs for Cancer</b>		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) ( <i>eribulin mesylate</i> )	Tier 4	PA
<b>Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer</b>		
<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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	Tier 4	PA
<b>Antineoplastic - Multikinase Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer</b>		
REZLIDHIA ORAL CAPSULE 150 MG ( <i>olutasidenib</i> )	Tier 4	PA; OCH
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer</b>		
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
<b>Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	Tier 4	PA; OCH
<b>Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer</b>		
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Platinum Complexes - Drugs for Cancer</b>		
<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	
<b>Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Progestins - Drugs for Cancer</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
<b>Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer</b>		
<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 recon soln 3.5 mg</i>	Tier 4	PA
<i>bortezomib intravenous solution 1 mg/ml, 2.5 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
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG ( <i>carfilzomib</i> )	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	Tier 4	PA; OCH
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer</b>		
AUGTYRO ORAL CAPSULE 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 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
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 imatinib oral tablet 100 mg, 400 mg</i> )	Tier 4	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 X 2), 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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 20 MG, 40 MG ( <i>asciminib hydrochloride</i> )	Tier 4	PA; OCH
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</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
<b>Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer</b>		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) ( <i>lutetium lu-177 vipivotide tetraxetan</i> )	Tier 4	PA
<b>Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer</b>		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) ( <i>lutetium lu 177 dotatate</i> )	Tier 4	PA
<b>Antineoplastic - Radiopharmaceuticals - Drugs for Cancer</b>		
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
<b>Antineoplastic - Retinoids - Drugs for Cancer</b>		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	OCH
<b>Antineoplastic - Selective Estrogen Receptor Degradars (SERDs) - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer</b>		
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
<b>Antineoplastic - Selective Inhibitors of Nuclear Export (SINE) - Drugs for Cancer</b>		
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
<b>Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer</b>		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; OCH
<b>Antineoplastic - Taxanes - Drugs for Cancer</b>		
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 4	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 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
<b>Antineoplastic - Thalidomide Analogs - Drugs for Cancer</b>		
<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, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	Tier 4	PA
<b>Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML ( <i>irinotecan hcl</i> )	Tier 4	
HYCANTIN 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	
<b>Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML ( <i>ramucirumab</i> )	Tier 4	PA
<b>Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer</b>		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 4	
<b>Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer</b>		
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 4	
<b>Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</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	
<b>Antineoplastic Antibiotic - Others - Drugs for Cancer</b>		
<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</i> (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 4	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM ( <i>streptozocin</i> )	Tier 4	
<b>Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer</b>		
YONDELIS INTRAVENOUS RECON SOLN 1 MG ( <i>trabectedin</i> )	Tier 4	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG ( <i>lurbinectedin</i> )	Tier 4	PA
<b>Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer</b>		
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 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
<b>Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer</b>		
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
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML ( <i>retifanlimab-dlwr</i> )	Tier 4	PA
<b>Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer</b>		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) ( <i>inotuzumab ozogamicin</i> )	Tier 4	PA
<b>Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer</b>		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG ( <i>brentuximab vedotin</i> )	Tier 4	PA
<b>Antineoplastic-CD33 Specific Antibody and Cytotoxic Antibiotic Conjugate - Drugs for Cancer</b>		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) ( <i>gemtuzumab ozogamicin</i> )	Tier 4	PA
<b>Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer</b>		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG ( <i>polatuzumab vedotin-piiq</i> )	Tier 4	PA
<b>Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG ( <i>ado-trastuzumab emtansine</i> )	Tier 4	PA
<b>Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer</b>		
ENHERTU INTRAVENOUS RECON SOLN 100 MG ( <i>fam-trastuzumab deruxtecan-nxki</i> )	Tier 4	PA
<b>Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer</b>		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG ( <i>enfortumab vedotin-ejfv</i> )	Tier 4	PA
<b>Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer</b>		
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine/cedazuridine</i> )	Tier 4	PA; OCH
<b>Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer</b>		
TIVDAK INTRAVENOUS RECON SOLN 40 MG ( <i>tisotumab vedotin-tftv</i> )	Tier 4	PA
<b>Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer</b>		
TRODELVY INTRAVENOUS RECON SOLN 180 MG ( <i>sacituzumab govitecan-hziy</i> )	Tier 4	PA
<b>Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PIGF)Inhibitor - Drugs for Cancer</b>		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) ( <i>ziv-aflibercept</i> )	Tier 4	PA
<b>Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer</b>		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML ( <i>elranatamab-bcmm</i> )	Tier 4	PA
<b>Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer</b>		
BLINCYTO INTRAVENOUS KIT 35 MCG ( <i>blinatumomab</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
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG ( <i>blinatumomab</i> )	Tier 4	PA
<b>Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer</b>		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) ( <i>pertuzumab</i> )	Tier 4	PA
<b>Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer</b>		
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
<b>Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer</b>		
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
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG ( <i>trastuzumab-qyyp</i> )	Tier 4	PA
<b>Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer</b>		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML ( <i>tebentafusp-tebn</i> )	Tier 4	PA
<b>Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer</b>		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT ( <i>glucarpidase</i> )	Tier 4	
<b>Methotrexate Rescue Agents - Drugs for Cancer</b>		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 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	
<b>Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer</b>		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 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	
<b>Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer</b>		
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	Tier 3	OCH
<b>Antiseptics and Disinfectants - Antiseptics and Disinfectants</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiseptic - Alcohols - Antiseptics and Disinfectants</b>		
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants</b>		
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	
<b>Biologicals</b>		
<b>Vaccine Viral - Respiratory Syncytial Virus (RSV)</b>		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML ( <i>respiratory syncytial virus vaccine, pref a and b/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMIT OF 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY \$0 COPAY IF QUANTITY LIMIT OF 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
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 IF QUANTITY LIMIT OF 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
<b>Biologicals - Biological Agents</b>		
<b>Allergenic Extracts - Grass Pollen - Biological Agents</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU ( <i>allergenic extract,grass pollen-timothy,standard</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
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
<b>Allergenic Extracts - Mite Extracts - Biological Agents</b>		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM ( <i>allergenic extract, mite-d.farinae-d.pteronysinus,standard</i> )	Tier 2	PA
<b>Allergenic Extracts - Weed Pollen - Biological Agents</b>		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT ( <i>allergenic extract-weed pollen-short ragweed</i> )	Tier 2	PA
<b>Antivenoms - Scorpion Antivenoms - Biological Agents</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG ( <i>centruroides (scorpion) polyvalent antivenom</i> )	Tier 3	
<b>Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML ( <i>palivizumab</i> )	Tier 4	PA
<b>Chemicals, foods, irritant/allergenic - Biological Agents</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED ( <i>chemical allergens</i> )	Tier 3	
<b>Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines</b>		
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 IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Hepatitis A Vaccine - Single Agents - Vaccines</b>		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 2 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
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Hepatitis B Vaccines - Single Agents - Vaccines</b>		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML ( <i>hepatitis b virus vaccine recombinant, isoform s,m,l/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 3 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
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Immune Globulin - Cytomegalovirus (CMV) - Biological Agents</b>		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML ( <i>cytomegalovirus immune globulin (human)</i> )	Tier 4	
<b>Immune Globulin - gamma globulin (IgG), human - Biological Agents</b>		
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
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
GAMASTAN S/D 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 %), 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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Immune Globulin - Hepatitis B - Biological Agents</b>		
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 INTRAMUSCULAR SYRINGE 220 UNIT/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	
<b>Immune Globulin - Rho(D) - Biological Agents</b>		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) ( <i>rho(d) immune globulin</i> )	Tier 3	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG) ( <i>rho(d) immune globulin</i> )	Tier 3	
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	
<b>Immune Globulin - Varicella-zoster - Biological Agents</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML ( <i>varicella-zoster immune globulin/maltose</i> )	Tier 3	
<b>Immune Serums - Biological Agents</b>		
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	
<b>Live Vaccine and Live Virus Formulations - Vaccines</b>		
<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 QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML ( <i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML ( <i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i> )	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML ( <i>rotavirus vaccine, live oral pentavalent</i> )	Tier 3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML ( <i>varicella virus vaccine live/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 2 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
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	
<b>Peanut Desensitization Agents - Biological Agents</b>		
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
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 X 1) ( <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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 INITIAL DOSE 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
<b>Toxoid Vaccine Combinations - Vaccines</b>		
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 IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML ( <i>tetanus and diphtheria toxoids, adult</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 0.5 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
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML ( <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines</b>		
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT ( <i>typhoid vacc, live, attenuated</i> )	Tier 3	
<b>Vaccine Bacterial - Gram Negative Cocci - Vaccines</b>		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML ( <i>meningococcal vaccine a,c,y,w-135, diphtheria toxoid conj/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND AGE 11-23 YEARS
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 IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND AGE 11-23 YEARS
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 IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND AGE 11-23 YEARS
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 IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND AGE 11-23 YEARS
<b>Vaccine Bacterial - Gram Positive Cocci - Vaccines</b>		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML ( <i>pneumococcal 23-valent polysaccharide vaccine</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML ( <i>pneumococcal 23-valent polysaccharide vaccine</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 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
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
<b>Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML ( <i>meningococcal group b vaccine, 4-component</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND AGE 10-25 YEARS
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML ( <i>neisseria meningitidis group b, lipidated fhbp recombinant</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND AGE 10-25 YEARS
<b>Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines</b>		
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	
<b>Vaccine Viral - Adenovirus - Vaccines</b>		
<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	
<b>Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines</b>		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML ( <i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/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
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML ( <i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/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
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML ( <i>covid vacc 2023-24 xbb.1.5, recomb/adjvant-matrix/pf</i> )	\$0	EHB
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML ( <i>covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf</i> )	\$0	EHB
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML ( <i>covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/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
<b>Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines</b>		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML ( <i>human papillomavirus vaccine, 9-valent/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND AGE 9-26 YEARS; Age (Min 9 Years and Max 46 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>human papillomavirus vaccine, 9-valent/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND AGE 9-26 YEARS; Age (Min 9 Years and Max 46 Years)
<b>Vaccine Viral - Influenza A and B - Vaccines</b>		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 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
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML ( <i>influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quad 2023-2024(6 month and older)cell derived/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quadriv 2023-2024(6 month and older)cell derived</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML ( <i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML ( <i>influenza virus vaccine quadrival split 2023-24(65 yr up)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 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
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
<b>Vaccine Viral - Measles - Vaccines</b>		
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Vaccine Viral - Mumps and Related - Vaccines</b>		
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Vaccine Viral - Rotavirus - Vaccines</b>		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML ( <i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i> )	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML ( <i>rotavirus vaccine, live oral pentavalent</i> )	Tier 3	
<b>Vaccine Viral - Rubella - Vaccines</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Vaccine Viral - Varicella - Vaccines</b>		
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML ( <i>varicella virus vaccine live/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Vaccine Viral Combinations - Vaccines</b>		
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Cardiovascular Therapy Agents</b>		
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )	Tier 4	PA
<b>Cardiovascular Therapy Agents - Drugs for the Heart</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure</b>		
<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	
<b>ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure</b>		
<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	
<b>ACE Inhibitors - Drugs for High Blood Pressure</b>		
<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	
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>Aldosterone Receptor Antagonists - Drugs for High Blood Pressure</b>		
<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	
<b>Alpha-Beta Blockers - Drugs for High Blood Pressure</b>		
<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	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure</b>		
<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	
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure</b>		
<i>amlodipine-valsartan-hcthiiazid 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-hcthiiazid 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	
<b>Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure</b>		
<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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril/valsartan</i> )	Tier 2	QL (2 EA per 1 day)
<b>Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure</b>		
<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	
<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	
<b>Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina</b>		
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Antianginal and Anti-ischemic Agents - Drugs for Angina</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	Tier 3	PA
<b>Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina</b>		
<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)
<b>Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms</b>		
<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	
<b>Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms</b>		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
<b>Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms</b>		
<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	
<b>Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms</b>		
<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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms</b>		
<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	
<b>Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms</b>		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<b>Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol</b>		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML ( <i>evinacumab-dgnb</i> )	Tier 4	PA
<b>Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	Tier 2	ST
<b>Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol</b>		
<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	
<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	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM ( <i>colestipol hcl</i> )	Tier 3	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>cholestyramine/aspartame</b> (Prevalite Oral Powder 4 Gram)	Tier 1	
<b>cholestyramine/aspartame</b> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
<b>Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol</b>		
<b>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</b>	Tier 1	
<b>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</b>	Tier 1	
<b>fenofibrate oral capsule 150 mg, 50 mg</b>	Tier 1	
<b>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</b>	Tier 1	
<b>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</b>	Tier 1	
<b>fenofibric acid oral tablet 105 mg, 35 mg</b>	Tier 1	
<b>gemfibrozil oral tablet 600 mg</b>	Tier 1	
<b>Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG ( <b>lovastatin</b> )	Tier 3	ST; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) ( <b>atorvastatin calcium</b> )	Tier 3	PA
<b>atorvastatin oral tablet 10 mg, 20 mg</b>	\$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)
<b>atorvastatin oral tablet 40 mg, 80 mg</b>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <b>rosuvastatin calcium</b> )	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) ( <b>simvastatin</b> )	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
<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)
<b>Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol</b>		
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol</b>		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST; QL (4 EA per 1 day)
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)
<b>Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	Tier 2	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
<b>Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	Tier 2	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
<b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol</b>		
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid/ezetimibe</i> )	Tier 2	ST
<b>Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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-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)
<b>Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol</b>		
<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)
<b>Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )	Tier 4	PA
<b>Beta Blockers Cardiac Selective - Drugs for High Blood Pressure</b>		
<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	
<b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure</b>		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure</b>		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	Tier 3	ST; QL (360 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>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	
<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
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Bradykinin B2 Receptor Antagonists - Drugs for the Heart</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA
<i>icatibant acetate</i> (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 4	PA
<b>Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure</b>		
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG ( <i>diltiazem hcl</i> )	Tier 1	
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 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
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
<i>diltiazem hcl</i> (Tiadyt Er Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
<b>Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure</b>		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML ( <i>nimodipine</i> )	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML ( <i>nimodipine</i> )	Tier 4	PA
<b>Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure</b>		
<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	
<b>Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure</b>		
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cardiac Myosin Inhibitor - Drugs for the Heart</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )	Tier 4	PA
<b>Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<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	
<b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction</b>		
<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)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML ( <i>epinephrine</i> )	Tier 2	QL (4 EA per 1 FILL)
<b>Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction</b>		
<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	
<b>Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<b>Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure</b>		
<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	
<b>Digitalis Glycosides - Drugs for the Heart</b>		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 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
<i>digoxin</i> (Digox 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
<b>Direct Acting Vasodilators - Drugs for High Blood Pressure</b>		
<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	
<b>Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure</b>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<b>Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure</b>		
<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	
<b>Diuretic - Loop - Drugs for High Blood Pressure</b>		
<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 3	
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Diuretic - Potassium Sparing - Drugs for High Blood Pressure</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
<b>Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure</b>		
<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	
<b>Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure</b>		
<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)
<b>Diuretic - Thiazides and Related - Drugs for High Blood Pressure</b>		
<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	
<b>Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML ( <i>ivabradine hcl</i> )	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	Tier 2	ST; QL (2 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
<b>Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML ( <i>atropine sulfate</i> )	Tier 3	
<b>Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
<b>PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure</b>		
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
<b>Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure</b>		
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
<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	
<b>Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure</b>		
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<b>Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure</b>		
<i>metyrosine oral capsule 250 mg</i>	Tier 1	
<b>Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) ( <i>lanadelumab-flyo</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
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) ( <i>lanadelumab-flyo</i> )	Tier 4	PA
<b>Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) ( <i>ecallantide</i> )	Tier 4	PA
<b>Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart</b>		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hydrochloride</i> )	Tier 4	PA
<b>Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure</b>		
<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
<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 MCG (112)- 32 MCG (84), 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	Tier 4	PA
<b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure</b>		
<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
<b>Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure</b>		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA
LIQREV ORAL SUSPENSION 10 MG/ML ( <i>sildenafil citrate</i> )	Tier 4	PA
<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
<b>Renin Inhibitor, Direct - Drugs for High Blood Pressure</b>		
<i>aliskiren oral tablet 150 mg, 300 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
<b>Renin Inhibitor, Direct and Diuretic Combinations - Drugs for High Blood Pressure</b>		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG ( <i>aliskiren hemifumarate/hydrochlorothiazide</i> )	Tier 3	
<b>Vasodilator Combinations - Drugs for High Blood Pressure</b>		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
<b>Central Nervous System Agents - Drugs for the Nervous System</b>		
<b>Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) ( <i>galcanezumab-gnlm</i> )	Tier 2	PA
<b>Antianxiety Agent - Antihistamine Type - Drugs for Anxiety</b>		
<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	
<b>Antianxiety Agent - Benzodiazepines - Drugs for Anxiety</b>		
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	
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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/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>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<b>Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety</b>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<b>Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	Tier 3	ST; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG ( <i>perampanel</i> )	Tier 3	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG ( <i>perampanel</i> )	Tier 3	ST; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG ( <i>perampanel</i> )	Tier 3	ST; QL (60 EA per 30 days)
<b>Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
<b>Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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, 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	
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)
<b>Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol (cbd)</i> )	Tier 4	ST
<b>Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
<b>Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
<b>Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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
<b>Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	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
<b>phenytoin</b> (Dilantin Infatabs Oral Tablet, Chewable 50 Mg)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG ( <b>phenytoin sodium extended</b> )	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML ( <b>phenytoin</b> )	Tier 2	
<b>phenytoin sodium extended</b> (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
<b>phenytoin oral suspension 100 mg/4 ml</b>	Tier 1	
<b>phenytoin oral suspension 125 mg/5 ml</b>	Tier 1	
<b>phenytoin oral tablet, chewable 50 mg</b>	Tier 1	
<b>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</b>	Tier 1	
<b>Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
APTIOM ORAL TABLET 200 MG, 400 MG ( <b>eslicarbazepine acetate</b> )	Tier 3	ST; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG ( <b>eslicarbazepine acetate</b> )	Tier 3	ST; QL (2 EA per 1 day)
<b>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</b>	Tier 1	
<b>carbamazepine oral suspension 100 mg/5 ml</b>	Tier 1	
<b>carbamazepine oral tablet 200 mg</b>	Tier 1	
<b>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</b>	Tier 1	
<b>carbamazepine oral tablet, chewable 100 mg</b>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <b>carbamazepine</b> )	Tier 2	
<b>carbamazepine</b> (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <b>carbamazepine</b> )	Tier 3	
<b>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</b>	Tier 1	
<b>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</b>	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
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG ( <i>oxcarbazepine</i> )	Tier 3	ST; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG ( <i>oxcarbazepine</i> )	Tier 3	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	
<b>Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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,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	
<b>Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )	Tier 4	PA
<b>Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	
<b>Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
<b>Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	
<b>Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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) ( <i>cenobamate</i> )	Tier 2	ST; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) ( <i>cenobamate</i> )	Tier 2	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG ( <i>cenobamate</i> )	Tier 2	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG ( <i>cenobamate</i> )	Tier 2	ST; QL (2 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
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	ST; QL (1 EA per 1 day)
<b>Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression</b>		
<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	
<b>Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression</b>		
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	
<b>Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG ( <i>dextromethorphan hbr/bupropion hcl</i> )	Tier 3	PA
<b>Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression</b>		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML ( <i>brexanolone</i> )	Tier 3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG ( <i>zuranolone</i> )	Tier 2	PA
<b>Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression</b>		
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
<b>Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression</b>		
<i>citalopram oral solution 10 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>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	
<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 1	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	
<b>Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression</b>		
<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	
<b>Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression</b>		
<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) ( <i>levomilnacipran hcl</i> )	Tier 2	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
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	Tier 2	ST; 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	
<b>Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression</b>		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST
<b>Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hydrobromide</i> )	Tier 2	ST; QL (1 EA per 1 day)
<b>Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression</b>		
<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)
<b>Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression</b>		
<i>bupropion hcl oral tablet 100 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>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	
<b>Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression</b>		
<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	
<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	
<b>Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson</b>		
<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	
<b>Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
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)
<b>Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson</b>		
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	Tier 4	PA
<b>Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson</b>		
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<b>Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG ( <i>opicapone</i> )	Tier 3	PA
<b>Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
<b>Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson</b>		
<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	
<b>Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson</b>		
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
<b>Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson</b>		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
<b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<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)
<b>Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders</b>		
<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)
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders</b>		
<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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders</b>		
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)
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG ( <i>risperidone</i> )	Tier 4	QL (1 EA per 28 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	
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders</b>		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>lumateperone tosylate</i> )	Tier 3	ST; QL (1 EA per 1 day)
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders</b>		
<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)
<b>Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders</b>		
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	
<b>Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders</b>		
<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	

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders</b>		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders</b>		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG ( <i>olanzapine/samidorphan malate</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
<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)
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)
<b>Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders</b>		
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )	Tier 4	PA
<b>Antipsychotic-Atypical, D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders</b>		
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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML ( <i>aripiprazole lauroxil</i> )	Tier 4	QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexipiprazole</i> )	Tier 2	ST; 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>brexipiprazole</i> )	Tier 2	ST; QL (1 EA per 1 day)
<b>Antipsychotic-Atypical, D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders</b>		
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)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) ( <i>cariprazine hcl</i> )	Tier 2	QL (7 EA per 28 days)
<b>Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders</b>		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG ( <i>olanzapine/samidorphan malate</i> )	Tier 3	PA
<b>Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder</b>		
<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	
<b>Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder</b>		
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 oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST; QL (450 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
<b><i>amphetamine sulfate oral tablet 10 mg, 5 mg</i></b>	Tier 1	PA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG ( <b><i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i></b> )	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG ( <b><i>methylphenidate</i></b> )	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG ( <b><i>methylphenidate</i></b> )	Tier 3	ST; QL (2 EA per 1 day)
<b><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></b>	Tier 1	QL (1 EA per 1 day)
<b><i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i></b>	Tier 1	QL (2 EA per 1 day)
<b><i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i></b>	Tier 1	QL (60 EA per 30 days)
<b><i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i></b>	Tier 1	QL (120 EA per 30 days)
<b><i>dextroamphetamine sulfate oral tablet 10 mg</i></b>	Tier 1	QL (180 EA per 30 days)
<b><i>dextroamphetamine sulfate oral tablet 15 mg</i></b>	Tier 1	ST; QL (3 EA per 1 day)
<b><i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i></b>	Tier 1	ST; QL (90 EA per 30 days)
<b><i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i></b>	Tier 1	ST; QL (2 EA per 1 day)
<b><i>dextroamphetamine sulfate oral tablet 5 mg</i></b>	Tier 1	QL (90 EA per 30 days)
<b><i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i></b>	Tier 1	QL (1 EA per 1 day)
<b><i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i></b>	Tier 1	QL (1 EA per 1 day)
<b><i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i></b>	Tier 1	QL (2 EA per 1 day)
<b><i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i></b>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML ( <b><i>amphetamine</i></b> )	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 ( <b><i>amphetamine</i></b> )	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 ( <b><i>methylphenidate hcl</i></b> )	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
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<b>Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder</b>		
<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)
<b>Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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/MI)	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	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<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 10 mg/5 ml (2 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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
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	
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> (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	
<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	

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>lamotrigine</b> (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
<b>lamotrigine</b> (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML ( <b>carbamazepine</b> )	Tier 2	
TEGRETOL ORAL TABLET 200 MG ( <b>carbamazepine</b> )	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG ( <b>carbamazepine</b> )	Tier 2	
<b>valproic acid (as sodium salt) oral solution 250 mg/5 ml</b>	Tier 1	
<b>valproic acid oral capsule 250 mg</b>	Tier 1	
<b>Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders</b>		
<b>aripiprazole oral solution 1 mg/ml</b>	Tier 1	ST
<b>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</b>	Tier 1	
<b>aripiprazole oral tablet,disintegrating 10 mg</b>	Tier 1	ST; QL (3 EA per 1 day)
<b>aripiprazole oral tablet,disintegrating 15 mg</b>	Tier 1	ST; QL (2 EA per 1 day)
<b>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</b>	Tier 1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG ( <b>olanzapine/samidorphan malate</b> )	Tier 3	PA
<b>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</b>	Tier 1	
<b>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</b>	Tier 1	
<b>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</b>	Tier 1	QL (1 EA per 1 day)
<b>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</b>	Tier 1	
<b>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</b>	Tier 1	
<b>risperidone oral solution 1 mg/ml</b>	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>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)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) ( <i>cariprazine hcl</i> )	Tier 2	QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<b>Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders</b>		
<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	
<b>Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder</b>		
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 oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST; QL (450 ML per 30 days)
<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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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-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)
<b>CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder</b>		
<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)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
<b>CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<b>Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System</b>		
ADDYI ORAL TABLET 100 MG ( <i>flibanserin</i> )	Tier 3	PA
<b>HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System</b>		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML ( <i>bremelanotide acetate</i> )	Tier 3	PA
<b>Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )	Tier 4	PA
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA
<b>Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches</b>		
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	
<b>Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches</b>		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML ( <i>fremanezumab-vfrm</i> )	Tier 3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML ( <i>fremanezumab-vfrm</i> )	Tier 3	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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML ( <i>eptinezumab-jjmr</i> )	Tier 4	PA
<b>Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches</b>		
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
<b>Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches</b>		
<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)
<b>Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
<b>Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches</b>		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) ( <i>celecoxib</i> )	Tier 3	PA
<b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; QL (12 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (12 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>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 (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	Tier 1	ST; QL (6 EA per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (12 EA per 30 days)
<i>zolmitriptan</i> (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST; QL (12 EA per 30 days)
<b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches</b>		
REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )	Tier 2	PA
<b>Movement Disorder Drug Therapy - Drugs for the Nervous System</b>		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) ( <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 ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	Tier 4	PA
INGREZZA INITIATION PACK 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
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA
<b>Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System</b>		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA
<b>Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System</b>		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	Tier 4	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) ( <i>valbenazine tosylate</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 ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	Tier 4	PA
<b>Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder</b>		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 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
<b>Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder</b>		
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	Tier 3	PA
<b>Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	Tier 4	PA
<b>Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder</b>		
<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)
<b>Narcolepsy Therapy Agents - Stimulant-Type, Piperidine Derivative - Drugs for Sleep Disorder</b>		
<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)
<b>Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs for Sleep Disorder</b>		
<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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
<b>Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders</b>		
NUDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan hbr/quinidine sulfate</i> )	Tier 3	PA
<b>Sedative-Hypnotic - Barbiturates - Drugs for Insomnia</b>		
<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	
<b>Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia</b>		
<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 10 mg/5 ml (2 mg/ml)</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	
<b>Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia</b>		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 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
<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)
<b>Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia</b>		
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
<b>Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia</b>		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG ( <i>dexmedetomidine hcl</i> )	Tier 3	PA
<b>Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia</b>		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<b>Chemical Dependency, Agents to Treat - Drugs for Addiction</b>		
<b>Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction</b>		
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	Tier 3	PA
<b>Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction</b>		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML ( <i>buprenorphine</i> )	Tier 4	ST; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML ( <i>buprenorphine</i> )	Tier 4	ST; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML ( <i>buprenorphine</i> )	Tier 4	ST; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML ( <i>buprenorphine</i> )	Tier 4	ST; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML ( <i>buprenorphine</i> )	Tier 4	ST; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML ( <i>buprenorphine</i> )	Tier 4	ST; QL (0.16 ML 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
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML ( <i>buprenorphine</i> )	Tier 4	ST; QL (0.27 ML per 21 days)
<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, 8-2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<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
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)
<b>Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
<b>Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction</b>		
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG ( <i>naltrexone microspheres</i> )	Tier 4	
<b>Alcohol Deterrents - Drugs for Alcohol Addiction</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction</b>		
<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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction</b>		
<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
<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 INHALATION CARTRIDGE 10 MG ( <i>nicotine</i> )	\$0	EHB; \$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days)
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, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 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
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
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
<b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction</b>		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG ( <i>varenicline tartrate</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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHANTIX ORAL TABLET 1 MG ( <i>varenicline tartrate</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)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) ( <i>varenicline tartrate</i> )	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>varenicline 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 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)
<b>Chemicals-Pharmaceutical Adjuvants</b>		
<b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>		
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	
<b>Pharmaceutical Adjuvant - Vaccine Adjuvants</b>		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION ( <i>cholera vaccine buffer component</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
<b>Cognitive Disorder Therapy</b>		
<b>Rett Syndrome Agents - Glypromate (GPE) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )	Tier 4	PA
<b>Cognitive Disorder Therapy - Drugs for the Nervous System</b>		
<b>Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease</b>		
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
<b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease</b>		
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)
<b>Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease</b>		
<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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease</b>		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG ( <i>memantine hcl/donepezil hcl</i> )	Tier 2	ST; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl/donepezil hcl</i> )	Tier 2	ST; QL (1 EA per 1 day)
<b>Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<b>Contraceptives - Drugs for Women</b>		
<b>Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment</b>		
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic acid/citric acid/potassium bitartrate</i> )	\$0	CT; EHB
<b>Contraceptive Implant - Progestin - Birth Control Pills</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG ( <i>etonogestrel</i> )	\$0	CT; EHB
<b>Contraceptive Injectable - Progestin - Birth Control Pills</b>		
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
<b>Contraceptive Intrauterine - Copper IUD - Birth Control Pills</b>		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM ( <i>copper</i> )	\$0	CT; EHB
<b>Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills</b>		

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
<b>Contraceptive Oral - Biphasic - Birth Control Pills</b>		
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (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) ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	\$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</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
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) ( <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> )	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<b>Contraceptive Oral - Monophasic - Birth Control Pills</b>		
<i>levonorgestrel/ethinyl estradiol</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Altavera (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Amethyst (28) Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> (Aurovela 1/20 (21) Oral Tablet 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
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Ayuna Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) ( <b>levonorgestrel/ethinyl estradiol/iron</b> )	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) ( <b>drospirenone/ethinyl estradiol/levomefolate calcium</b> )	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Chateal (28) Oral Tablet 0.15-0.03 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
<b>levonorgestrel/ethinyl estradiol</b> (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norgestrel-ethinyl estradiol</b> (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Cyred Eq Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Cyred Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Dolishale Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
<b>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</b>	\$0	CT; EHB
<b>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</b>	\$0	CT; EHB
<b>norgestrel-ethinyl estradiol</b> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Enskyce Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<b>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</b>	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Finzala Oral Tablet, Chewable 1 Mg-20 Mcg(24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Gem mily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Hailey 24 Fe Oral Tablet 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
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Hailey Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Isibloom Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Jasmiel (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) ( <b>levonorgestrel/ethinyl estradiol</b> )	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol/iron</b> (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Juleber Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol/ferrous fumarate</b> (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 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
<b>desogestrel-ethinyl estradiol</b> (Kalliga Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>ethynodiol diacetate-ethinyl estradiol</b> (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>ethynodiol diacetate-ethinyl estradiol</b> (Kelnor 1-50 (28) Oral Tablet 1-50 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) ( <b>norethindrone-ethinyl estradiol/ferrous fumarate</b> )	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</b>	\$0	CT; EHB
<b>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</b>	\$0	CT; EHB
<b>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</b>	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Levora-28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 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
<b>norethindrone acetate-ethinyl estradiol</b> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Loryna (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<b>norgestrel-ethinyl estradiol</b> (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Mibelas 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 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
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Mili Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) ( <b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> )	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) ( <b>drospirenone/estetrol</b> )	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Nikki (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<b>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</b>	\$0	CT; EHB
<b>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</b>	\$0	CT; EHB
<b>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</b>	\$0	CT; EHB
<b>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</b>	\$0	CT; EHB
<b>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</b>	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</b>	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) ( <b>norethindrone-ethinyl estradiol</b> )	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Nortrel 1/35 (28) Oral Tablet 1-35 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
<b>norethindrone-ethinyl estradiol</b> (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
OCELLA ORAL TABLET 3-0.03 MG ( <b>ethinyl estradiol/drospirenone</b> )	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Philith Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Portia 28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) ( <b>drospirenone/ethinyl estradiol/levomefolate calcium</b> )	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Syeda Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Taysofy Oral Capsule 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
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
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
<b>Contraceptive Oral - Progestin - Birth Control Pills</b>		
<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> (Errin 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> (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
<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
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
<b>Contraceptive Oral - Quadruphasic - Birth Control Pills</b>		
<i>I 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
QUARTETTE 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
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
<b>Contraceptive Oral - Triphasic - Birth Control Pills</b>		
<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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>levonorgestrel/ethinyl estradiol</b> (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 ( <b>norethindrone-ethinyl estradiol</b> )	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
<b>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</b>	\$0	CT; EHB
<b>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</b>	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</b>	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (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) ( <b>norgestimate-ethinyl estradiol</b> )	\$0	CT; EHB
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG ( <b>norethindrone-ethinyl estradiol</b> )	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 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
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
<b>Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills</b>		
<b>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</b>	\$0	CT; EHB
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR ( <b>levonorgestrel/ethinyl estradiol</b> )	\$0	CT; EHB
<b>norelgestromin/ethinyl estradiol</b> (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB
<b>norelgestromin/ethinyl estradiol</b> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB
<b>Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR ( <b>segesterone acetate/ethinyl estradiol</b> )	\$0	CT; EHB
<b>etonogestrel/ethinyl estradiol</b> (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
<b>etonogestrel/ethinyl estradiol</b> (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$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>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
<b>Emergency Contraceptives - Birth Control Pills</b>		
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
<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
<b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills</b>		
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	\$0	CT; EHB
<b>Emergency Contraceptives - Progestin Type - Birth Control Pills</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<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
<b>Spermicides - Birth Control Pills</b>		
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
<b>Dermatological</b>		
<b>Hair Growth Agents - Kinase Inhibitor</b>		
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
<b>Dermatological - Drugs for the Skin</b>		
<b>Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin</b>		
WINLEVI TOPICAL CREAM 1 % ( <i>clascoterone</i> )	Tier 3	PA
<b>Acne Therapy Topical - Anti-infective - Drugs for the Skin</b>		
<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
<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	
<b>Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin</b>		
BP 10-1 TOPICAL CLEANSER 10-1 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % ( <i>sulfacetamide sodium/sulfur/urea</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 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<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 CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 3	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) ( <i>sulfacetamide sodium/sulfur</i> )	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 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 cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<b>Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin</b>		
ADEINZDE TOPICAL GEL 0.1-2.5-1 % ( <i>adapalene/benzoyl peroxide/clindamycin phosphate</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
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	
DEOXIATAR TOPICAL CREAM 0.05-1-4 % ( <i>tretinoin/clindamycin phosphate/niacinamide</i> )	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % ( <i>tretinoin/dapsone/niacinamide</i> )	Tier 3	
INZDEAXIATAR 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	
ONZDEAXIADEMTAR 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	
<b>Acne Therapy Topical - Keratolytic - Drugs for the Skin</b>		
<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	
<b>Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % ( <i>benzoyl peroxide/hydrocortisone</i> )	Tier 2	
<b>Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i></b>	Tier 1	
IDYYXIATAR TOPICAL GEL 0.025-5 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
<b>Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin</b>		
<b><i>adapalene topical cream 0.1 %</i></b>	Tier 1	
<b><i>adapalene topical gel 0.3 %</i></b>	Tier 1	
<b><i>adapalene topical gel with pump 0.3 %</i></b>	Tier 1	
<b><i>adapalene topical lotion 0.1 %</i></b>	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)
<b><i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i></b>	Tier 1	Age (Max 39 Years)
<b><i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i></b>	Tier 1	Age (Max 39 Years)
<b><i>tretinoin microspheres topical gel with pump 0.08 %</i></b>	Tier 1	ST; Age (Max 39 Years)
<b><i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i></b>	Tier 1	
<b><i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i></b>	Tier 1	
<b>Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin</b>		
DUOBRII TOPICAL LOTION 0.01-0.045 % ( <i>halobetasol propionate/tazarotene</i> )	Tier 3	ST; QL (200 GM per 28 days)
<b>Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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
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
<b>Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody - Drugs for the Skin</b>		
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
<b>Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin</b>		
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
<b>Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin</b>		
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	Tier 4	PA
<b>Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin</b>		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML ( <i>bimekizumab-bkzx</i> )	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/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
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 (150 MG/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 80 MG/ML ( <i>ixekizumab</i> )	Tier 4	PA
<b>Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin</b>		
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
<b>Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin</b>		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )	Tier 4	PA
<b>Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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
<b>Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin</b>		
EUCRISA TOPICAL OINTMENT 2 % ( <i>crisaborole</i> )	Tier 2	ST
<b>Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin</b>		
<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)
<b>Dermatological - Antibacterial Other - Drugs for the Skin</b>		
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	
<b>Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin</b>		
ALTABAX TOPICAL OINTMENT 1 % ( <i>retapamulin</i> )	Tier 3	ST
<b>Dermatological - Antibacterial Quinolones - Drugs for the Skin</b>		
XEPI TOPICAL CREAM 1 % ( <i>ozenoxacin</i> )	Tier 3	ST
<b>Dermatological - Antibacterial, Antifungal Agent with Glucocorticoid - Drugs for the Skin</b>		
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
<b>Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin</b>		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % ( <i>neomycin sulfate/fluocinolone acetamide/emollient comb no.65</i> )	Tier 3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % ( <i>neomycin sulfate/fluocinolone acetamide</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
<b>Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin</b>		
QBREXZA TOPICAL TOWELETTE 2.4 % ( <i>glycopyrronium tosylate</i> )	Tier 2	PA
<b>Dermatological - Antifungal Allylamines - Drugs for the Skin</b>		
<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	
<b>Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin</b>		
<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	
<b>Dermatological - Antifungal Benzylamines - Drugs for the Skin</b>		
MENTAX TOPICAL CREAM 1 % ( <i>butenafine hcl</i> )	Tier 3	
<b>Dermatological - Antifungal Combinations Other - Drugs for the Skin</b>		
EXODERM TOPICAL LOTION 25-1 % ( <i>sodium thiosulfate/salicylic acid</i> )	Tier 1	
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	
<b>Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin</b>		
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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
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	
<b>Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin</b>		
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole 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	
<b>Dermatological - Antifungal Oxaborole - Drugs for the Skin</b>		
<i>tavorole topical solution with applicator 5 %</i>	Tier 1	PA
<b>Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin</b>		
VALCHLOR TOPICAL GEL 0.016 % ( <i>mechlorethamine hcl</i> )	Tier 4	PA
<b>Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin</b>		
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	
<b>Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin</b>		
KLISYRI TOPICAL OINTMENT IN PACKET 1 % ( <i>tirbanibulin</i> )	Tier 2	QL (5 EA per 1 FILL)
<b>Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin</b>		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
<b>Dermatological - Antineoplastic Retinoids - Drugs for the Skin</b>		
PANRETIN TOPICAL GEL 0.1 % ( <i>alitretinoin</i> )	Tier 4	QL (60 GM per 28 days)
<b>Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin</b>		
<i>bexarotene topical gel 1 %</i>	Tier 4	PA
<b>Dermatological - Antiperspirants - Drugs for the Skin</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 2	
<b>Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
<b>Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	
<b>Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin</b>		
<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
SORILUX TOPICAL FOAM 0.005 % ( <i>calcipotriene</i> )	Tier 3	ST
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % ( <i>tazarotene</i> )	Tier 3	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
<b>Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	Tier 4	PA
<b>Dermatological - Antiseborrheic - Drugs for the Skin</b>		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % ( <i>sulfacetamide sodium</i> )	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % ( <i>sulfacetamide sodium</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
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
<b>Dermatological - Antiviral, Herpes - Drugs for the Skin</b>		
<i>acyclovir topical ointment 5 %</i>	Tier 1	
<b>Dermatological - Burn Products - Drugs for the Skin</b>		
NEXOBRID TOPICAL GEL 8.8 % ( <i>anacaulase-bcdb</i> )	Tier 3	
<b>Dermatological - Burn Products Anti-infective - Drugs for the Skin</b>		
<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	
<b>Dermatological - Calcineurin Inhibitors - Drugs for the Skin</b>		
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
<b>Dermatological - Depigmenting Agents - Drugs for the Skin</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 NU-DERM CLEAR TOPICAL CREAM 4 % ( <i>hydroquinone</i> )	Tier 1	
<b>Dermatological - Depigmenting Combinations - Drugs for the Skin</b>		
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	
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	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % ( <i>hydroquinone/ascorbic acid/vit e acetate (d-alpha</i> <i>tocoph)</i> )	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % ( <i>fluocinolone</i> <i>acetonide/tretinoin/hydroquinone</i> )	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % ( <i>hydroquinone/tretinoin/hydrocortisone</i> )	Tier 3	
<b>Dermatological - Emollient Combinations Other - Drugs for the Skin</b>		
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3- 0.4 -0.066 % ( <i>emo153/e.water/namgfs/naphos/nacl/hypochlorous</i> <i>acid/nahypocl</i> )	Tier 1	
<b>Dermatological - Emollient Mixtures - Drugs for the Skin</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Dermatological - Emollients - Drugs for the Skin</b>		
<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	
<b>Dermatological - Enzymes - Drugs for the Skin</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM ( <i>collagenase clostridium histolyticum</i> )	Tier 3	PA
<b>Dermatological - Glucocorticoid - Drugs for the Skin</b>		
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>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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % ( <i>fluocinolone acetone</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	
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	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>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 butyr-emollient topical cream 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	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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
TEXACORT TOPICAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	Tier 2	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)
<b>Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin</b>		
ACIOXIA TOPICAL GEL 0.1-0.5 % ( <i>triamcinolone acetonide/pentoxifylline</i> )	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % ( <i>desoximetasone/niacinamide</i> )	Tier 3	
<b>Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin</b>		
NUCORT TOPICAL LOTION 2 % ( <i>hydrocortisone acetate/aloe vera</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 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)
<b>Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin</b>		
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	
<b>Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin</b>		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % ( <i>clobetasol propionate/skin cleanser combination no.28</i> )	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % ( <i>fluocinolone acetonide/skin cleanser comb no.28</i> )	Tier 3	
<b>Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin</b>		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
<b>Dermatological - Immunomodulator - Interferons - Drugs for the Skin</b>		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML ( <i>interferon alfa-n3</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
<b>Dermatological - Immunomodulator Combinations - Drugs for the Skin</b>		
QUIDROXZAR TOPICAL GEL 5-0.1-30 % ( <i>imiquimod/tretinoin/salicylic acid</i> )	Tier 3	
<b>Dermatological - Keratolytic Combinations Other - Drugs for the Skin</b>		
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	
<b>Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin</b>		
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	
<b>Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin</b>		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % ( <i>urea</i> )	Tier 1	
CONDYLOX TOPICAL GEL 0.5 % ( <i>podofilox</i> )	Tier 3	ST; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % ( <i>urea</i> )	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 % ( <i>salicylic acid</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	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Dermatological - Liver Derivative Complex - Drugs for the Skin</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML ( <i>liver extract (beef-pork)</i> )	Tier 3	
<b>Dermatological - Local Anesthetic Combinations - Drugs for the Skin</b>		
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	
<b>Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY ( <i>norflurane/pentafluoropropane (hfc 245fa)</i> )	Tier 3	
<b>Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin</b>		
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
<b>Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin</b>		
HYFTOR TOPICAL GEL 0.2 % ( <i>sirolimus</i> )	Tier 4	PA
<b>Dermatological - Miscellaneous Single Agents - Drugs for the Skin</b>		
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	
<b>Dermatological - NSAID Single Agents - Drugs for the Skin</b>		
<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)
<b>Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin</b>		
AMELUZ TOPICAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % ( <i>aminolevulinic acid hcl</i> )	Tier 3	
<b>Dermatological - Protectant Combinations - Drugs for the Skin</b>		
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	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % ( <i>hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol</i> )	Tier 3	
<b>Dermatological - Protectants - Drugs for the Skin</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET ( <i>petrolatum,white</i> )	Tier 1	
<b>Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin</b>		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<b>Dermatological - Rosacea Therapy, Topical - Drugs for the Skin</b>		
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>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	
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 % ( <i>ivermectin</i> )	Tier 1	ST
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<b>Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin</b>		
ANASTIA TOPICAL LOTION 2.75 % ( <i>lidocaine hcl</i> )	Tier 3	
<i>lidocaine</i> (Dermacinx 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	
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)
LIDOPIN TOPICAL CREAM 3.25 % ( <i>lidocaine hcl</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
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % ( <i>lidocaine hcl</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	
<b>Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin</b>		
ANACAINE TOPICAL OINTMENT 10 % ( <i>benzocaine</i> )	Tier 3	
<b>Dermatological - Topical Local Anesthetic Others - Drugs for the Skin</b>		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % ( <i>ketamine hcl</i> )	Tier 3	
<b>Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin</b>		
QUTENZA TOPICAL KIT 8 % ( <i>capsaicin/skin cleanser</i> )	Tier 3	PA
<b>Human Cellular Regenerative Tissue Matrix - Drugs for the Skin</b>		
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	
<b>Nail Protectives - Drugs for the Skin</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENADUR (WITH LEXINAL) KIT 2,500 MCG ( <i>biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm</i> )	Tier 3	
<b>Porcine Skin Dressings, Non-Living - Drugs for the Skin</b>		
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 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	
<b>Scabicide and Pediculicide Single Agents - Drugs for the Skin</b>		
<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	
<b>Skin Replacement, Live Tissue Dressings - Drugs for the Skin</b>		
APLIGRAF TOPICAL DISK ( <i>cultured skin substitute,human and bovine</i> )	Tier 3	
STRATAGRAFT TOPICAL SHEET 8 CM X 12.5 CM ( <i>keratinocytes, fibroblasts, collagen-dsat</i> )	Tier 3	
<b>Wound Care - Cleansers - Drugs for the Skin</b>		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % ( <i>sodium chloride irrigating solution/hypochlorous acid</i> )	Tier 3	
<b>Wound Care - Dressings - Drugs for the Skin</b>		
OMEZA TOPICAL OINTMENT IN PACKET ( <i>collagen, hydrolyzed/cod liver oil</i> )	Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE ( <i>silver</i> )	Tier 1	
<b>Wound Care - Growth Factor Agents - Drugs for the Skin</b>		
REGANEX TOPICAL GEL 0.01 % ( <i>becaplermin</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
<b>Diagnostic Agents</b>		
<b>Contrast Media - Barium</b>		
ENTERO VU ORAL SUSPENSION 24 % ( <i>barium sulfate</i> )	Tier 3	
E-Z DISK ORAL TABLET 700 MG ( <i>barium sulfate</i> )	Tier 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 % ( <i>barium sulfate</i> )	Tier 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W) ( <i>barium sulfate</i> )	Tier 3	
E-Z-PASTE ORAL CREAM 60 % ( <i>barium sulfate</i> )	Tier 3	
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	
<b>Contrast Media - Iodinated Ionic</b>		
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 % ( <i>iothalamate meglumine</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
CYSTOGRAFIN URETHRAL SOLUTION 30 % ( <i>diatrizoate meglumine</i> )	Tier 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 % ( <i>diatrizoate meglumine</i> )	Tier 3	
<i>diatrizoate meglumine/diatrizoate sodium</i> (Md-Gastroview Oral Solution 66-10 %)	Tier 1	
<b>Contrast Media - Iodinated Nonionic</b>		
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML ( <i>iohexol</i> )	Tier 3	
<b>Contrast Media - Magnetic Resonance Iron Compounds</b>		
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON ( <i>ferumoxsil</i> )	Tier 3	
<b>Contrast Media - Ultrasound Agent Combinations</b>		
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE ( <i>hydroxyethylcellulose/glycerin in sterile water</i> )	Tier 3	
<b>Diagnostic - Infection Tests</b>		
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	
<b>Diagnostic - Multiple Urine Tests</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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	
<b>Diagnostic - Other</b>		
SITZMARKS ORAL CAPSULE 24 MARKERS ( <i>radiopaque pvc markers/barium sulfite</i> )	Tier 3	
<b>Diagnostic - Therapeutic Monitoring-Toxicology-Abuse Tests</b>		
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG ( <i>saliva collection device/ibuprofen</i> )	Tier 3	
<b>Diagnostic Drugs - Metabolic Function</b>		
METOPIRONE ORAL CAPSULE 250 MG ( <i>metyrapone</i> )	Tier 4	
<b>Diagnostic Drugs - Pulmonary</b>		
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	
<b>Diagnostic Drugs - Thyroid Function</b>		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG ( <i>thyrotropin 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
<b>Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging</b>		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) ( <i>xenon 133 in carbon dioxide</i> )	Tier 3	
<b>Diagnostic Radiopharmaceuticals - Endocrine</b>		
<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
<b>Diagnostic Radiopharmaceuticals - Misc.</b>		
<i>kit for tc 99m-sod thiosulfate recon soln 2 mg</i>	Tier 3	
<b>Diagnostic Radiopharmaceuticals - Pulmonary Perfusion Imaging</b>		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) ( <i>xenon 133 in carbon dioxide</i> )	Tier 3	
<b>Diagnostic Radiopharmaceuticals - Radiolabeling Reagents</b>		
<i>indium-111 chloride solution 5 mci/0.5 ml (185 mbq)</i>	Tier 1	
<b>Fluorescence Imaging Agents - Malignant Brain Tissue</b>		
GLEOLAN ORAL RECON SOLN 30 MG/ML ( <i>aminolevulinic acid hcl</i> )	Tier 3	
<b>Drugs to treat Erectile Dysfunction - Drugs for the Urinary System</b>		
<b>Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction</b>		
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
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML ( <i>alprostadil in bacteriostatic sodium chloride</i> )	Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG ( <i>alprostadil</i> )	Tier 3	QL (1 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
<b>Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction</b>		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML ( <i>papaverine hcl/phentolamine mesylate in water</i> )	Tier 1	
<b>Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction</b>		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG ( <i>papaverine hcl/phentolamine mesylate/alprostadil</i> )	Tier 3	
<b>Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction</b>		
<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	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<i>vardenafil oral tablet, disintegrating 10 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<b>Eating Disorder Therapy</b>		
<b>Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists</b>		
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 3	PA
<b>Eating Disorder Therapy - Drugs for Eating Disorders</b>		
<b>Anorexiant Combinations - Drugs for Eating Disorders</b>		
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
<b>Anorexiant Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders</b>		
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM ( <i>carboxymethylcellulose/citric acid</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
PLENITY ORAL CAPSULE 0.75 GRAM ( <i>carboxymethylcellulose/citric acid</i> )	Tier 3	PA
<b>Anorexiants - Drugs for Eating Disorders</b>		
<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)
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)
<b>Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders</b>		
<i>orlistat oral capsule 120 mg</i>	Tier 1	PA
<b>Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders</b>		
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
<b>Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	Tier 4	PA
<b>Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG ( <i>naltrexone hcl/bupropion hcl</i> )	Tier 3	PA
<b>Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders</b>		
<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)
<b>Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	Tier 1	
<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
<b>Electrolyte Balance-Nutritional Products</b>		
<b>Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors</b>		
XPHOZAH ORAL TABLET 20 MG, 30 MG ( <i>tenapanor hcl</i> )	Tier 3	ST; QL (2 EA per 1 day)
<b>Electrolyte Balance-Nutritional Products - Drugs for Nutrition</b>		
<b>Amino Acid - Carnitine Derivatives - Drugs for Nutrition</b>		
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<b>Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition</b>		
ENDARI ORAL POWDER IN PACKET 5 GRAM ( <i>glutamine</i> )	Tier 4	PA
<b>B-Complex Vitamins - Drugs for Nutrition</b>		
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	
<b>Diluents - Insulin Diluting Solutions - Drugs for Nutrition</b>		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION ( <i>diluent,insulin aspart combination no.1</i> )	Tier 3	
<b>Diluents - Others - Drugs for Nutrition</b>		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION ( <i>diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)</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
<b>Diluents - Sodium Chloride - Drugs for Nutrition</b>		
<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	
<b>Diluents - Vaccine Diluents - Drugs for Nutrition</b>		
DILUENT FOR ROTARIX ORAL SYRINGE ( <i>diluent for oral live rotavirus vaccine (calcium carbonate)</i> )	Tier 3	
<b>Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition</b>		
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>patiomer calcium sorbitex</i> )	Tier 3	PA
<b>Irrigation Solutions - Drugs for Nutrition</b>		
<i>lactated ringers irrigation solution</i>	Tier 3	
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	
<b>Minerals and Electrolytes - Iodine - Drugs for Nutrition</b>		
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</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
STRONG IODINE ORAL SOLUTION 5 % ( <i>potassium iodide/iodine</i> )	Tier 1	
<b>Minerals and Electrolytes - Iron - Drugs for Nutrition</b>		
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	
<b>Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition</b>		
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	
<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,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
<b>Multivitamins - Drugs for Nutrition</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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	
<b>Nutritional Product - Lipid Others - Drugs for Nutrition</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML ( <i>triheptanoin</i> )	Tier 4	PA
<b>Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition</b>		
ENDARI ORAL POWDER IN PACKET 5 GRAM ( <i>glutamine</i> )	Tier 4	PA
<b>Prenatal Vitamins and Minerals - Drugs for Nutrition</b>		
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	
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	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG ( <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i> )	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG ( <i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</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
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG ( <i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac</i> )	Tier 1	
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> )	Tier 1	
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> )	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	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG ( <i>prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha</i> )	Tier 1	
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	
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> )	Tier 1	
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	
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	
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Sodium Chloride Flushes - Drugs for Nutrition</b>		
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	
<b>Sodium Chloride, Parenteral - Drugs for Nutrition</b>		
<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	
<b>Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition</b>		
<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	
<b>Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition</b>		
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	
<b>Vitamins - D Derivatives - Drugs for Nutrition</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 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
<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	
<b>Vitamins - Folic Acid and Derivatives - Drugs for Nutrition</b>		
<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
<b>Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition</b>		
<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	
<b>Endocrine</b>		
<b>Antidiabetic - CD3 Directed Monoclonal Antibody</b>		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML ( <i>teplizumab-mzwv</i> )	Tier 4	PA; DD
<b>Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors</b>		
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)
<b>Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist</b>		
VEOZAH ORAL TABLET 45 MG ( <i>fezolinetant</i> )	Tier 3	PA
<b>Endocrine - Hormones</b>		
<b>Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG ( <i>dinoprostone</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
PREPIDIL VAGINAL GEL 0.5 MG/3 G ( <i>dinoprostone</i> )	Tier 3	
<b>Abortifacients- Progesterone Receptor Antagonist - Drugs for Women</b>		
MIFEPREX ORAL TABLET 200 MG ( <i>mifepristone</i> )	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
<b>Adrenal Steroid Inhibitors - Hormones</b>		
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
<b>Adrenocorticotrophic Hormones - Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	Tier 4	PA
<b>Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes</b>		
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 (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG ( <i>glucagon hcl</i> )	Tier 1	DD; QL (4 EA per 1 FILL)
<i>glucagon</i> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	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)
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 0.5 MG/0.1 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.4 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 0.5 MG/0.1 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.4 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 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)
<b>Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones</b>		
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine</i> )	Tier 4	PA
<b>Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones</b>		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML ( <i>inotersen sodium</i> )	Tier 4	PA
<b>Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones</b>		
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
<b>Androgen - Single Agents - Drugs for Men</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR ( <i>testosterone</i> )	Tier 3	PA
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Antidiuretic and Vasopressor Hormones - Hormones</b>		
<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)
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)
<b>Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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
<b>Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes</b>		
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
<b>Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes</b>		
<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)
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	Tier 3	ST; DD; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin</i> )	Tier 3	ST; DD; QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes</b>		
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	Tier 3	ST; DD
<b>Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes</b>		
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
<b>Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML ( <i>exenatide microspheres</i> )	Tier 2	PA; DD
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML ( <i>exenatide</i> )	Tier 2	PA; DD
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	Tier 2	PA; DD
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
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) ( <i>liraglutide</i> )	Tier 3	PA; DD
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) ( <i>liraglutide</i> )	Tier 3	PA; DD
<b>Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes</b>		
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	Tier 4	PA; DD
<b>Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes</b>		
<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
<b>Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes</b>		
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)
<b>Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes</b>		
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)
<b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes</b>		
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)
<b>Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes</b>		
<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
<b>Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes</b>		
<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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<b>Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST; DD
<b>Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST; DD
<b>Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes</b>		
<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)
<b>Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes</b>		
<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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes</b>		
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)
<b>Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes</b>		
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)
<b>Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid</b>		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss</b>		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) ( <i>romosozumab-aqqg</i> )	Tier 4	PA
<b>Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )	Tier 4	PA
<b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) ( <i>abaloparatide</i> )	Tier 4	PA
<b>Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss</b>		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA
<b>Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT ( <i>alendronate sodium/cholecalciferol (vitamin d3)</i> )	Tier 2	
<b>Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss</b>		
<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	
<b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss</b>		
<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
<b>Calcitonins - Drugs for Menopause and Bone Loss</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<b>Estrogen and Progestin with Antimineralocorticoid Activity, Combination - Drugs for Women</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone/estradiol</i> )	Tier 3	
<b>Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women</b>		
DUAVEE ORAL TABLET 0.45-20 MG ( <i>estrogens, conjugated/bazedoxifene acetate</i> )	Tier 2	
<b>Estrogen-Androgen - Drugs for Women</b>		
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	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
<b>Estrogen-Progestin - Drugs for Women</b>		
<i>estradiol/norethindrone acetate</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 0.5-100 MG ( <i>estradiol/progesterone</i> )	Tier 3	ST; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol/progesterone</i> )	Tier 3	ST; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR ( <i>estradiol/levonorgestrel</i> )	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMI-WEEKLY 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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</b>	Tier 1	
<b>norethindrone acetate-ethinyl estradiol</b> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
<b>norethindrone acetate-ethinyl estradiol</b> (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
<b>estradiol/norethindrone acetate</b> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<b>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</b>	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) ( <b>estrogens, conjugated/medroxyprogesterone acetate</b> )	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <b>estrogens, conjugated/medroxyprogesterone acetate</b> )	Tier 2	
<b>Estrogens - Drugs for Women</b>		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <b>estradiol cypionate</b> )	Tier 3	
<b>estradiol</b> (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 ( <b>estradiol</b> )	Tier 3	ST; QL (52 GM per 30 days)
<b>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</b>	Tier 1	
<b>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%)</b>	Tier 1	QL (30 EA per 30 days)
<b>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</b>	Tier 1	QL (30 GM per 30 days)
<b>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</b>	Tier 1	QL (37.5 GM per 30 days)
<b>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</b>	Tier 1	QL (2 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
<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	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION ( <i>estradiol</i> )	Tier 3	ST
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)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens, conjugated</i> )	Tier 2	
<b>Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women</b>		
CRINONE VAGINAL GEL 8 % ( <i>progesterone, micronized</i> )	Tier 3	ST
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone, micronized</i> )	Tier 2	
<b>Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women</b>		
<i>clomiphene citrate</i> (Clomid Oral Tablet 50 Mg)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
<b>Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss</b>		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML ( <i>burosumab-twza</i> )	Tier 4	PA
<b>Follicle-Stimulating and Luteinizing Hormones - Drugs for Women</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT ( <i>menotropins</i> )	Tier 4	
<b>Follicle-Stimulating Hormone (FSH) - Drugs for Women</b>		
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	
<b>Glucocorticoid Salt Combinations - Drugs for Inflammation</b>		
BETALOAN SUIK KIT 6 MG/ML ( <i>betamethasone acetate and sodium phosph/norflurane/hfc 245fa</i> )	Tier 3	
<b>Glucocorticoids - Drugs for Inflammation</b>		
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	
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
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</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
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	
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	
<b>Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Growth Hormone Receptor Antagonists - Drugs for Growth</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	Tier 4	
<b>Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG ( <i>tesamorelin acetate</i> )	Tier 4	PA
<b>Growth Hormones - Drugs for Growth</b>		
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Human Chorionic Gonadotropin (hCG) - Drugs for Women</b>		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 3	ST
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 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
<b>Human Insulins - Fixed Combinations - Drugs for Diabetes</b>		
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)
<b>Human Insulins - Intermediate Acting - Drugs for Diabetes</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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)
<b>Human Insulins - Rapid Acting - Drugs for Diabetes</b>		
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
<b>Human Insulins - Short Acting - Drugs for Diabetes</b>		
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)
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)
<b>Insulin Analogs - Fixed Combinations - Drugs for Diabetes</b>		
HUMALOG MIX 50-50 INSULIN 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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Insulin Analogs - Long Acting - Drugs for Diabetes</b>		
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)
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	Tier 2	DD; QL (40 ML per 28 days)
<b>Insulin Analogs - Rapid Acting - Drugs for Diabetes</b>		
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)
<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)

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Insulin Response Enhancers - Biguanides - Drugs for Diabetes</b>		
<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
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML ( <i>metformin hcl</i> )	Tier 3	ST; DD; QL (20 ML per 1 day)
<b>Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
<b>Insulin-like Growth Factor-1 (IGF-1) - Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>mecasermin</i> )	Tier 4	PA
<b>Leptin Hormone Analogs - Hormones</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) ( <i>metreleptin</i> )	Tier 4	QL (1 EA per 1 day)
<b>LHRH (GnRH) Agonist Analog Pit Suppress - Central Precocious Puberty - Drugs for Women</b>		
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
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 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
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
<b>LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women</b>		
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
<b>LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman</b>		
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
<b>LHRH (GnRH) Antagonists - Drugs for Women</b>		
<i>cetorelix subcutaneous kit 0.25 mg</i>	Tier 4	
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 MI)	Tier 4	ST
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	ST
ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	Tier 2	PA
<b>Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women</b>		
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)
<b>Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSPHEA ORAL TABLET 60 MG ( <i>ospemifene</i> )	Tier 3	ST; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<b>Mineralocorticoids - Drugs for Inflammation</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Oxytocic - Ergot Alkaloids - Drugs for Women</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
<b>Progestins - Drugs for Women</b>		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 4	PA
<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	
<b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss</b>		
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
<b>Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss</b>		
<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)
<b>Somatostatic Agents - Drugs for Growth</b>		
<i>lanreotide subcutaneous syringe 120 mg/0.5 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
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	
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 diaspartate</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
<b>Thyroid Eye Disease Agents - Drugs for Thyroid</b>		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG ( <i>teprotumumab-trbw</i> )	Tier 4	PA
<b>Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid</b>		
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	
<b>Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid</b>		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<b>Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid</b>		
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, 13 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
<b>Enzymes - Vitamins and Minerals</b>		
<b>Enzymes - Vitamins and Minerals</b>		
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	
<b>Gastrointestinal Therapy Agents</b>		
<b>Agents to Treat CHAPLE Disease</b>		
VEOPOZ INJECTION SOLUTION 200 MG/ML ( <i>pozelimab-bbfg</i> )	Tier 4	PA
<b>Fecal Microbiota Transplantation (FMT)</b>		
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
<b>Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOQUEZNA ORAL TABLET 10 MG, 20 MG ( <i>vonoprazan fumarate</i> )	Tier 3	PA
<b>Gastrointestinal Therapy Agents - Drugs for the Stomach</b>		
<b>Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea</b>		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea</b>		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG ( <i>crofelemer</i> )	Tier 2	ST; QL (2 EA per 1 day)
<b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea</b>		
<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	
<b>Antidiarrheal Opioid Agents - Drugs for Diarrhea</b>		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
<b>Antiemetic - Antihistamines - Drugs for Vomiting and Nausea</b>		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<b>Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea</b>		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
<b>Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea</b>		
<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)
<b>Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea</b>		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
<b>Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea</b>		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine maleate oral tablet 10 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>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	
<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	
<b>Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea</b>		
ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )	Tier 3	ST; QL (8 EA per 1 FILL)
<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)
<b>Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea</b>		
<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)
<b>Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG ( <i>netupitant/palonosetron hcl</i> )	Tier 2	QL (1 EA per 28 days)
<b>Bile Acids - Drugs for the Stomach</b>		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</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
<b>Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation</b>		
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 3	ST; QL (1 EA per 1 day)
<b>Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach</b>		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	
<b>Digestive Enzyme Mixtures - Drugs for the Stomach</b>		
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	
<b>Digestive Enzymes - Drugs for the Stomach</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML ( <i>sacrosidase</i> )	Tier 4	PA
<b>Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach</b>		

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid</b>		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<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	
<b>Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid</b>		
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, 20 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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid</b>		
<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)
<b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
<b>Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach</b>		
MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )	Tier 3	ST; QL (1 EA per 1 day)
<b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach</b>		
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	
<b>GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps</b>		
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	
<b>GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps</b>		
<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	
<b>GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<b>GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<b>GI Antispasmodic Combinations Other - Drugs for Stomach Cramps</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid</b>		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
<b>H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid</b>		
<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	
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)
<b>H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach</b>		
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
<b>IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
<b>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome</b>		
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 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
<b>IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	Tier 3	PA
<b>IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<b>IBS Agent - Selective Partial 5-HT4 Receptor Agonists - Drugs for Irritable Bowel Syndrome</b>		
ZELNORM ORAL TABLET 6 MG ( <i>tegaserod hydrogen maleate</i> )	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
<b>IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome</b>		
IBSRELA ORAL TABLET 50 MG ( <i>tenapanor hcl</i> )	Tier 3	PA
<b>Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease</b>		
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
<b>Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease</b>		
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease</b>		
<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	
<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	
<b>Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease</b>		
<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	
<b>Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease</b>		
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
<b>Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome</b>		
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
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) ( <i>ozanimod hydrochloride</i> )	Tier 4	PA
<b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease</b>		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML ( <i>adalimumab-atto</i> )	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab-atto</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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab-adbm</i> )	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</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) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML ( <i>adalimumab-adaz</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
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML ( <i>adalimumab-adaz</i> )	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML ( <i>adalimumab-adaz</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
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
<b>Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome</b>		
<i>alosetron 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 3	PA
ZELNORM ORAL TABLET 6 MG ( <i>tegaserod hydrogen maleate</i> )	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
<b>Keratinocyte Growth Factor (KGF) - Drugs for the Stomach</b>		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG ( <i>palifermin</i> )	Tier 4	
<b>Laxative - Saline and Osmotic - Drugs to Prevent Constipation</b>		
<i>lactulose</i> (Constulose 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 oral solution 10 gram/15 ml</i>	Tier 1	
<b>Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation</b>		
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)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</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>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	\$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)
<i>peg-electrolyte soln oral recon soln 420 gram</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)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM ( <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i> )	\$0	ST; EHB; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	\$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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM ( <i>peg 3350/sodium sulfate,chloride/potassium chlor/magnesium</i> )	\$0	ST; EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)
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)
<b>Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation</b>		
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 IS 320, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; 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)
<b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid</b>		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
<b>Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach</b>		
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
<b>Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach</b>		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/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
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG ( <i>octreotide acetate, microspheres</i> )	Tier 4	PA
<b>Genitourinary Therapy - Drugs for the Urinary System</b>		
<b>BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST
<b>BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate</b>		
ENTADFI ORAL CAPSULE 5-5 MG ( <i>finasteride/tadalafil</i> )	Tier 3	PA
<b>Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System</b>		
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
<b>G.U. Irrigants - Anti-infective - Drugs for the Urinary System</b>		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
<b>G.U. Irrigants - Drugs for the Urinary System</b>		
<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	
<b>Interstitial Cystitis Agents - Drugs for the Urinary System</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	Tier 2	PA
<b>Kidney Stone Agents - Drugs for the Urinary System</b>		
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	
<b>Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder</b>		
GEMTESA ORAL TABLET 75 MG ( <i>vibegron</i> )	Tier 3	ST; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE RECON 8 MG/ML ( <i>mirabegron</i> )	Tier 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG ( <i>mirabegron</i> )	Tier 2	
<b>Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System</b>		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML ( <i>lumasiran sodium</i> )	Tier 4	PA
<b>Phosphate Binders - Calcium-based - Drugs for the Urinary System</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
<b>Phosphate Binders - Drugs for the Urinary System</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	Tier 2	QL (6 EA per 1 day)
<b>Phosphate Binders - Iron-based - Drugs for the Urinary System</b>		
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)
<b>Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System</b>		
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
<b>Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate</b>		
<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	
<b>Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate</b>		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<b>Prostatic Hypertrophy Agent-5α Reductase Inhibitor - Drugs for the Prostate</b>		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<b>Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate</b>		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
<b>Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections</b>		
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	Tier 3	
<b>Urinary Acidifier - Phosphates - Drugs for Infections</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Urinary Alkalinizer - Citrates - Drugs for Infections</b>		
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	
<b>Urinary Analgesics - Drugs for Infections</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
<b>Urinary Antibacterial - Methenamine and Salts - Drugs for Infections</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG ( <i>methenamine mandelate/sodium phosphate,monobasic</i> )	Tier 3	
<b>Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections</b>		
<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	
<b>Urinary Antibacterials Other - Drugs for Infections</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<b>Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URO-MP ORAL CAPSULE 118-10-40.8-36 MG ( <i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i> )	Tier 1	
<b>Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections</b>		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</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	
<b>Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder</b>		
<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
<b>Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder</b>		
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	

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) ( <i>hyoscyamine sulfate</i> )	Tier 3	
<b>Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder</b>		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) ( <i>oxybutynin chloride</i> )	Tier 3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<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	
<b>Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Gout and Hyperuricemia Therapy - Drugs for Pain and Fever</b>		
<b>Gout Acute Therapy - Antimitotics - Gout Drugs</b>		
<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)
<b>Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs</b>		
<i>probenecid-colchicine oral tablet 500-0.5 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
<b>Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs</b>		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML ( <i>pegloticase</i> )	Tier 4	PA
<b>Hyperuricemia Therapy - Uricosurics - Gout Drugs</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs</b>		
<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)
<b>Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG ( <i>lesinurad/allopurinol</i> )	Tier 3	ST; QL (1 EA per 1 day)
<b>Hematological Agents</b>		
<b>Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy</b>		
ADZYNMA INTRAVENOUS KIT 1,500 UNIT, 500 UNIT ( <i>adamts13, recombinant-krhn</i> )	Tier 4	PA
<b>Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>daprodustat</i> )	Tier 3	PA
<b>Hematological Agents - Drugs for the Blood</b>		
<b>Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood</b>		
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
<b>Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood</b>		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML ( <i>sutimlimab-jome</i> )	Tier 4	PA
<b>Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML ( <i>pegcetacoplan</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
<b>Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots</b>		
<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	
<b>Anticoagulants - Coumarin - Drugs to Prevent Blood Clots</b>		
<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	
<b>Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding</b>		
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	
<b>Antiporphyria Factors - Drugs for the Blood</b>		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG ( <i>hemin</i> )	Tier 4	
<b>Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	Tier 4	PA
<b>C1 Esterase Inhibitor Agents - Drugs for the Blood</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>CAD - Complement (C1) Inhibitors - Drugs for the Blood</b>		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML ( <i>sutimlimab-jome</i> )	Tier 4	PA
<b>CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood</b>		
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	Tier 4	PA
<b>Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots</b>		
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)
<b>Erythropoietins - Drugs for the Blood</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding</b>		
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	
<b>Factor IX Preparations - Drugs to Prevent Bleeding</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT ( <b>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</b> )	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <b>factor ix (human) recombinant, pegylated</b> )	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT ( <b>factor ix human recombinant</b> )	Tier 4	
<b>Factor VII Preparations - Drugs to Prevent Bleeding</b>		
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) ( <b>coagulation factor viia (recombinant)</b> )	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) ( <b>coagulation factor viia recombinant-jncw</b> )	Tier 4	
<b>Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT ( <b>antihemophilic factor (fviii) recombinant,full length</b> )	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT ( <b>antihemophilic factor (fviii) recombinant, full length, peg</b> )	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 ( <b>antihemophilic factor viii recomb,single-chn,b-dom truncated</b> )	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 ( <b>antihemophilic factor, human/von willebrand factor,human</b> )	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
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT ( <b>antihemophilic factor rfviii fc-vwf-xten,bdd-ehf</b> )	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 ( <b>antihemophilic factor (fviii) recombinant, fc fusion protein</b> )	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <b>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</b> )	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT ( <b>antihemophilic factor, human</b> )	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT ( <b>antihemophilic factor, human</b> )	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT ( <b>antihemophilic factor, human</b> )	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT ( <b>antihemophilic factor, human</b> )	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT ( <b>antihemophilic factor, human/von willebrand factor,human</b> )	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <b>antihemophilic factor (fviii) rec, b-domain deleted peg-auc</b> )	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT ( <b>antihemophilic factor, human</b> )	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <b>antihemophilic factor (fviii) recombinant,full length</b> )	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
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	
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	
<b>Factor VIII-Mimetic Agent, Monoclonal Antibody - Drugs for the Blood</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML ( <i>emicizumab-kxwh</i> )	Tier 4	PA
<b>Factor X Preparations - Drugs to Prevent Bleeding</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE ( <i>coagulation factor x</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
<b>Factor XIII Preparations - Drugs to Prevent Bleeding</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT ( <i>factor xiii</i> )	Tier 4	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT ( <i>factor xiii a-subunit, recombinant</i> )	Tier 4	
<b>Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood</b>		
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
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood</b>		
LEUKINE INJECTION RECON SOLN 250 MCG ( <i>sargramostim</i> )	Tier 4	PA
<b>Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood</b>		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG ( <i>luspatercept-aamt</i> )	Tier 4	PA
<b>Hematorheologic Agents - Drugs for the Blood</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
<b>Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding</b>		
<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	
<b>Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE ( <i>von willebrand factor (recombinant)</i> )	Tier 4	
<b>Hemostatic Topical Agents - Drugs to Prevent Bleeding</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G ( <i>ferric subsulfate</i> )	Tier 3	
AVITENE FLOUR TOPICAL POWDER ( <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
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	
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	
<b>Hemostatic Topical Combinations - Drugs to Prevent Bleeding</b>		
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " ( <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
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) ( <b>thrombin(human plasma derived)/fibrinogen/calcium chloride</b> )	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT ( <b>thrombin(human plasma derived)/gelatin matrix, bovine</b> )	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM ( <b>fibrinogen/thrombin (human plasma derived)</b> )	Tier 3	
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) ( <b>thrombin(human plasma derived)/fibrinogen/calcium chloride</b> )	Tier 3	
<b>Heparin Flush Formulations - Drugs to Prevent Blood Clots</b>		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML ( <b>heparin sodium,porcine/pf</b> )	Tier 1	
<b>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)</b>	Tier 1	
<b>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</b>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML ( <b>heparin sodium,porcine/pf</b> )	Tier 1	
<b>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</b>	Tier 1	
<b>heparin, porcine (pf) intravenous syringe 1 unit/ml</b>	Tier 1	
<b>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</b>	Tier 1	
<b>Heparins - Drugs to Prevent Blood Clots</b>		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML ( <b>heparin sodium,porcine/pf</b> )	Tier 1	
<b>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)</b>	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) 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	
<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	
<b>Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots</b>		
<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)
<b>Low Molecular Weight Heparins - Drugs to Prevent Blood Clots</b>		
<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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood</b>		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML ( <i>crizanlizumab-tmca</i> )	Tier 4	PA
<b>Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood</b>		
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
<b>Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	Tier 2	QL (2 EA per 1 day)
<b>Platelet Aggregation Inhibitor Combinations - Drugs for the Blood</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood</b>		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML ( <i>tirofiban hcl monohydrate</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
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	
<b>Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood</b>		
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
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG ( <i>aspirin</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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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, DELAYED RELEASE (DR/EC) 81 MG ( <i>aspirin</i> )	\$0	EHB
<b>Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood</b>		
<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 oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<b>Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood</b>		
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	Tier 3	QL (1 EA per 1 day)
<b>PNH - Complement (C3) Inhibitors - Drugs for the Blood</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML ( <i>pegcetacoplan</i> )	Tier 4	PA
<b>PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood</b>		
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
<b>Protein C Preparations - Drugs for the Blood</b>		
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	
<b>Sickle Cell Anemia Agents, Others - Drugs for the Blood</b>		
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
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)

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Sickle Hemoglobin (HbS) Polymerization Inhibitor - Drugs for the Blood</b>		
OXBRYTA ORAL TABLET 300 MG, 500 MG ( <i>voxelotor</i> )	Tier 4	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG ( <i>voxelotor</i> )	Tier 4	PA
<b>Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots</b>		
<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 150 mg, 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	ST; 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
<b>Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots</b>		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 4	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 4	
<b>Thrombopoietin Receptor Agonists - Drugs for the Blood</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood</b>		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG ( <i>luspatercept-aamt</i> )	Tier 4	PA
<b>Hepatobiliary System Treatment Agents - Drugs for the Liver</b>		
<b>Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	Tier 4	PA
<b>Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver</b>		
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 9.5 MG/ML ( <i>maralixibat chloride</i> )	Tier 4	PA
<b>Immunosuppressive Agents - Drugs for Organ Transplants</b>		
<b>Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants</b>		
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
<b>Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
<b>Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye</b>		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML ( <i>inebilizumab-cdon</i> )	Tier 4	PA
<b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants</b>		
<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	
<b>Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants</b>		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML ( <i>satralizumab-mwge</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
<b>Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants</b>		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	Tier 2	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>sirolimus</i> )	Tier 2	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<b>Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants</b>		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG ( <i>basiliximab</i> )	Tier 4	
<b>Immunosuppressive - Purine Analogs - Drugs for Organ Transplants</b>		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<b>Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants</b>		
NULOJIX INTRAVENOUS RECON SOLN 250 MG ( <i>belatacept</i> )	Tier 4	
<b>Locomotor System</b>		
<b>ALS Agents - Antisense Oligonucleotide (ASO)</b>		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) ( <i>tofersen</i> )	Tier 4	PA
<b>Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG ( <i>palovarotene</i> )	Tier 4	PA
<b>Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )	Tier 4	PA
<b>Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<b>Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>dichlorphenamide oral tablet 50 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
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	Tier 4	PA
<b>ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles</b>		
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
<b>Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles</b>		
EXSERVAN ORAL FILM 50 MG ( <i>riluzole</i> )	Tier 4	PA
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML ( <i>riluzole</i> )	Tier 4	PA
<b>Amyotrophic Lateral Sclerosis (ALS) Agents - Others - Drugs for Nerves and Muscles</b>		
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM ( <i>sodium phenylbutyrate/taurursodiol</i> )	Tier 4	PA
<b>Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles</b>		
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
<b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles</b>		
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antimyasthenic Agents Other - Drugs for Nerves and Muscles</b>		
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	Tier 4	PA
<b>Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles</b>		
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
<b>Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
XIAFLEX INJECTION RECON SOLN 0.9 MG ( <i>collagenase clostridium histolyticum</i> )	Tier 4	
<b>Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles</b>		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT ( <i>onabotulinumtoxina</i> )	Tier 4	PA
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT ( <i>abobotulinumtoxina</i> )	Tier 4	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML ( <i>rimabotulinumtoxinb</i> )	Tier 4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxina</i> )	Tier 4	PA
<b>Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<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)
<b>Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<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)
<b>Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<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)
<b>Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 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
<b>Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles</b>		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML ( <i>nusinersen sodium/pf</i> )	Tier 4	PA
<b>Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML ( <i>risdiplam</i> )	Tier 4	PA
<b>Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment</b>		
<b>Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
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)

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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)
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)
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)
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 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)

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
EASY TALK PLUS II TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLU LINK 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)
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)
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)

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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)
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)

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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)
FORTISCARE G1 TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
FORTISCARE GLUCOSE 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)
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)
GENSTRIP 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)

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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)
IGLUCOSE 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)
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)

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; 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)
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)

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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 GS250S TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS 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



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVESENSE PRESTO STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
<b>Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment</b>		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical cap</i> )	\$0	CT; EHB
<b>Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
<b>Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment</b>		
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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
<b>Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment</b>		
FC2 FEMALE CONDOM ( <i>condoms, female</i> )	\$0	CT; EHB
<b>Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment</b>		
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 26 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
ASSURE HAEMOLANCE PLUS 1.2 MM ( <i>blade lancet, safety</i> )	Tier 2	DD
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 MICROTAINER LANCET 21 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
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
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
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 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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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 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 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
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
PIP LANCET 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
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
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
SOFT TOUCH LANCETS ( <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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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-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 25 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
TELCARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
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
<b>Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment</b>		
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" ( <i>pen needle, diabetic</i> )	Tier 2	DD
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
OMNIPOD DASH PDM KIT (GEN 4) ( <i>insulin pump controller</i> )	Tier 2	DD; QL (1 EA per 365 days)
<b>Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIMSCO LATEX CONDOM DEVICE ( <i>condoms, latex, lubricated</i> )	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL ( <i>condoms, non-latex, lubricated</i> )	\$0	CT; EHB
FANTASY CONDOM DEVICE ( <i>condoms, latex, lubricated</i> )	\$0	CT; EHB
KIMONO CONDOMS(NON-LUBRICATED) DEVICE ( <i>condoms, latex, non-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
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
<b>Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment</b>		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT ( <i>ocular implant with insertion tool for ranibizumab</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
<b>Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment</b>		
ACE AEROSOL CLOUD ENHANCER 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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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,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	
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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	
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	
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	
<b>Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment</b>		
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,automated dosing,bt with controller</i> )	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge, subcut automated dosing, bluetooth</i> )	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,continuous subcut infusion,radio freq</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
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
<b>Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment</b>		
MINIMED 630G INSULIN PUMP ( <i>subcutaneous insulin pump</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
MINIMED 780G INSULIN PUMP ( <i>subcutaneous insulin pump</i> )	Tier 3	PA; DD
<b>Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment</b>		
DIASTIX STRIP ( <i>urine glucose test strip</i> )	Tier 3	DD
NO-STICK GLUCOSE STRIP ( <i>urine glucose test strip</i> )	Tier 3	DD
<b>Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment</b>		
KETO-DIASTIX STRIP ( <i>urine glucose-acet test strip</i> )	Tier 3	DD
<b>Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment</b>		
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
<b>Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment</b>		
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	
<b>Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment</b>		
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	
<b>Medical Supply, FDB Superset</b>		
<b>Medical Supply, FDB Superset</b>		
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
ADVIN COVID-19 AG HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	\$0	
ADVOCATE LANCET 26 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 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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
ALTERNATE SITE LANCET 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
ASSURE 4 STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS 1.2 MM ( <i>blade lancet, safety</i> )	Tier 2	DD
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 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
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)
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <b><i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM ( <b><i>blade lancet, safety</i></b> )	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" ( <b><i>pen needle, diabetic</i></b> )	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" ( <b><i>pen needle, diabetic</i></b> )	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" ( <b><i>pen needle, diabetic</i></b> )	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" ( <b><i>pen needle, diabetic</i></b> )	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" ( <b><i>pen needle, diabetic</i></b> )	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" ( <b><i>pen needle, diabetic</i></b> )	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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 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)
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	
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
CARESENS 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
CARESENS N TEST STRIPS 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	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
CARETOUCH TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM ( <i>diaphragms, contoured</i> )	\$0	CT; EHB
CELLTRION DIATRUST COV-19 HOME KIT ( <i>covid-19 antigen immunoassay test</i> )	\$0	
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	
CHOICEDM CLARUS STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
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 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
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)
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)
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)
DROPLET LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
DUREX AVANTI BARE REAL FEEL ( <i>condoms, non-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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 MEDIUM DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASIVENT MASK SMALL DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASY COMFORT LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
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 BLU LINK TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
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 TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
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)
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
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)
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
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	
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)
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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
FORTISCARE G1 TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
FORTISCARE GLUCOSE 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 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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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 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 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
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENSTRIP 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)
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
GUARDIAN CONNECT 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 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
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	
IGLUCOSE TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	\$0	
INCONTROL SUPER THIN LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
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
INTELISWAB COVID-19 HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	\$0	
INVACARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
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 CONDOMS(NON-LUBRICATED) DEVICE ( <i>condoms, latex, non-lubricated</i> )	\$0	CT; EHB
KIMONO LUBRICATED CONDOMS 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
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
LABSTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Tier 3	
<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
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	
LUCIRA CHECK-IT COVID HOME TST KIT ( <i>covid-19 molecular nucleic acid test assay</i> )	\$0	
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT XTRA BLOOD GLUCOSE STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
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
MONOLET LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
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)
NEUTEK 2TEK TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
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	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 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
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,automated dosing,bt with controller</i> )	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge, subcut automated dosing, bluetooth</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 3	ST; 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 3	ST; 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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTUMRX STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
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)
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
POCKET CHAMBER SPACER ( <i>inhaler, assist devices</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)
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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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)
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 GS250S TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS 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)
RITEFLO AEROCHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
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
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)
SMARTTEST LANCET ( <i>lancets</i> )	Tier 2	DD
SMARTTEST 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
SOFT TOUCH LANCETS ( <i>lancets</i> )	Tier 2	DD
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	
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
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT ( <i>ocular implant with insertion tool for ranibizumab</i> )	Tier 4	
TD GOLD TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
TECHLITE LANCETS 25 GAUGE, 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
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
TWIST LANCETS 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET BASIC 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
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
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
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	
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
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
VIVAGUARD INO TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
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	
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)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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
<b>Metabolic Disease Enzyme Replacement Agents</b>		
<b>Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis</b>		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG ( <i>velmanase alfa-tycv</i> )	Tier 4	PA
<b>Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease</b>		
<b>Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease</b>		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG ( <i>olipudase alfa-rpcp</i> )	Tier 4	PA
<b>Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease</b>		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML ( <i>sebelipase alfa</i> )	Tier 4	PA
<b>Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease</b>		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG ( <i>fosdenopterin hydrobromide</i> )	Tier 4	PA
<b>Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML ( <i>laronidase</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
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML ( <i>idursulfase</i> )	Tier 4	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML ( <i>vestronidase alfa-vjbk</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
<b>Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease</b>		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) ( <i>elapegademase-lvlr</i> )	Tier 4	PA
<b>Metabolic Modifiers</b>		
<b>Metabolic Modifier - Pompe Disease - GCS inhibitor</b>		
OPFOLDA ORAL CAPSULE 65 MG ( <i>miglustat</i> )	Tier 4	PA
<b>Metabolic Modifiers - Drugs that Alter Metabolism</b>		
<b>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism</b>		
<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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism</b>		
<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	
<b>Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism</b>		
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
<b>Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM ( <i>uridine triacetate</i> )	Tier 4	PA
<b>Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism</b>		
<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
<b>Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism</b>		
<i>betaine oral powder 1 gram/scoop</i>	Tier 4	PA
<b>Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism</b>		
JOENJA ORAL TABLET 70 MG ( <i>leniolisib phosphate</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
<b>Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism</b>		
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

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA
<b>Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism</b>		
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
<b>Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	Tier 2	QL (1 EA per 1 day)
<b>Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism</b>		
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	Tier 4	PA
<b>Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism</b>		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Powder In Packet 100 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	
<b>Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	Tier 4	PA
<b>Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism</b>		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )	Tier 4	PA
<b>Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat</b>		
<b>Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
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	
<b>Dental Product - Local Anesthetics - Drugs for the Mouth and Throat</b>		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML ( <i>tetracaine hcl/oxymetazoline hcl</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
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % ( <i>lidocaine/prilocaine</i> )	Tier 3	
<b>Mouth and Throat - Antifungals - Drugs for the Mouth and Throat</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<b>Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % ( <i>sulfuric acid/sulfonated phenol</i> )	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % ( <i>sulfuric acid/sulfonated phenol</i> )	Tier 3	
<b>Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
<b>Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat</b>		
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	
<b>Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat</b>		
<i>triamcinolone acetonide</i> (Oralone Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
<b>Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat</b>		
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Mouth and Throat - Mouthwashes - Drugs for the Mouth and Throat</b>		
FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25-400-40 MG/30 ML ( <i>diphenhydramine/lidocaine/magnesium,aluminum hydroxid/simeth</i> )	Tier 3	
<b>Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat</b>		
GELX MUCOUS MEMBRANE GEL ( <i>povidone/taurine/zinc gluconate/peg-40 castor oil</i> )	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH ( <i>potassium sorbate/maltodextrin/aloe vera/mann ps</i> )	Tier 3	
<b>Mouth and Throat - Protectants - Drugs for the Mouth and Throat</b>		
GELX MUCOUS MEMBRANE GEL ( <i>povidone/taurine/zinc gluconate/peg-40 castor oil</i> )	Tier 3	
<b>Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat</b>		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
<b>Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat</b>		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<b>Multiple Sclerosis Agents - Drugs for the Nervous System</b>		
<b>Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis</b>		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML ( <i>natalizumab</i> )	Tier 4	PA
<b>Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis</b>		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML ( <i>ublituximab-xiyy</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
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
<b>Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis</b>		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML ( <i>alemtuzumab</i> )	Tier 4	PA
<b>Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis</b>		
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
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
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	Tier 4	PA
EXTAVIA 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis</b>		
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/MI, 40 Mg/MI)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG ( <i>diroximel fumarate</i> )	Tier 4	PA
<b>Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 4	PA
<b>Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis</b>		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4	PA
<b>Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis</b>		
<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
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) ( <i>ozanimod hydrochloride</i> )	Tier 4	PA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Antiparasitics</b>		
XDEMYVY OPHTHALMIC (EYE) DROPS 0.25 % ( <i>lotilaner</i> )	Tier 4	PA
<b>Ophthalmic Complement Inhibitors</b>		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1 ML ( <i>avacincaptad pegol sodium/pf</i> )	Tier 4	PA
<b>Ophthalmic Agents - Drugs for the Eye</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Artificial Tears and Lubricant Single Agents - Drugs for the Eye</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % ( <i>chondroitin sulfate a sodium/pf</i> )	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG ( <i>hydroxypropyl cellulose</i> )	Tier 3	
MIEBO OPHTHALMIC (EYE) DROPS 100 % ( <i>perfluorohexyloctane/pf</i> )	Tier 3	PA
<b>Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer</b>		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML ( <i>faricimab-svoa</i> )	Tier 4	PA
<b>Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % ( <i>echothiophate iodide</i> )	Tier 3	
<b>Miotics - Direct Acting - Drugs for Glaucoma</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<b>Mydriatic and Cycloplegic Combinations - Drugs for the Eye</b>		
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>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<b>Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye</b>		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % ( <i>oxymetazoline hcl/pf</i> )	Tier 3	PA
<b>Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma</b>		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</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
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % ( <i>brinzolamide/brimonidine tartrate</i> )	Tier 2	
<b>Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye</b>		
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 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % ( <i>riboflavin 5-phosphate sodium (b2)</i> )	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % ( <i>riboflavin 5-phosphate sodium in 20 % dextran</i> )	Tier 3	
<b>Ophthalmic - Agents for Presbyopia - Drugs for the Eye</b>		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % ( <i>pilocarpine hcl</i> )	Tier 3	PA
<b>Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories</b>		
<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	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<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	
<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	
<b>Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories</b>		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
<b>Ophthalmic - Anticholinergics - Drugs for the Eye</b>		
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Antifibrotic Agents - Drugs for the Eye</b>		
<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	
<b>Ophthalmic - Antihistamines - Drugs for Itchy Eye</b>		
<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)
<b>Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % ( <i>loteprednol etabonate</i> )	Tier 3	ST; QL (10 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 % ( <i>loteprednol etabonate/chondroitin sulfate a sodium/pf</i> )	Tier 3	
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 0.5 %</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	
<b>Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories</b>		
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	
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % ( <i>cyclosporine</i> )	Tier 3	PA
<b>Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories</b>		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % ( <i>lifitegrast</i> )	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories</b>		
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 0.09 %</i>	Tier 1	ST; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % ( <i>bromfenac sodium</i> )	Tier 3	ST; QL (5 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)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % ( <i>bromfenac sodium</i> )	Tier 3	ST; QL (3 ML per 16 days)
<b>Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma</b>		
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<b>Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma</b>		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
<b>Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma</b>		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</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>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
<b>Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma</b>		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % ( <i>brinzolamide</i> )	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
<b>Ophthalmic - Cystine Depleting Agents - Drugs for the Eye</b>		
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
<b>Ophthalmic - Decongestants - Drugs for Itchy Eye</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
<b>Ophthalmic - Diagnostic Agents - Drugs for the Eye</b>		
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	
<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	
<b>Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		
<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	
<b>Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % ( <i>cenegermin-bkbj</i> )	Tier 4	PA
<b>Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma</b>		
<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	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<b>Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye</b>		
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	
<b>Ophthalmic - Local Anesthetic Esters - Drugs for the Eye</b>		
<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	
<b>Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % ( <i>lidocaine hcl/pf</i> )	Tier 3	
<b>Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye</b>		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML ( <i>brolucizumab-dblf</i> )	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 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
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML ( <i>aflibercept</i> )	Tier 4	PA
IZERVAY 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
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
<b>Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 % ( <i>nedocromil sodium</i> )	Tier 2	ST; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % ( <i>loxamide 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)
<b>Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i>	Tier 1	
<b>Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye</b>		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG ( <i>verteporfin</i> )	Tier 4	
<b>Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma</b>		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % ( <i>netarsudil mesylate/latanoprost</i> )	Tier 3	ST; QL (2.5 ML per 25 days)
<b>Ophthalmic - Surgical Aids Other - Drugs for the Eye</b>		
GELFILM OPHTHALMIC (EYE) FILM ( <i>gelatin</i> )	Tier 3	
<b>Ophthalmic - Viscoelastic Agents - Drugs for the Eye</b>		
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories</b>		
<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 1.5-5 %</i>	Tier 1	
<b>Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories</b>		
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % ( <i>tobramycin</i> )	Tier 2	
<b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<b>Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<b>Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories</b>		
AZASITE OPHTHALMIC (EYE) DROPS 1 % ( <i>azithromycin</i> )	Tier 3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 % ( <i>azithromycin/chondroitin sulfate a sodium/pf</i> )	Tier 3	
<b>Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<b>Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % ( <i>natamycin</i> )	Tier 3	
<b>Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % ( <i>natamycin</i> )	Tier 3	
<b>Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories</b>		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
<b>Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % ( <i>ganciclovir</i> )	Tier 3	ST
<b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma</b>		
<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	
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 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
DURYSTA INTRACAMERAL IMPLANT 10 MCG ( <i>bimatoprost</i> )	Tier 4	
IYUZEH 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)
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma</b>		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % ( <i>netarsudil mesylate</i> )	Tier 3	ST; QL (2.5 ML per 30 days)
<b>Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye</b>		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML ( <i>brolucizumab-dblf</i> )	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vascular Endothelial Growth Factor(VEGF-A and PIGF)Receptor Inhibitors - Drugs for the Eye</b>		
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
<b>Organ Preservation Solutions</b>		
<b>Microplegic Solutions</b>		
<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	
<b>Organ Preservation Solutions - Drugs for the Heart</b>		
<b>Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart</b>		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L ( <i>cardioplegic and organ preservation solution no.1</i> )	Tier 3	
<b>Cardioplegic Solutions - Drugs for the Heart</b>		
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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 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	
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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 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	
<b>Otic (Ear) - Drugs for the Ear</b>		
<b>Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories</b>		
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	
<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	
<b>Otic (Ear) - Anti-infectives other - Antibiotics</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
<b>Otic (Ear) - Fluoroquinolones - Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) 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
<b>Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
<b>Otic (Ear) - Pinna Combinations - Antibiotics</b>		
CORTANE-B TOPICAL LOTION 1-1-0.1 % ( <i>hydrocortisone/pramoxine hcl/chloroxylenol</i> )	Tier 3	
<b>Respiratory Therapy Agents - Drugs for the Lungs</b>		
<b>1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	Tier 1	
<b>1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG ( <i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i> )	Tier 1	
<b>2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
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)
<b>Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	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 MI)	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)
<b>Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies</b>		
<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	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
<b>Antihistamine - 1st Generation - Piperidines - Drugs for Allergies</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<b>Antihistamines - 1st Generation - Drugs for Allergies</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	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	
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	
<b>Antihistamines - 2nd Generation - Drugs for Allergies</b>		
<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	
<b>Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies</b>		
<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	
<b>Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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)
<b>Antitussives - Non-Opioid - Drugs for Allergies</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
<b>Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD</b>		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG ( <i>omalizumab</i> )	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML ( <i>omalizumab</i> )	Tier 4	PA
<b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD</b>		
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, 55 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</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 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>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)
<b>Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD</b>		
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
<b>Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD</b>		
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
<b>Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD</b>		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML ( <i>benralizumab</i> )	Tier 4	PA
<b>Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD</b>		
<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	
<b>Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD</b>		
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
<b>Asthma Therapy - Xanthines - Drugs for Asthma/COPD</b>		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	
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	
<b>Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</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
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD</b>		
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>revefenacin</i> )	Tier 3	ST; QL (90 ML per 30 days)
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD</b>		
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	
<b>Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION ( <i>olodaterol hcl</i> )	Tier 2	QL (4 GM per 30 days)
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD</b>		
<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)
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD</b>		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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>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	
<b>Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD</b>		
<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	
<b>Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD</b>		
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)
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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD</b>		
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, 55-14 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)
<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)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis</b>		
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)
<b>Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis</b>		
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
<b>Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML ( <i>aztreonam lysine</i> )	Tier 4	PA
<b>Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG ( <i>mannitol</i> )	Tier 4	ST; QL (20 EA per 1 day); Age (Min 18 Years)
<b>Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis</b>		
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
<b>Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor/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
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
<b>Elastase Inhibitors - Drugs for Asthma/COPD</b>		
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 RECON SOLN 1,000 MG ( <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 ( <i>alpha-1-proteinase inhibitor</i> )	Tier 4	
<b>Lung Surfactants - Drugs for the Lungs</b>		
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	
<b>Mucolytics - Drugs for the Lungs</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML ( <i>dornase 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
<b>Nasal Anesthetics - Allergy</b>		
<i>cocaine nasal solution 4 %</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % ( <i>cocaine hcl</i> )	Tier 1	
<b>Nasal Anticholinergics - Allergy</b>		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
<b>Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy</b>		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST; QL (23 GM per 30 days)
<b>Nasal Antihistamines - Allergy</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 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)
<b>Nasal Corticosteroids - Allergy</b>		
<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)
<b>Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY ( <i>varenicline tartrate</i> )	Tier 3	PA
<b>Nasal Sympathomimetic Decongestants (Intranasal) - Allergy</b>		
<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
<b>Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
<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	
<b>Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold</b>		
<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)
<b>Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold</b>		
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold</b>		
<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)
<b>Pleural Sclerosing Agents - Drugs for the Lungs</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM ( <i>talc</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>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	
<b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs</b>		
<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
<b>Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	Tier 4	PA
<b>Vaginal Products - Drugs for Women</b>		
<b>Vaginal Antibacterial - Lincosamides - Drugs for Infections</b>		
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
<b>Vaginal Antifungal - Imidazoles - Drugs for Infections</b>		
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate</i> )	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG ( <i>miconazole nitrate</i> )	Tier 1	
<b>Vaginal Antifungal - Triazoles - Drugs for Infections</b>		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
<b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections</b>		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</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
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) ( <i>metronidazole</i> )	Tier 3	
<b>Vaginal Antiseptic Mixtures - Drugs for Infections</b>		
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	
<b>Vaginal Estrogens - Drugs for Women</b>		
<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	
<b>Vaginal Progestins - Drugs for Women</b>		
CRINONE VAGINAL GEL 4 % ( <i>progesterone, micronized</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

## Index of Drugs

A		
abacavir .....	43	
abacavir-lamivudine.....	45	
ABILIFY ASIMTUFIL.....	130	
ABILIFY MAINTENA .....	130	
abiraterone.....	55, 58	
ABRYVO .....	80	
acamprosate.....	147	
acarbose.....	209	
ACCU-CHEK AVIVA PLUS		
TEST STRP .....	273, 299	
ACCU-CHEK FASTCLIX		
LANCET DRUM .....	284, 299	
ACCU-CHEK GUIDE TEST		
STRIPS .....	273, 300	
ACCU-CHEK SAFE-T-PRO		
.....	284, 300	
ACCU-CHEK SAFE-T-PRO		
PLUS .....	284, 300	
ACCU-CHEK SMARTVIEW		
TEST STRIP.....	273, 300	
ACCU-CHEK SOFTCLIX		
LANCETS .....	284, 300	
Accutane .....	167	
ACCUTREND GLUCOSE TEST		
STRIPS .....	273, 300	
ACE AEROSOL CLOUD		
ENHANCER .....	294, 300	
acebutolol.....	104	
acetaminophen-codeine.....	17, 18	
acetazolamide.....	108	
acetic acid.....	244, 351	
acetylcysteine .....	34, 361	
ACIOXIA.....	184	
ACIPHEX SPRINKLE .....	233	
acitretin .....	178	
ACTEMRA .....	28	
ACTEMRA ACTPEN .....	28	
ACTHAR .....	206	
ACTI-LANCE LANCETS....	284,	
300		
ACTIMMUNE.....	39	
ACUVAIL (PF) .....	341	
acyclovir.....	49, 179	
ADACEL(TDAP		
ADOLESN/ADULT)(PF) .....	88	
ADAKVEO.....	262	
adalimumab-adaz.....	21, 23, 239	
adapalene .....	171	
adapalene-benzoyl peroxide ..	171	
ADASUVE .....	128	
ADBRY .....	173	
ADCETRIS.....	58, 75	
ADDYI .....	140	
adefovir .....	48	
ADEINZDE .....	169	
ADEMPAS .....	112	
adenovirus vac live type-4, 7..	86,	
90		
adenovirus vaccine live type-4	86,	
90		
adenovirus vaccine live type-7	86,	
90		
ADLARITY .....	151	
ADMELOG SOLOSTAR U-100		
INSULIN.....	224	
ADMELOG U-100 INSULIN		
LISPRO .....	224	
ADUHELM .....	151	
ADULT ASPIRIN REGIMEN31,		
263		
ADULT LOW DOSE ASPIRIN		
.....	31, 263	
ADVAIR HFA.....	359	
ADVANCED ALLERGY		
COLLECT KIT .....	181	
ADVANCED GLUC METER		
TEST STRIP .....	273, 300	
ADVANCED TRAVEL		
LANCETS.....	284, 300	
ADVATE.....	254	
ADVIN COVID-19 AG HOME		
TEST .....	282, 300	
ADVOCATE LANCET. 284, 300		
ADVOCATE REDI-CODE		
PLUS.....	273, 300	
ADYNOVATE .....	254	
ADZENYS XR-ODT.....	131, 138	
ADZYNMA.....	250	
AEMCOLO .....	53	
AEROCHAMBER MINI .....	294,	
300		
AEROCHAMBER MV..	294, 300	
AEROCHAMBER PLUS		
FLOW-VU .....	294, 300	
AEROCHAMBER PLUS		
FLOW-VU,L MSK.....	294, 300	
AEROCHAMBER PLUS		
FLOW-VU,M MSK.....	294, 300	
AEROCHAMBER PLUS		
FLOW-VU,S MSK .....	294, 300	
AEROCHAMBER PLUS Z		
STAT.....	294, 301	
AEROCHAMBER PLUS Z		
STAT LG MSK.....	294, 300	
AEROCHAMBER PLUS Z		
STAT MD MSK .....	294, 300	
AEROCHAMBER PLUS Z		
STAT SM MSK .....	294, 301	
AEROCHAMBER Z-STAT		
PLUS-FLW SG .....	294, 301	
AEROTRACH PLUS.....	294, 301	
AEROVENT PLUS.....	294, 301	
Afirmelle .....	154	
AFLURIA QD 2023-24(3YR		
UP)(PF) .....	91	
AFLURIA QUAD 2023-		
2024(6MO UP) .....	92	
AFREZZA .....	222	
AFSTYLA.....	254	
AFTER PILL.....	166	
AFTERA .....	166	
AGAMATRIX AMP TEST		
STRIPS .....	273, 301	
AGAMATRIX PRESTO TEST		
STRIPS .....	273, 301	
AGGRASTAT		
CONCENTRATE .....	262	
AGGRASTAT IN SODIUM		
CHLORIDE .....	263	
AIMOVIG AUTOINJECTOR		
.....	141	

AIMSCO LATEX CONDOM ..... 293, 301	Altavera (28)..... 154	amphetamine sulfate..... 132, 139, 144
AIRDUO DIGIHALER ..... 359	ALTERNATE SITE LANCET ..... 284, 301	ampicillin.....37
AIRSUPRA..... 359	ALTOPREV ..... 100	AMVISC .....345
AJOVY AUTOINJECTOR ... 140	ALTRENO..... 171	AMVISC PLUS.....345
AJOVY SYRINGE ..... 140	ALTUVIIIO..... 255	AMVUTTRA .....207
AKEEGA ..... 54	ALUNBRIG..... 57	amyl nitrite .....34, 97
AKLIEF ..... 171	ALVESCO..... 354	ANACAINE .....191
AKTEN (PF)..... 344	alvimopan ..... 35	anagrelide .....263
AKYNZEO (NETUPITANT) 231	Alyacen 1/35 (28) ..... 154	ANA-LEX KIT.....33
Ala-Cort ..... 181	Alyacen 7/7/7 (28) ..... 163	ANALPRAM-HC.....185
Ala-Scalp..... 181	ALYMSYS ..... 55	ANASCORP.....81
albendazole ..... 37	<i>Alyq</i> ..... 112	ANASTIA .....190
albuterol sulfate..... 358	Amabelz..... 215	anastrozole.....61
Alcaine ..... 343	amantadine hcl ..... 126	ANDRODERM .....207
alclometasone..... 181	ambrisentan..... 112	ANGELIQ .....215
ALCOHOL PADS ..... 79	AMELUZ..... 188	ANNOVERA.....165
ALCOHOL PREP PADS..... 79	Amethia..... 153	ANORO ELLIPTA.....358
alcohol swabs ..... 79	Amethyst (28) ..... 154	anticoag citrate phos dextrose 251
ALCOHOL WIPES ..... 79	amiloride ..... 109	ANUCORT-HC.....33
ALDURAZYME..... 326	amiloride-hydrochlorothiazide ..... 109	ANZEMET .....231
ALECENSA..... 57	aminocaproic acid..... 258	APIDRA SOLOSTAR U-100 INSULIN.....224
alendronate ..... 214	amiodarone ..... 99	APIDRA U-100 INSULIN ....224
ALFERON N ..... 185	amitriptyline..... 124	APLIGRAF .....192
alfuzosin..... 246	amitriptyline-chlordiazepoxide ..... 123, 134	apomorphine .....126
ALINIA ..... 40	AMJEVITA(CF) ..... 21, 23, 239	apraclonidine .....347
aliskiren..... 112	AMJEVITA(CF) AUTOINJECTOR.... 21, 23, 239	aprepitant .....231
ALKINDI SPRINKLE..... 218	amlodipine ..... 106	APRETUDE .....41
allopurinol ..... 250	amlodipine-atorvastatin ..... 104	<i>Apri</i> .....154
almotriptan malate ..... 141	amlodipine-benazepril ..... 95	APTIOM.....117
ALOCRIL ..... 344	amlodipine-olmesartan ..... 96	APTIVUS .....52
alogliptin ..... 209	amlodipine-valsartan..... 96	ARAKODA .....39
alogliptin-metformin ..... 212	amlodipine-valsartan-hcthiazid 96	ARALAST NP .....361
alogliptin-pioglitazone ..... 212	ammonium lactate..... 181	Aranelle (28).....163
ALOMIDE ..... 344	Amnesteem ..... 167	ARANESP (IN POLYSORBATE).....252, 253
<i>alose tron</i> ..... 237, 241	AMONDYS-45..... 270	ARCALYST .....20
ALPHANATE..... 254	amoxapine..... 124	AREXVY (PF) .....80
ALPHANINE SD..... 253	amoxicil-clarithromy-lansopraz ..... 236	arformoterol.....357
alprazolam..... 113, 134	amoxicillin ..... 36	argatroban .....265
ALPRAZOLAM INTENSOL ..... 113, 134	amoxicillin-pot clavulanate .... 37	argatroban in 0.9 % sod chlor.265
ALPROLIX..... 253	amphetamine..... 131, 138	ARIDOL BRONCHIAL CHALLENGE.....195
ALREX ..... 339		ARIKAYCE .....36
ALTABAX ..... 174		aripiprazole.....130, 137
ALTACAINE..... 343		
ALTAFLUOR BENOX. 342, 343		

ARISTADA .....	131	ATROVENT HFA.....	357	BAFIERTAM.....	334
armodafinil.....	144	ATRYN.....	262	BALCOLTRA.....	155
ARMONAIR DIGIHALER... 354		Aubra .....	154	balsalazide .....	238
ARMOUR THYROID.....	228	Aubra Eq.....	154	BALVERSA.....	64
ARNUITY ELLIPTA .....	354	AUGTYRO.....	70	Balziva (28).....	155
arsenic trioxide.....	61	Aurovela 1.5/30 (21).....	154	BAQSIMI .....	206
ARTISS.....	189	Aurovela 1/20 (21).....	154	BARACLUDGE.....	48
ARZERRA.....	63	Aurovela 24 Fe .....	155	BASADROX.....	174
ASCENIV .....	83	Aurovela Fe 1.5/30 (28).....	155	BASAGLAR KWIKPEN U-100	
Ascomp With Codeine.....	18	Aurovela Fe 1-20 (28) .....	155	INSULIN.....	223
ASCOR .....	204	AURYXIA .....	201, 245, 246	BAVENCIO .....	74
ascorbic acid (vitamin c).....	204	AUSTEDO.....	142, 143	BAXDELA.....	47
asenapine maleate .....	126, 137	AUSTEDO 12MG START		BAYER ASPIRIN.....	32, 263
Ashlyna .....	153	TITR(WK1-4) .....	142, 143	BAYER LOW DOSE ASPIRIN	
ASMANEX HFA.....	354	AUSTEDO TD TITRATN PK		.....	32, 263
ASMANEX TWISTHALER . 354		(WK 1-2).....	142, 143	B-COMPLEX INJECTION ...	199
ASPARLAS .....	61	AUSTEDO XR.....	143	BD ALCOHOL SWABS.....	79
aspirin .....	31, 32, 263	AUVELITY .....	121	BD AUTOSHIELD DUO PEN	
ASPIRIN CHILDRENS... 31, 263		AVASTIN.....	55	NEEDLE.....	291, 301
aspirin-dipyridamole .....	262	AVEED.....	207	BD INSULIN SYRINGE (HALF	
ASPIR-TRIN.....	32, 263	AVEIDA.....	189	UNIT).....	291, 301
ASSURE 4 STRIPS .....	273, 301	Aviane.....	155	BD INSULIN SYRINGE U-500	
ASSURE HAEMOLANCE		AVITA.....	171	.....	291, 302
PLUS .....	284, 301	AVITENE.....	259	BD INSULIN SYRINGE	
ASSURE LANCE.....	284, 301	AVITENE FLOUR.....	258	ULTRA-FINE .....	292, 302
ASSURE LANCE PLUS.....	284, 301	AVONEX .....	333	BD MICROTAINER LANCET	
ASSURE PLATINUM TEST		AVSOLA.....	21, 23, 239	.....	284, 285, 302
STRIP.....	273, 301	Ayuna.....	155	BD NANO 2ND GEN PEN	
ASSURE PRISM MULTI STRIP		AYVAKIT .....	70	NEEDLE.....	292, 302
.....	273, 301	azacitidine .....	60	BD POSIFLUSH NORMAL	
ASTAGRAF XL .....	266	AZASITE.....	347	SALINE 0.9 .....	204
ASTRINGYN .....	258	azathioprine.....	27, 268	BD ULTRA-FINE MICRO PEN	
atazanavir .....	52	azelaic acid.....	168, 189	NEEDLE.....	292, 302
atenolol.....	104	azelastine.....	339, 362	BD ULTRA-FINE MINI PEN	
atenolol-chlorthalidone .....	107	azelastine-fluticasone.....	362	NEEDLE .....	292, 302
ATGAM.....	86	AZELEX .....	168, 189	BD ULTRA-FINE NANO PEN	
atomoxetine.....	134	azithromycin .....	50	NEEDLE.....	292, 302
ATORVALIQ .....	100	AZOPT .....	342	BD ULTRA-FINE ORIG PEN	
atorvastatin.....	100	AZSTARYS.....	132	NEEDLE.....	292, 302
atovaquone .....	40	Azurette (28).....	153	BD ULTRA-FINE SHORT PEN	
atovaquone-proguanil .....	39	B		NEEDLE.....	292, 302
ATRAPRO CP .....	181	B COMPLEX 100 .....	199	BD VEO INSULIN SYR (HALF	
ATROPEN .....	110	bacitracin.....	346	UNIT).....	292, 302
atropine .....	338	bacitracin-polymyxin b.....	346	BD VEO INSULIN SYRINGE	
atropine sulfate (pf).....	338	baclofen.....	272	UF .....	292, 302, 303



BD VERITOR AT-HOME	BIMZELX.....	172	BREATHERITE VALVED MDI
COVID19 TST .....	BIMZELX AUTOINJECTOR		CHAMBER.....
282, 303	.....	172	295, 303
BELEODAQ.....	BINAXNOW COVD AG CARD		BREATHERITE VALVED MDI
65	HOME TST.....	282, 303	SPACER .....
belladonna alkaloids-opium ..	BINAXNOW COVID-19 AG		295, 303
235,	SELF TEST.....	282, 303	BREEZE 2 TEST STRIPS ....
236	BIOGLO .....	342	274,
BELRAPZO.....	BIOLON .....	345	303
57	BIONIME RIGHTEST TEST		BRENZAVVY .....
BELSOMRA.....	STRIPS.....	274, 303	211
146	bismuth subcit k-metronidz-ten		BREO ELLIPTA .....
benazepril.....	.....	236	359
95	bisoprolol fumarate.....	104	BREXAFEMME .....
benazepril-hydrochlorothiazide	bisoprolol-hydrochlorothiazide		38
95	.....	107	Breyna .....
bendamustine .....	bivalirudin.....	265	359
57	BIVIGAM.....	83	BREZTRI AEROSPHERE.....
BENDEKA .....	bleomycin .....	74	360
57	BLINCYTO .....	76, 77	Briellyn.....
BENEFIX.....	Blisovi 24 Fe.....	155	155
253	Blisovi Fe 1.5/30 (28).....	155	BRILINTA .....
BENLYSTA.....	Blisovi Fe 1/20 (28).....	155	262
29	BLOOD GLUCOSE TEST ..	274,	brimonidine .....
benzhydrocodone-acetaminophen	303		189, 347
.....	BOOSTRIX TDAP.....	88	brimonidine-dorzolamide (pf)
18	bortezomib .....	69	336
benznidazole .....	bosentan .....	112	brimonidine-timolol.....
40	BOSULIF.....	70	341
benzonatate .....	BOTOX.....	271	BRINEURA .....
354	BP 10-1 .....	168	325, 326
benzoyl peroxide.....	<i>BPO</i> .....	170	BRIUMVI.....
170	BRAFTOVI .....	62	332
benzphetamine .....	BREATHERITE MDI SPACER		BRIVIACT .....
198	.....	294, 303	119
benztropine.....	BREATHERITE SPACER-		<i>BRIXADI</i> .....
125	MASK, NEO.....	294, 303	146, 147
<i>BEOVU</i> .....	BREATHERITE SPACER-		Bromfed Dm.....
344, 348	MASK,ADULT.....	294, 303	363
bepotastine besilate .....	BREATHERITE SPACER-		bromfenac .....
339	MASK,CHILD .....	294, 303	341
BERINERT .....	BREATHERITE SPACER-		bromocriptine .....
252	MASK,INFANT.....	295, 303	125
BESIVANCE .....	BREATHERITE SPACER-		brompheniramine-pseudoeph-dm
346	MASK,S.CHLD .....	295, 303	.....
BESPONSA.....			363
58, 75			BROMSITE.....
BESREMI .....			341
65			BRONCHITOL .....
betaine .....			360
328			BRUKINSA.....
BETALOAN SUIK.....			62, 70
218			budesonide.....
betamethasone dipropionate... 181			238, 354
betamethasone valerate .....			budesonide-formoterol .....
181			359
betamethasone, augmented ... 181,			BULLSEYE MINI SAFETY
182			LANCETS.....
BETASERON .....			285, 303
333			bumetanide .....
<i>betaxolol</i> .....			108
104, 343			buprenorphine.....
bethanechol chloride .....			19
249			buprenorphine hcl.....
BETIMOL.....			19, 147
343			buprenorphine-naloxone.....
BETOPTIC S .....			147
343			bupropion hcl.....
bevacizumab .....			123, 124
344, 348			bupropion hcl (smoking deter
BEVESPI AEROSPHERE.....			).....
358			147
bexarotene .....			buspirone .....
72, 177			114
BEXSERO .....			busulfan .....
90			56
BEYAZ .....			Butalbital Compound W/Codeine
155			.....
bicalutamide .....			18
58			butalbital-acetaminop-caf-cod..
BIJUVA .....			18
215			butalbital-acetaminophen .....
BIKTARVY.....			20
44			butalbital-acetaminophen-caff..
bimatoprost .....			20
347			

butalbital-aspirin-caffeine ..... 31  
 butorphanol ..... 19  
**BUTTERFLY TOUCH**  
   LANCET ..... 285, 303  
 BYDUREON BCISE ..... 209  
 BYETTA ..... 209  
 BYLVAY ..... 266  
 BYOOVIZ ..... 344, 348  
**C**  
 CABENUVA ..... 42  
 cabergoline ..... 227  
 CABLIVI ..... 250  
 CABOMETYX ..... 68  
 cabotegravir ..... 41  
 CABTREO ..... 170  
 CADIRA COMPLIANT BLOOD  
   STAT ..... 299  
 caffeine citrate ..... 139  
 calcipotriene ..... 178  
 calcipotriene-betamethasone.. 172  
 calcitonin (salmon) ..... 215  
*calcitriol* ..... 178, 204, 205, 327  
 calcium acetate(phosphat bind)  
   ..... 245  
**CALQUENCE**  
   (ACALABRUTINIB MAL).. 62,  
   70  
 Camila ..... 162  
 CAMPTOSAR ..... 73  
 CAMRESE ..... 153  
 CAMRESE LO ..... 153  
 CAMZYOS ..... 107  
 candesartan ..... 97  
 candesartan-hydrochlorothiazid  
   ..... 96  
 cantharidin in acetone ..... 186  
 capecitabine ..... 60  
 CAPEX ..... 182  
 CAPLYTA ..... 128  
 CAPRELSA ..... 70  
 captopril ..... 95  
 captopril-hydrochlorothiazide.. 95  
 CARBAGLU ..... 329  
 carbamazepine ..... 117, 136  
**CARBATROL** ..... 117, 136

carbidopa ..... 125  
 carbidopa-levodopa ..... 124, 125  
 carbidopa-levodopa-entacapone  
   ..... 124  
 carbinoxamine maleate .. 352, 353  
 carboplatin ..... 69  
**CARDIOPLEGIA DEL NIDO**  
   FORMULA ..... 349  
**CARDIOPLEGIA HIGH**  
   POTASSIUM ..... 349  
**CARDIOPLEGIA IND 4:1**  
   PLASMALYT ..... 349  
     1 RINGER ..... 349  
**CARDIOPLEGIA IND 8:1**  
   NON-ENRCH ..... 350  
**CARDIOPLEGIA INDUCTION**  
   4:1 ..... 350  
**CARDIOPLEGIA INDUCTION**  
   8:1 ..... 350  
**CARDIOPLEGIA MAIN 8:1**  
   NO-ENRCH ..... 350  
**CARDIOPLEGIA MAINT 4:1**  
   PLASMA ..... 350  
     1 RINGER ..... 350  
**CARDIOPLEGIA**  
   MAINTENANCE 4:1 ..... 350  
**CARDIOPLEGIA**  
   MAINTENANCE 8:1 ..... 350  
**CARDIOPLEGIA**  
   REPERFUSATE 4:1 .... 350, 351  
**CARDIOPLEGIA WARM**  
   INDUCT 4:1 ..... 351  
 cardioplegic no.17(induct 4:1)  
   ..... 351  
 cardioplegic no.19 (maint 4:1)  
   ..... 351  
 cardioplegic soln ..... 351  
 cardioplegic solution no.25.... 351  
**CARDURA XL** ..... 110  
**CAREONE ULTRA THIN**  
   LANCET ..... 285, 303  
**CARESENS LANCETS**  
   ..... 285, 303  
**CARESENS N TEST STRIPS**  
   ..... 274, 304

**CARESTART COVID-19 AG**  
   HOME TST ..... 282, 304  
**CARETOUCH ALCOHOL**  
   PREP PAD ..... 79  
**CARETOUCH SAFETY**  
   LANCETS ..... 285, 304  
**CARETOUCH TEST STRIP**  
   ..... 274, 304  
**CARETOUCH TWIST LANCET**  
   ..... 285, 304  
 carglumic acid ..... 329  
 carisoprodol ..... 272  
 carisoprodol-aspirin ..... 271  
 carisoprodol-aspirin-codeine .. 272  
 carmustine ..... 57  
 carteolol ..... 343  
 Cartia Xt ..... 105  
 carvedilol ..... 96  
 carvedilol phosphate ..... 96  
**CAVERJECT** ..... 196  
**CAVERJECT IMPULSE** ..... 196  
**CAYA CONTOURED** ... 283, 304  
**CAYSTON** ..... 360  
 Caziant (28) ..... 163  
 cefaclor ..... 46  
 cefadroxil ..... 46  
 cefdinir ..... 47  
 cefixime ..... 47  
 cefpodoxime ..... 47  
 cefprozil ..... 46  
 cefuroxime axetil ..... 46  
 celecoxib ..... 29  
**CELLTRION DIATRUST COV-**  
   19 HOME ..... 282, 304  
**CEM-UREA** ..... 186  
**CENTANY AT** ..... 174  
 cephalixin ..... 46  
**CEPROTIN (BLUE BAR)** .... 264  
**CEPROTIN (GREEN BAR)** .. 264  
**CEQUA** ..... 340  
**CERDELGA** ..... 328  
**CEREZYME** ..... 326  
**CERVIDIL** ..... 205  
**CETACAINE** ..... 187  
**CETACAINE ANESTHETIC** 187

cetirizine.....	353	<i>CIMERLI</i> .....	344, 348	CLEVER CHOICE MICRO	
cetorelix .....	226	cimetidine .....	233	TEST STRIP .....	274, 304
cevimeline .....	332	<i>CIMZIA</i> .....	21, 23, 240	CLEVER CHOICE PRO	274, 304
CHANTIX.....	150	CIMZIA POWDER FOR		CLEVER CHOICE TALK TEST	
CHANTIX CONTINUING		RECONST.....	21, 23, 239	274, 305	
MONTH BOX .....	149	CIMZIA STARTER KIT..	21, 23,	CLEVER CHOICE TEST	
CHANTIX STARTING MONTH		239		STRIPS .....	274, 305
BOX .....	150	cinacalcet .....	214	CLEVER CHOICE VOICE	
Charlotte 24 Fe.....	155	CINQAIR.....	355	PLUS TEST .....	274, 305
Chateal (28).....	155	CINRYZE .....	252	CLIMARA PRO.....	215
Chateal Eq (28) .....	156	CIPRO .....	47	clindamycin hcl .....	50
CHEK-STIX CONTROL.....	194,	CIPRO HC .....	351	clindamycin palmitate hcl .....	50
299, 304		ciprofloxacin .....	47	Clindamycin Pediatric .....	50
CHEMET .....	35	ciprofloxacin hcl .....	47, 346, 351	clindamycin phosphate ...	168, 364
CHEMSTRIP 10 MD.....	194, 304	ciprofloxacin-dexamethasone	351	clindamycin-benzoyl peroxide	
CHEMSTRIP 10/SG .....	194, 304	351		169	
CHEMSTRIP 2 GP .....	194, 304	ciprofloxacin-fluocinolone ...	351	CLINDESSE .....	364
CHEMSTRIP 50B .....	194, 304	69		CLINITEST COVID-19 HOME	
CHEMSTRIP 7 .....	194, 304	cisplatin.....	69	TEST .....	282, 305
CHEMSTRIP 9 .....	194, 304	citalopram .....	121, 122	CLINPRO 5000.....	330
CHENODAL.....	233	CITRANATAL (DUAL-IRON)		<i>clobazam</i> .....	114, 135
CHILDREN'S ASPIRIN ..	32, 263	202		clobetasol.....	182
chlordiazepoxide hcl .....	113, 134	CITRANATAL 90 DHA		clobetasol-emollient .....	182
chlordiazepoxide-clidinium ..	134,	(ALGAL OIL).....	202	clocortolone pivalate .....	182
235, 236		CITRANATAL ASSURE .....	202	CLODAN KIT.....	185
chlorhexidine gluconate .....	331	CITRANATAL DHA (ALGAL		clofarabine .....	59
chloroquine phosphate .....	39	OIL) 202		Clomid.....	217
chlorpromazine .....	129	CITRANATAL HARMONY		clomiphene citrate .....	217
chlorthalidone .....	109	(IRON FUM).....	202	clomipramine.....	124
chlorzoxazone .....	272	citric-sod citrat-sod phos-dex	251	<i>clonazepam</i> .....	113, 114, 115, 135
CHOICEDM CLARUS .	274, 304	59		clonidine .....	107
CHOLBAM.....	231	Claravis.....	168	clonidine hcl .....	107, 131
cholestyramine (with sugar).....	99	CLARINEX-D 12 HOUR .....	352	clopidogrel.....	264
Cholestyramine Light.....	99	clarithromycin.....	50	clorazepate dipotassium .	113, 135
cholestyramine-aspartame.....	99	CLEANSING WASH....	168, 189	clotrimazole .....	176, 331
choline,magnesium salicylate ..	31	CLEARSHIELD SODIUM		clotrimazole-betamethasone ...	176
chorionic gonadotropin, human		CHLOR FLUSH.....	204	clozapine.....	128
.....	221	clemastine .....	352, 353	COAGADEX.....	256
CIBINQO .....	173	CLENPIQ .....	243	COAGUCHEK LANCETS ...	285,
CICLODAN KIT .....	175	CLEOCIN.....	364	305	
ciclopirox .....	175, 176	CLEVER CHEK LANCETS	285,	COARTEM .....	39
ciclopirox-ure-camph-menth-euc		304		cocaine.....	362
.....	176	CLEVER CHOICE CHAMBER-		codeine sulfate .....	14
cilostazol .....	263	LRG MASK .....	295, 304	codeine-butalbital-asa-caff .....	18
CILOXAN.....	346	CLEVER CHOICE CHAMBER-		colchicine.....	249
CIMDUO .....	42	MED MASK .....	295, 304	colesevelam .....	99
		CLEVER CHOICE CHAMBER-			
		SM MASK .....	295, 304		

COLESTID FLAVORED..... 99	CORDRAN..... 182	CYCLOMYDRIL.....336
colestipol..... 99	CORDRAN TAPE LARGE	cyclopentolate.....338
COLOR LANCETS ..... 285, 305	ROLL ..... 182	cyclopen-tropic-phenyleph-watr
COLUMVI..... 54	CORDX COVID-19 AG HOME	336
COMBIPATCH ..... 215	TEST ..... 282, 306	cyclopet-tropic-phen-ketr-wat
COMBISTIX REAGENT ..... 194,	CORIFACT ..... 257	336
305	CORLANOR ..... 109	cyclophosphamide .....27, 56
COMBIVENT RESPIMAT... 358	CORTANE-B ..... 352	cyclop-trop-propa-phen-ket-wat
COMETRIQ..... 68	CORTIFOAM..... 238	336
COMFORT EZ LANCETS .. 285,	cortisone..... 218	cycloserine.....45
305	CORTISPORIN-TC..... 351	CYCLOSET .....209
COMFORT TOUCH PLUS	CORTROPHIN GEL ..... 206	cyclosporine.....27, 266
SAFETY LANC ..... 285, 305	COSENTYX..... 173	CYCLOSPORINE IN KLARITY
COMFORT TOUCH ULT THIN	COSENTYX (2 SYRINGES) 173	340
LANCETS ..... 285, 305	COSENTYX PEN ..... 173	cyclosporine modified .....27, 266
COMFORTSEAL LARGE	COSENTYX PEN (2 PENS). 173	CYLTEZO(CF) .....21, 23, 240
MASK ..... 295, 305	COSENTYX UNOREADY PEN	CYLTEZO(CF) PEN..21, 23, 240
COMFORTSEAL MEDIUM	..... 173	CYLTEZO(CF) PEN CROHN'S-
MASK ..... 295, 305	COTELLIC..... 67	UC-HS.....21, 23, 240
COMFORTSEAL SMALL	COTEMPLA XR-ODT..... 132	CYLTEZO(CF) PEN
MASK ..... 295, 305	COVARYX ..... 215	PSORIASIS-UV .....21, 23, 240
COMIRNATY 2023-24 (12Y	COVARYX H.S. .... 215	cyproheptadine .....353
UP)(PF) ..... 90, 91	COVID-19 AT-HOME TEST	CYRAMZA ..... 73
COMPACT SPACE CHAMBER	..... 282, 306	Cyred 156
295, 305	CREON..... 232	Cyred Eq.....156
COMPACT SPACE	CRESEMBA..... 38	CYSTADROPS .....342
CHAMBER-LRG MASK ... 295,	CRINONE ..... 217, 365	CYSTAGON .....244
305	<i>cromolyn</i> ..... 67, 344, 356	CYSTARAN .....342
COMPACT SPACE	CRYODOSE TA MEDIUM	CYSTO-CONRAY II.....193
CHAMBER-MED MASK .. 295,	STREAM SPR ..... 187	CYSTOGRAFIN .....194
305	CRYODOSE TA MIST SPRAY	CYSTOGRAFIN-DILUTE ....194
COMPACT SPACE	..... 187	cytarabine .....60
CHAMBER-SM MASK..... 295,	Cryselle (28) ..... 156	cytarabine (pf) .....60
305	CRYSVITA ..... 217	CYTOGAM.....83
COMPLERA..... 45	CUPRIMINE ..... 28, 35	D
Compro ..... 230	CURAE..... 166	dabigatran etexilate.....265
CONDYLOX ..... 186	CURITY ALCOHOL SWABS 79	dactinomycin ..... 73
CONJUPRI ..... 106	CUROSURF ..... 361	dalfampridine.....334
Constulose..... 241	CUSTODIOL HTK ..... 349	danazol.....220
CONTOUR NEXT TEST	CUTAQUIG ..... 83	dantrolene .....272
STRIPS ..... 274, 305	CUVITRU..... 83	<i>dapsone</i> .....39, 168
CONTOUR TEST STRIPS... 274,	CUVRIOR ..... 35	darifenacin .....248
305	cyanocobalamin (vitamin b-12)	DARIO BLOOD GLUCOSE
CONTRAVE..... 199	..... 204	TEST STRIP .....274, 306
COPIKTRA..... 68, 69	cyclobenzaprine ..... 272	DARTISLA .....235

darunavir .....	52	desvenlafaxine succinate .....	122	Digitek .....	107
DARZALEX .....	63	dexamethasone .....	218	Digox .....	108
DARZALEX FASPRO .....	63	DEXAMETHASONE		digoxin .....	108
Dasetta 1/35 (28) .....	156	INTENSOL .....	218	dihydroergotamine .....	141
Dasetta 7/7/7 (28) .....	163	dexamethasone sodium		DILANTIN .....	117
daunorubicin .....	74	phosphate .....	339	Dilantin Extended .....	116
DAURISMO .....	65	DEXCOM G6 RECEIVER ..	285,	Dilantin Infatabs .....	117
DAYBUE .....	151	306		DILANTIN-125 .....	117
Daysee .....	153	DEXCOM G6 SENSOR		DILAUDID (PF) .....	14
DAYVIGO .....	146	.....	285, 306	diltiazem hcl .....	105
DAZAVEIDAOXIA .....	189	DEXCOM G6 TRANSMITTER		DILT-XR .....	105
DAZOMON .....	189	.....	285, 306	DILUENT FOR ROTARIX ..	200
DEBACTEROL .....	331	DEXCOM G7 RECEIVER ..	286,	DILUTING MEDIUM FOR	
Deblitane .....	162	306		NOVOLOG .....	199
decitabine .....	60	DEXCOM G7 SENSOR		dimethyl fumarate .....	334
deferasirox .....	35	.....	286, 306	DIOOXIA .....	178
deferiprone .....	35	dexlansoprazole .....	233	DIPENTUM .....	238
deferoxamine .....	35	dexmethylphenidate .....	132	<i>Diphen</i> .....	352, 353
DELSTRIGO .....	45	DEXONTO .....	218	diphenoxylate-atropine .....	230
demeclocycline .....	53	DEXTENZA .....	339	dipyridamole .....	264
DEMEROL (PF) .....	14	dextroamphetamine sulfate ...	132,	disopyramide phosphate .....	98
DENTA 5000 PLUS .....	330	139, 144, 145		disulfiram .....	147
DENTAGEL .....	330	dextroamphetamine-		DIURIL .....	109
DEOXIATAR .....	170	amphetamine 132, 138, 139, 145		<i>divalproex</i> .....	115, 136, 140
DEOXIAVAR .....	170	DIACOMIT .....	120	docetaxel .....	72
<i>DEPAKOTE</i> .....	115, 136	DIASAXIATAR .....	170	Dodex .....	204
<i>DEPAKOTE ER</i> ....	115, 136, 140	<i>DIASTIX</i> .....	299, 306	dofetilide .....	99
DEPAKOTE SPRINKLES ...	115,	DIATRUE PLUS TEST STRIP		DOJOLVI .....	202
136		.....	274, 306	Dolishale .....	156
DEPO-ESTRADIOL .....	216	<i>diazepam</i> .....	113, 114, 115, 135	donepezil .....	151
DEPO-PROVERA .....	152	Diazepam Intensol .....	113, 135	DOPTELET (10 TAB PACK)	
DEPO-SUBQ PROVERA ...	104,	diazoxide .....	206	.....	265
152		dichlorphenamide .....	108, 268	DOPTELET (15 TAB PACK)	
Dermacinrx Lidocan .....	190	diclofenac epolamine .....	188	.....	265
DERMACINRX LIDOGEL ..	190	diclofenac potassium .....	30	DOPTELET (30 TAB PACK)	
DERMACINRX LIDOREX ..	190	<i>diclofenac sodium</i> ...	30, 177, 188,	.....	265
DERMAZENE .....	176	341		dorzolamide .....	342
DESCOVY .....	43	diclofenac-misoprostol .....	29	dorzolamide (pf) .....	342
desflurane .....	32	dicloxacin .....	52	dorzolamide-timolol .....	342
desipramine .....	124	dicyclomine .....	235	dorzolamide-timolol (pf) .....	341
desloratadine .....	353, 354	didanosine .....	43	Dotti .....	216
desmopressin .....	208	diethylpropion .....	198	DOVATO .....	42
desog-e.estradiol/e.estradiol ...	153	DIFFERIN .....	171	doxazosin .....	110
desonide .....	182	DIFICID .....	50	<i>doxepin</i> .....	124, 146
desoximetasone .....	182	diflunisal .....	32	doxercalciferol .....	327
desvenlafaxine .....	122	difluprednate .....	339	doxorubicin .....	74

doxorubicin, peg-liposomal .....	74	EASY COMFORT ALCOHOL PAD .....	79	efavirenz .....	42
doxycycline hyclate .....	53, 332	EASY COMFORT LANCETS .....	286, 307	efavirenz-emtricitabin-tenofovir .....	45
doxycycline monohydrate .....	53	EASY PLUS II TEST....	274, 307	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	45
doxylamine-pyridoxine (vit b6) .....	230	<i>EASY STEP</i> .....	274, 307	EFFER-K.....	201
D-PENAMINE.....	28, 35	EASY TALK GLUCOSE TEST .....	274, 307	EGATEN .....	37
DRITHOCREME HP.....	178	EASY TALK PLUS II TEST STRIP .....	275, 307	EGRIFTA SV .....	220
<i>dronabinol</i> .....	138, 199, 230	EASY TOUCH ALCOHOL PREP PADS .....	79	<i>ELAHERE</i> .....	54, 58
DROPLET LANCETS...	286, 306	EASY TOUCH BLU LINK TEST STRIP .....	275, 307	ELAPRASE.....	327
DROPSAFE ALCOHOL PREP PADS.....	79	EASY TOUCH LANCETS ..	286, 307	ELELYSO .....	326
drospirenone-e.estradiol-lm.f.a	156	EASY TOUCH SAFETY LANCETS.....	286, 307	ELEMENT COMPACT TEST STRIPS .....	275, 308
drospirenone-ethinyl estradiol	156	EASY TOUCH TEST STRIP .....	275, 307	ELEMENT TEST STRIPS....	275, 308
DROXIA .....	264	EASY TOUCH TWIST LANCETS.....	286, 307	ELESTRIN .....	216
droxidopa .....	107	EASY TRAK GLUCOSE TEST .....	275, 307	eletriptan .....	141
DRYSOL.....	177	EASY TRAK II TEST STRIP .....	275, 307	ELFABRIO .....	326
DRYSOL DAB-O-MATIC....	177	EASY TWIST AND CAP LANCETS.....	286, 307	ELIGARD .....	66
DUAKLIR PRESSAIR .....	358	EASYGLUCO TEST ...	275, 307	ELIGARD (3 MONTH) .....	66
DUAVEE .....	215	<i>EASYMAX</i> .....	275, 307	ELIGARD (4 MONTH) .....	66
DULERA .....	359	EASYMAX 15 TEST STRIPS .....	275, 307	ELIGARD (6 MONTH) .....	66
duloxetine.....	122, 140	EC-NAPROXEN .....	30	Elinest.....	156
DUOBRII.....	171	econazole .....	176	ELIQUIS .....	252
DUODOTE .....	34	ECONTRA EZ.....	166	ELIQUIS DVT-PE TREAT 30D START.....	252
DUOPA.....	125	ECONTRA ONE-STEP	166, 167	Elixophyllin.....	356
DUPIXENT PEN.....	174, 355	<i>ECOTRIN</i> .....	32, 263	<i>ELLA</i> .....	166
DUPIXENT SYRINGE .	174, 355	ECOZA.....	176	ELLUME COVID-19 HOME TEST .....	282, 308
DUREX AVANTI BARE REAL FEEL .....	293, 306	EDARBI .....	97	ELMIRON.....	245
DUROLANE.....	270	EDARBYCLOR .....	96	ELOCTATE .....	255
DURYSTA.....	348	<i>EDEX</i> .....	196	ELREXFIO.....	76
dutasteride .....	246	<i>ED-SPAZ</i> .....	234, 248	Eluryng .....	165
dutasteride-tamsulosin .....	244	EDURANT .....	42	ELYXYB.....	141
DUZALLO.....	250	<i>EEMT</i> .....	215	EMBRACE BLOOD GLUCOSE SYSTEM.....	275, 308
DYANAVEL XR.....	132, 139	EEMT HS .....	215	EMBRACE EVO TEST STRIPS .....	275, 308
DYSPORT .....	271			EMBRACE LANCETS..	286, 308
E				EMBRACE PRO TEST STRIPS .....	275, 308
E.E.S. 400 .....	50			EMBRACE SAFETY LANCET .....	286, 308
EASIVENT HOLDING CHAMBER .....	295, 306			EMBRACE TALK TEST STRIPS .....	275, 308
EASIVENT MASK LARGE .....	295, 306				
EASIVENT MASK MEDIUM .....	295, 307				
EASIVENT MASK SMALL .....	296, 307				

EMCYT.....	64	epinephrine .....	107, 354	ethyl chloride.....	188
EMEND .....	231	epinephrine hcl.....	362	ethynodiol diac-eth estradiol ..	156
EMFLAZA.....	218	epirubicin .....	74	etodolac .....	31
EMGALITY PEN .....	140	<i>Epitol</i> .....	117, 136	etonogestrel-ethinyl estradiol .	166
EMGALITY SYRINGE	113, 140	EPKINLY .....	54	etoposide.....	64
<i>EMPAVELI</i> .....	250, 264	eplerenone.....	96, 108	etravirine.....	42
EMPLICITI.....	61	EPOGEN.....	253	EUCRISA .....	174
EMSAM.....	121	epoprostenol.....	111	EUFLEXXA .....	270
emtricitabine .....	43	EPRONTIA.....	118	EUTHYROX .....	229
emtricitabine-tenofovir (tdf) ....	43	eprosartan.....	97	EVAMIST .....	217
EMTRIVA .....	43	eptifibatide .....	263	EVARREST .....	259
EMVERM.....	37	<i>EQUETRO</i> .....	117, 136	EVENCARE G2.....	275, 308
enalapril maleate .....	95	ERBITUX .....	77	EVENCARE G3 TEST ..	275, 308
enalapril-hydrochlorothiazide ..	95	ergocalciferol (vitamin d2) ....	205	EVENCARE MINI GLUCOSE	
<i>ENBREL</i> .....	20, 24	ergoloid.....	152	TEST STR.....	275, 308
ENBREL MINI.....	20, 23	ERGOMAR .....	141	EVENCARE PROVIEW TEST	
ENBREL SURECLICK.....	20, 24	ergotamine-caffeine .....	141	STRIP.....	276, 308
<i>ENDARI</i> .....	199, 202, 264	ERIVEDGE .....	65	EVENCARE TEST .....	276, 308
ENDO AVITENE .....	259	ERLEADA.....	58	EVENITY .....	213
Endocet .....	19	erlotinib.....	55	everolimus (antineoplastic) .....	67
ENDOMETRIN .....	217	ERMEZA .....	228	everolimus (immunosuppressive)	
ENGERIX-B (PF).....	82	Errin .....	162	.....	268
<i>ENHERTU</i> .....	58, 76	Ery Pads .....	168	EVERSENSE E3 SMART	
Enilloring .....	165	Ery-Tab .....	50	TRANSMITTER.....	286, 308
<i>ENJAYMO</i> .....	250, 252	ERYTHROCIN (AS		EVICEL.....	260
enoxaparin.....	261	STEARATE).....	50	EVKEEZA.....	99
Enpresse .....	164	erythromycin.....	51, 347	EVOLUTION TEST STRIPS	
Enskyce .....	156	erythromycin ethylsuccinate....	51	276, 308	
ENSPRYNG .....	267	erythromycin with ethanol....	168	EVOMELA .....	56
ENSTILAR .....	172	erythromycin-benzoyl peroxide		<i>EVOTAZ</i> .....	44, 52
entacapone.....	125	.....	169	EVRYSDI.....	273
ENTADFI .....	244	escitalopram oxalate .....	122	EXELDERM .....	176
entecavir.....	48	esomeprazole magnesium.....	233	<i>EXEM</i> .....	194
ENTERO VU .....	193	ESPEROCT .....	255	exemestane .....	61
ENTRESTO .....	97	Estarylla .....	156	EXODERM .....	175
ENTYVIO.....	238	<i>estazolam</i> .....	135, 145	EXONDYS-51.....	270
ENTYVIO PEN .....	238	<i>estradiol</i> .....	216, 217, 365	EXSERVAN.....	269
Enulose.....	232	estradiol valerate.....	217	EXTAVIA .....	333
ENVARUSUS XR.....	266	estradiol-norethindrone acet ..	216	<i>EYLEA</i> .....	344, 349
ENZNONUTY .....	187	ESTRING .....	365	<i>EYLEA HD</i> .....	344, 349
EPCLUSA.....	49	ESTROGEL.....	217	EYSUVIS .....	339
EPIDIOLEX.....	115	estrogens-methyltestosterone.	215	E-Z DISK .....	193
EPIFIX AMNIOTIC		eszopiclone .....	145	E-Z JECT LANCETS.....	286, 308
MEMBRANE.....	191	ethacrynic acid.....	108	E-Z JECT THIN LANCETS .	286,
EPIFOAM .....	185	ethambutol .....	46	308	
epinastine .....	339	ethosuximide.....	120	EZ SMART LANCETS .	286, 308

EZ SMART PLUS TEST..... 276, 309	FIASP FLEXTOUCH U-100 INSULIN..... 224	flucytosine .....38
EZ SMART TEST ..... 276, 309	FIASP PENFILL U-100 INSULIN..... 224	fludarabine.....59
EZALLOR SPRINKLE ..... 100	FIASP PUMPCART..... 224	fludrocortisone.....227
ezetimibe ..... 103	FIASP U-100 INSULIN ..... 224	FLULAVAL QUAD 2023-2024 (PF) .....92
ezetimibe-simvastatin ..... 104	FIBRYGA..... 258	FLUMIST QUAD 2023-2024 .....86, 92
E-Z-HD BARIUM ..... 193	FILSPARI..... 94	flunisolide.....362
E-Z-PAQUE..... 193	<i>FINACEA</i> ..... 168, 189	fluocinolone.....182
E-Z-PASTE..... 193	finasteride ..... 246	fluocinolone acetonide oil .....352
F	FINGERSTIX LANCETS .... 286, 309	fluocinolone and shower cap..182
FABRAZYME..... 326	fingolimod..... 335	fluocinonide.....182, 183
FACTIVE..... 47	FINTEPLA ..... 120	Fluocinonide-E .....183
Falmina (28)..... 156	Finzala..... 156	fluocinonide-emollient .....183
famciclovir ..... 49	Fioricet..... 20	fluorescein-benoxinate ...342, 343
famotidine ..... 233	FIRDAPSE ..... 270	fluorescein-proparacaine .....342
FANAPT ..... 127	FIRST-MOUTHWASH BLM332	fluoride (sodium).....330
FANTASY CONDOM .. 293, 309	FLAREX..... 339	FLUORIDEX DAILY DEFENSE.....330
FARXIGA..... 211	flavoxate ..... 249	FLUORIDEX SENSITIVITY RELIEF.....330
FARYDAK ..... 65	FLEBOGAMMA DIF ..... 83	FLUORIMAX 5000 .....330
FASENRA ..... 356	flecainide..... 98	FLUORIMAX 5000 SENSITIVE .....330
FASENRA PEN..... 356	FLEXICHAMBER ..... 296, 309	fluorometholone .....339
FASTEP COVID-19 AG HOME TEST ..... 282, 309	FLEXICHAMBER-LG CHILD MASK ..... 296, 309	FLUOROPLEX .....177
FC2 FEMALE CONDOM.... 284, 309	FLEXICHAMBER-SM ADULT MASK ..... 296, 309	fluorouracil .....177
febuxostat..... 250	FLEXICHAMBER-SM CHILD MASK ..... 296, 309	fluoxetine.....122
FEIBA NF..... 251	FLOLIPID..... 100	FLUOXIA .....184
felbamate..... 115	FLOSEAL..... 260	fluphenazine hcl .....129
felodipine ..... 106	FLOWFLEX COVID-19 AG HOME TEST ..... 282, 309	flurandrenolide .....183
FEM PH ..... 365	floxuridine..... 60	flurazepam .....135, 145
<i>FEMCAP</i> ..... 282, 309	FLUAD QUAD 2023-24(65Y UP)(PF) ..... 92	flurbiprofen.....30
FEMRING..... 365	FLUARIX QUAD 2023-2024 (PF) ..... 92	flurbiprofen sodium.....341
fenofibrate ..... 100	FLUBLOK QUAD 2023-2024 (PF) ..... 92	fluticasone propionate ...183, 355, 362
fenofibrate micronized ..... 100	FLUCELVAX QUAD 2023- 2024 ..... 92	fluticasone propion-salmeterol .....359
fenofibrate nanocrystallized... 100	FLUCELVAX QUAD 2023- 2024 (PF)..... 92	fluvastatin .....101
fenofibric acid ..... 100	fluconazole..... 38	fluvoxamine.....122
fenofibric acid (choline)..... 100		FLUZONE HIGHDOSE QUAD 23-24 PF.....92
FENSOLVI ..... 225		FLUZONE QUAD 2023-2024.93
fentanyl ..... 14		FLUZONE QUAD 2023-2024 (PF) .....92
fentanyl citrate ..... 14		
fentanyl citrate (pf) ..... 14, 33		
fentanyl citrate (pf)-0.9%nacl .. 14		
FERRIPROX..... 35		
fesoterodine..... 249		
<i>FETZIMA</i> ..... 122, 123		



FML FORTE.....	339	FOSRENOL.....	245	GAMASTAN S/D .....	83	
FOLET ONE .....	201, 202	FOTIVDA.....	70	GAMIFANT .....	266	
folic acid.....	205	FRAGMIN.....	261, 262	GAMMAGARD LIQUID .....	83	
FOLLISTIM AQ .....	218	FREESTYLE INSULINX ...	277, 310	GAMMAGARD S-D (IGA < 1	MCG/ML).....	83
FOLOTYN.....	59	FREESTYLE INSULINX TEST		GAMMAKED .....	83	
fondaparinux .....	261	STRIPS.....	277, 310	GAMMAPLEX .....	84	
FORA 6 CONNECT GLUCOSE		FREESTYLE LANCETS .....	286, 310	GAMMAPLEX (WITH	SORBITOL).....	84
STRIP .....	276, 309	FREESTYLE LIBRE 14 DAY		GAMUNEX-C.....	84	
FORA 6CONN-GTEL-TN'G		READER.....	286, 311	ganirelix.....	226	
ADV STRIP .....	276, 309	FREESTYLE LIBRE 14 DAY		GARDASIL 9 (PF).....	91	
FORA D15G STRIPS ....	276, 309	SENSOR .....	287, 311	GASTROMARK .....	194	
FORA D20 .....	276, 309	FREESTYLE LIBRE 2		gatifloxacin .....	346	
FORA D40-G31 TEST STRIPS		READER.....	287, 311	GATTEX 30-VIAL .....	243	
.....	276, 309	FREESTYLE LIBRE 2 SENSOR		GATTEX ONE-VIAL .....	243	
FORA G20 .....	276, 309	.....	287, 311	GAVILYTE-C.....	242	
FORA G30-PREMIUM V10		FREESTYLE LIBRE 3		Gavilyte-G.....	242	
TEST STRP .....	276, 309	READER.....	287, 311	GAVRETO .....	72	
FORA GD50 TEST STRIPS	276,	FREESTYLE LIBRE 3 SENSOR		GAZYVA .....	63	
310		.....	287, 311	GE100 BLOOD GLUCOSE		
FORA GTEL GLUCOSE TEST		FREESTYLE LITE STRIPS		TEST STRIP .....	277, 311	
STRIP .....	276, 310	.....	277, 311	GE333 BLOOD GLUCOSE		
FORA TEST STRIP .....	276, 310	FREESTYLE PRECISION NEO		TEST STRIP .....	277, 311	
FORA TN'G ADVAN PRO		STRIPS.....	277, 311	gefitinib .....	55	
TEST STRIP.....	276, 310	FREESTYLE TEST.....	277, 311	GELFILM.....	345	
FORA TN'G VOICE TEST		FREESTYLE UNISTIK 2 ...	287, 311	GELFOAM.....	259	
STRIPS .....	276, 310	311		GELFOAM JMI POWDER ...	259	
FORA V10.....	276, 310	frovatriptan .....	142	GELFOAM JMI SPONGE.....	259	
FORA V10-V12-D10-D20		FRUZAQLA.....	70	GELFOAM SPONGE SIZE 200		
STRIPS.....	277, 310	FULPHILA .....	257	.....	259	
FORA V12 GLUCOSE..	277, 310	fulvestrant .....	71	GELNIQUE.....	249	
FORA V20.....	277, 310	FUROSCIX .....	108	GEL-ONE.....	270	
FORA V30A .....	277, 310	furosemide .....	108	GELSYN-3 .....	270	
FORACARE GD20 .....	277, 310	FUZEON.....	41	GELX .....	332	
FORACARE GD40 TEST		FYARRO .....	67	gemcitabine .....	60	
STRIPS.....	277, 310	Fyavolv .....	216	gemfibrozil .....	100	
FORACARE LANCETS	286, 310	FYCOMPA.....	114	Gemmily .....	156	
formoterol fumarate .....	357	FYLNETRA .....	257	GEMTESA .....	245	
FORTISCARE G1 TEST STRIP		Fyremadel .....	226	GENABIO COVID-19 RAPID		
.....	277, 310	G		AT-HOME .....	282, 311	
FORTISCARE GLUCOSE TEST		gabapentin.....	116	GENADUR (WITH LEXINAL)		
STRIPS.....	277, 310	GALAFOLD.....	329	.....	192	
FOSAMAX PLUS D .....	214	galantamine.....	151	<i>Gengraf</i> .....	27, 266	
fosamprenavir .....	52	GALZIN .....	34	GENOTROPIN .....	220	
fosfomycin tromethamine	38, 247	GAMASTAN.....	83			
fosinopril.....	95					
fosinopril-hydrochlorothiazide	95					

GENOTROPIN MINIQUICK .....	220	glyburide-metformin.....	211	GVOKE PFS 2-PACK SYRINGE.....	206, 207
GENSTRIP TEST STRIP .....	277, 312	glycine urologic solution .....	244	GYNAZOLE-1 .....	364
gentamicin.....	174, 346	glycopyrrolate .....	235, 332	H	
GENULTIMATE TEST STRIP .....	277, 312	glycopyrrolate (pf).....	235	HAEGARDA.....	252
GENVISC 850 .....	270	Glydo 190		Hailey .....	157
GENVOYA.....	44	GLYRX-PF.....	235	Hailey 24 Fe .....	156
GILENYA.....	335	GLYXAMBI.....	211	Hailey Fe 1.5/30 (28).....	157
GILOTRIF .....	56	GM100 .....	278, 312	Hailey Fe 1/20 (28).....	157
GIMOTI .....	234	GOJJI BLOOD GLUCOSE TEST STRIP .....	278, 312	HALAVEN.....	67
GLASSIA.....	361	GOJJI LANCETS .....	287, 312	halcinonide .....	183
glatiramer .....	334	GONAL-F.....	218	halobetasol propionate.....	183
Glatopa.....	334	GONAL-F RFF.....	218	Haloette .....	166
GLEOLAN.....	196	GONAL-F RFF REDI-JECT .....	218	HALOG .....	183
GLEOSTINE.....	57	GOODLIFE AC-302 TEST STRIP .....	278, 312	haloperidol.....	128
GLIADEL WAFER .....	57	GOTOKNOW COVID-19 AG HOME TEST .....	283, 312	haloperidol lactate .....	128
glimepiride .....	211	GRAFIX CORE.....	191	HARMONY GLUCOSE TEST STRIP.....	278, 313
glipizide.....	211, 212	GRAFIX PRIME .....	191	HARVONI.....	49
glipizide-metformin .....	211	GRAFIX XC.....	191	HAVRIX (PF) .....	81
GLOPERBA .....	249	granisetron hcl .....	231	HAXDRAX.....	176
GLOSTRIPS .....	342	GRANIX.....	257	HEALON ENDOCOAT.....	345
GLUCAGON (HCL) EMERGENCY KIT .....	206	GRASTEK.....	80	HEALON GV PRO .....	345
Glucagon Emergency Kit (Human).....	206	GREEN GLO.....	342	HEALON PRO.....	345
GLUCO NAVII TEST STRIP .....	278, 312	griseofulvin microsize .....	39	HEALON5 PRO.....	345
GLUCOCARD 01 SENSOR PLUS .....	278, 312	griseofulvin ultramicrosize .....	39	HEALTHPRO TEST STRIPS .....	278, 313
GLUCOCARD EXPRESSION 278, 312		guanfacine.....	107, 131	HEALTHY ACCENTS UNILET LANCET.....	287, 313
GLUCOCARD SHINE TEST STRIPS.....	278, 312	GUARDIAN 4 GLUCOSE SENSOR .....	287, 312	Heather .....	163
GLUCOCARD VITAL SENSOR 278, 312		GUARDIAN 4 TRANSMITTER .....	287, 312	HEMA-COMBISTIX .....	194, 313
GLUCOCARD VITAL TEST STRIPS.....	278, 312	GUARDIAN CONNECT TRANSMITTER.....	287, 312	HEMANGEOL.....	104
GLUCOCOM GLUCOSE ....	278, 312	GUARDIAN LINK 3 TRANSMITTER.....	287, 313	HEMLIBRA .....	256
GLUCOCOM LANCETS.....	287, 312	GUARDIAN SENSOR 3.....	287, 313	HEMOFIL M HIGH.....	255
glyburide .....	212	GVOKE .....	207	HEMOFIL M LOW.....	255
glyburide micronized .....	212	GVOKE HYPOPEN 1-PACK .....	206	HEMOFIL M MID .....	255
		GVOKE HYPOPEN 2-PACK .....	206	HEMOFIL M SUPER HIGH .....	255
		GVOKE PFS 1-PACK SYRINGE .....	206	HEP FLUSH-10 (PF) .....	260
				HEPAGAM B.....	85
				heparin (porcine) .....	261
				heparin (porcine) in 0.9% nacl .....	260
				heparin (porcine) in 5 % dex ..	261
				heparin lock flush (porcine) ..	260, 261

HEPARIN		
LOCKFLUSH(PORCINE)(PF)		
.....	260, 261	
heparin, porcine (pf).....	260, 261	
HEPLISAV-B (PF).....	82	
HER STYLE.....	166, 167	
HERCEPTIN.....	77	
HERCEPTIN HYLECTA.....	77	
HERZUMA.....	77	
HETLIOZ LQ.....	140	
HEXIOUNYL.....	175	
HICON.....	71	
HIXDEFRIMA.....	176	
HIZENTRA.....	84	
HOMATROPAIRE.....	338	
HUMALOG KWIKPEN		
INSULIN.....	224	
HUMALOG MIX 50-50		
INSULN U-100.....	222	
HUMALOG MIX 50-50		
KWIKPEN.....	223	
HUMALOG MIX 75-25(U-		
100)INSULN.....	223	
HUMALOG U-100 INSULIN		
224		
HUMATE-P.....	255	
HUMATROPE.....	220	
HUMIRA.....	21, 24, 240	
HUMIRA PEN.....	21, 24, 240	
HUMIRA PEN CROHNS-UC-		
HS START.....	21, 24, 240	
HUMIRA PEN PSOR-UEVITS-		
ADOL HS.....	21, 24, 240	
HUMIRA(CF).....	22, 24, 240	
HUMIRA(CF) PEDI CROHNS		
STARTER.....	22, 24, 240	
HUMIRA(CF) PEN... 22, 24, 240		
HUMIRA(CF) PEN CROHNS-		
UC-HS.....	22, 24, 240	
HUMIRA(CF) PEN PEDIATRIC		
UC.....	22, 24, 240	
HUMIRA(CF) PEN PSOR-UV-		
ADOL HS.....	22, 24, 240	
HUMULIN 70/30 U-100		
INSULIN.....	221	
HUMULIN 70/30 U-100		
KWIKPEN.....	221	
HUMULIN N NPH INSULIN		
KWIKPEN.....	222	
HUMULIN N NPH U-100		
INSULIN.....	222	
HUMULIN R REGULAR U-100		
INSULN.....	222	
HUMULIN R U-500 (CONC)		
INSULIN.....	222	
HUMULIN R U-500 (CONC)		
KWIKPEN.....	222	
HYALGAN.....	270	
HYCAMTIN.....	73	
hydralazine.....	108	
HYDRO 35.....	186	
hydrochlorothiazide.....	109	
hydrocodone bitartrate.....	15	
hydrocodone-acetaminophen... 18		
hydrocodone-chlorpheniramine		
.....	363	
hydrocodone-homatropine..... 363		
hydrocodone-ibuprofen..... 18		
hydrocortisone . 33, 183, 218, 238		
hydrocortisone acetate..... 33		
hydrocortisone butyrate..... 183		
hydrocortisone butyr-emollien		
t.....	183	
hydrocortisone valerate..... 183		
hydrocortisone-acetic acid.... 352		
hydrocortisone-iodoquinol.... 176		
hydrocortisone-iodoquinol-aloe		
.....	174	
hydrocortisone-pramoxine..... 33,		
183, 185		
Hydromet.....	363	
hydromorphone.....	15	
hydromorphone (pf)-0.9 % nacl		
.....	15	
hydroquinone.....	179	
hydroxocobalamin.....	204	
hydroxychloroquine..... 25, 39, 40		
hydroxyprogesterone caproate		
.....	227	
hydroxyurea.....	60	
hydroxyzine hcl.....	113	
hydroxyzine pamoate.....	113	
HYFTOR.....	188	
HYMOVIS.....	270	
hyoscyamine sulfate.....	234, 248	
HYOSYNE.....	235, 248	
HYPERHEP B.....	85	
HYPERHEP B NEONATAL...85		
HYPERRHO S/D.....	85	
HYPER-SAL.....	150	
HYQVIA.....	84	
HYQVIA HY COMPONENT229		
HYQVIA IG COMPONENT...84		
HYRIMOZ.....	22, 25, 241	
HYRIMOZ PEN.....	22, 24, 241	
HYRIMOZ PEN CROHN'S-UC		
STARTER.....	22, 24, 240	
HYRIMOZ PEN PSORIASIS		
STARTER.....	22, 24, 241	
HYRIMOZ(CF).....	22, 25, 241	
HYRIMOZ(CF) PEDI CROHN		
STARTER.....	22, 25, 241	
HYRIMOZ(CF) PEN .22, 25, 241		
HYSINGLA ER.....	15	
I		
ibandronate.....	214	
IBRANCE.....	63	
IBSRELA.....	237	
Ibu.....	30	
ibuprofen.....	30, 31	
icatibant.....	105	
Iclevia.....	157	
ICLUSIG.....	68	
IDARAN.....	189	
idarubicin.....	74	
IDELVION.....	253	
IDHIFA.....	68	
IDYYXIATAR.....	171	
IFE-BIMIX 30/1.....	197	
IFE-PG20.....	196	
ifosfamide.....	56	
IGALMI.....	146	
IGLUCOSE TEST STRIP.....278,		
313		
IHEALTH COVID-19 AG		
HOME TEST.....	283, 313	
IHEEZO (PF).....	343	

ILARIS (PF).....	20	INLYTA .....	70	IXINITY .....	253
ILEVRO.....	341	INPEFA .....	205	IYUZEH .....	348
ILUMYA.....	172	INQOVI.....	76	IZERVAY .....	335, 344
ILUVIEN .....	339	INREBIC .....	66	J	
imatinib .....	70	insulin asp prt-insulin aspart..	223	Jaimiess .....	153
IMBRUVICA.....	62, 70	insulin aspart u-100.....	224	JAKAFI .....	66
IMCIVREE .....	198	insulin lispro .....	224	Jantoven.....	251
IMFINZI .....	74	insulin lispro protamin-lispro	223	JANUMET .....	212
imipenem-cilastatin.....	46	INTELENCE .....	42	JANUMET XR.....	212
imipramine hcl .....	124	INTELISWAB COVID-19		JANUVIA.....	209
imipramine pamoate.....	124	HOME TEST .....	283, 313	JARDIANCE.....	211
imiquimod.....	185	INTRAROSA .....	226	Jasmiel (28) .....	157
IMJUDO .....	64	INVACARE LANCETS	288, 313	JATENZO .....	207
IMPAVIDO.....	40	INVEGA HAFYERA .....	127	Javygtor .....	329
IMVEXXY MAINTENANCE		INVEGA SUSTENNA.....	127	JAYPIRCA .....	62, 70
PACK .....	226	INVEGA TRINZA .....	127	JEMPERLI .....	75
IMVEXXY STARTER PACK		INVELTYS.....	339	Jencycla .....	163
.....	226	INVOKAMET .....	210	JENTADUETO .....	212
INBRIJA .....	125	INVOKAMET XR.....	210	JENTADUETO XR.....	212
Incassia.....	163	INVOKANA.....	211	JESDUVROQ.....	250
INCONTROL ALCOHOL PADS		INZDEAXIAVAR.....	170	JEVTANA .....	72
.....	79	IODOFLEX .....	80	Jinteli .....	216
INCONTROL SUPER THIN		IODOSORB.....	80	JIVI .....	255
LANCETS .....	288, 313	IOPIDINE.....	347	JOENJA.....	328
INCONTROL ULTRA THIN		ipratropium bromide .....	357, 362	JOLESSA .....	157
LANCETS .....	288, 313	ipratropium-albuterol.....	358	JORNAY PM .....	132
INCRELEX.....	225	irbesartan.....	97	Joyeaux .....	157
INCRUSE ELLIPTA .....	357	irbesartan-hydrochlorothiazide	97	Juleber .....	157
indapamide.....	109	irinotecan .....	73	JULUCA.....	42
INDICAID COVID-19 AG		ISENTRESS .....	41	Junel 1.5/30 (21).....	157
HOME TEST.....	283, 313	ISENTRESS HD.....	41	Junel 1/20 (21).....	157
indium-111 chloride.....	196	Isibloom .....	157	Junel Fe 1.5/30 (28).....	157
indomethacin.....	31	isoflurane .....	32	Junel Fe 1/20 (28).....	157
INFASURF .....	361	isoniazid.....	45	Junel Fe 24.....	157
INFINITY TEST STRIPS ....	278,	isosorbide dinitrate.....	97	JUST RIGHT 5000.....	330
313		isosorbide mononitrate.....	97	JUXTAPID .....	104
INFLECTRA.....	22, 25, 241	isosorbide-hydralazine.....	113	JYLAMVO.....	25, 59
infiximab .....	22, 25, 241	isotretinoin .....	168	JYNARQUE.....	246
INFUGEM .....	60	isradipine.....	106	K	
INGREZZA.....	143, 144	ISTODAX.....	65	KADCYLA .....	58, 76
INGREZZA INITIATION PACK		ISTURISA .....	206	Kaitlib Fe.....	157
.....	143	itraconazole.....	38, 39	KALBITOR.....	111
INJECT EASE LANCETS ...	288,	IV PREP WIPES .....	79	Kalliga .....	158
313		ivermectin .....	37	KALYDECO .....	360
INJECTAFER .....	201	IXEMPRA .....	64	KANJINTI.....	77

KANUMA.....	326	KISQALI FEMARA CO-PACK	66	lactated ringers .....	200
KAPSPARGO SPRINKLE.....	104	.....	66	<i>lactulose</i> .....	232, 242
KARBINAL ER.....	352, 353	kit for tc 99m-sod thiosulfate	196	LAGEVRIO (EUA).....	53
Kariva (28).....	153	.....	196	LAMICTAL XR STARTER	
KATARAXAP.....	180	KLARITY (CHONDROITIN)		(BLUE) .....	118
KATARVIA.....	180	(PF) .....	336	LAMICTAL XR STARTER	
KCENTRA.....	253	KLARITY-A (AZITHRO-		(GREEN).....	118
Kelnor 1/35 (28).....	158	CHONDR)(PF) .....	347	LAMICTAL XR STARTER	
Kelnor 1-50 (28) .....	158	KLARITY-L (LOTEPRED-		(ORANGE) .....	119
KEMOPLAT.....	69	CHOND)(PF) .....	340	lamivudine .....	43, 48
KEPIVANCE.....	241	Klayesta .....	175	lamivudine-zidovudine .....	45
KERALYT SCALP COMPLETE		KLISYRI.....	177	lamotrigine.....	119, 136
.....	186	Klor-Con M10 .....	201	LAMPIT .....	40
KERASTAT.....	181	Klor-Con M15 .....	201	LAMZEDE.....	325
KERENDIA .....	96	Klor-Con M20 .....	201	<i>lancets</i> .....	288, 314
KESIMPTA PEN .....	333	KLOXXADO.....	36	LANCETS, SUPER THIN ....	288,
ketamine.....	32	KOATE.....	255	314	
ketoconazole .....	38, 176	KOGENATE FS .....	255	LANCETS, THIN .....	288, 314
KETODAN KIT.....	176	KORLYM.....	210	LANCETS, ULTRA THIN ....	288,
KETO-DIASTIX.....	299, 313	KOSELUGO.....	67	314	
KETONE CARE.....	299, 313	KOTARAXAP.....	180	LANOXIN.....	108
KETONE URINE TEST	299, 313	KOVALTRY .....	256	lanreotide .....	227
ketoprofen .....	31	KOVANAZE .....	330	lansoprazole.....	233
ketorolac.....	30, 341	K-PHOS NO 2 .....	247	lanthanum .....	245
<i>KETOSTIX</i> .....	299, 313	K-PHOS ORIGINAL .....	247	lapatinib .....	55
KEVARAXAP .....	180	KRAZATI.....	66	Larin 1.5/30 (21).....	158
KEVARTIA .....	180	KRINTAFEL .....	40	Larin 1/20 (21).....	158
KEVEYIS .....	269	KRYSTEXXA .....	250	Larin 24 Fe .....	158
KEVZARA .....	28	Kurvelo (28).....	158	Larin Fe 1.5/30 (28).....	158
KEYTRUDA.....	75	KUTAR.....	180	Larin Fe 1/20 (28).....	158
KHAPZORY .....	78	KUTARVIA .....	180	latanoprost .....	348
KIMMTRAK .....	78	KYLEENA .....	153	LAYOLIS FE .....	158
KIMONO CONDOMS(NON-		KYMRIAH .....	62	LEENA 28.....	164
LUBRICATED) .....	293, 313	KYPROLIS.....	70	leflunomide.....	29
KIMONO LUBRICATED		KYZATREX.....	207	LEMTRADA.....	333
CONDOMS .....	293, 313	L		lenalidomide .....	72
KIMONO MICROTHIN AQUA		l norgest/e.estradiol-e.estrad		LENVIMA.....	70
LUBE CON .....	293, 314	.....	153, 163	LEQEMBI .....	151
KIMONO MICROTHIN		L.E.T. (LIDO-EPINEPH-		Lessina.....	158
CONDOMS .....	293, 314	TETRA).....	190	letrozole .....	61
KIMONO MICROTHIN LARGE		L.E.T.(LIDO-EPINEPH BIT-		leucovorin calcium .....	78
CONDOMS .....	293, 314	TETRA).....	190	LEUKERAN .....	56
KIMONO TEXTURED		labetalol.....	96	LEUKINE.....	258
CONDOMS .....	293, 314	LABSTIX REAGENT ..	194, 314	leuprolide.....	66
KINERET .....	28	lacosamide .....	116	levabuterol hcl .....	358
KISQALI.....	63	LACRISERT .....	336	levabuterol tartrate.....	358

levamlodipine..... 106  
 LEVEMIR FLEXPEN ..... 223  
 LEVEMIR U-100 INSULIN.. 223  
 levetiracetam ..... 119, 120  
 levobunolol ..... 343  
 levocarnitine..... 199, 328  
 levocarnitine (with sugar) ..... 328  
 levocetirizine..... 353  
 levofloxacin..... 47, 346  
 levoleucovorin calcium..... 78  
 Levonest (28) ..... 164  
 levonorgest-eth.estradiol-iron 158  
 levonorgestrel..... 166, 167  
 levonorgestrel-ethinyl estrad.. 158  
 levonorg-eth estrad triphasic.. 164  
 Levora-28..... 158  
 levorphanol tartrate ..... 15  
 levothyroxine ..... 229  
 LEVULAN..... 188  
 LIBTAYO ..... 75  
 LICART ..... 188  
 LIDO BDK..... 299  
 lidocaine ..... 33, 190  
*lidocaine hcl*..... 33, 190, 331  
 lidocaine hcl-hydrocortison ac 33,  
 34, 185  
 Lidocaine Viscous..... 331  
 lidocaine-hydrocortisone-aloe.. 34  
 lidocaine-prilocaine..... 187  
 lidocaine-racepinep-tetracaine 190  
 Lidocan Iii ..... 190  
 LIDOPIN..... 190  
 LIDTOPIC MAX ..... 191  
 LIKMEZ ..... 40  
 LILETTA ..... 153  
 linezolid..... 51  
 LINZESS..... 232, 236  
 liothyronine ..... 228  
 LIQREV ..... 112  
 LIQUID E-Z PAQUE ..... 193  
 LIQUID POLIBAR PLUS..... 193  
 lisdexamfetamine ..... 133  
 lisinopril ..... 95  
 lisinopril-hydrochlorothiazide.. 95

LITE TOUCH-MEDIUM MASK  
 ..... 296, 314  
 LITEAIRE MDI CHAMBER  
 ..... 296, 314  
 LITETOUCH-LARGE MASK  
 ..... 296, 314  
 LITETOUCH-SMALL MASK  
 ..... 296, 314  
 LITFULO..... 167  
 lithium carbonate ..... 138  
 lithium citrate..... 138  
 LITHOSTAT ..... 246  
 LIVALO ..... 101  
 LIVMARLI..... 266  
 LIVTENCITY..... 47  
 LO LOESTRIN FE ..... 154  
 Loestrin 1.5/30 (21) ..... 158  
 Loestrin 1/20 (21) ..... 159  
 Loestrin Fe 1.5/30 (28-Day) .. 159  
 Loestrin Fe 1/20 (28-Day) ..... 159  
 Lojaimiess..... 154  
 LOKELMA..... 200  
 LOMAIRA..... 198  
 LONSURF ..... 60  
 loperamide ..... 230  
 lopinavir-ritonavir..... 44  
 LOQTORZI ..... 75  
*lorazepam* ..... 114, 135  
 Lorazepam Intensol ..... 114, 135  
 LORBRENA..... 57  
 Loryna (28) ..... 159  
 losartan..... 97  
 losartan-hydrochlorothiazide ... 97  
 LOTEMAX..... 340  
 LOTEMAX SM ..... 340  
 loteprednol etabonate..... 340  
 LOTREXONE ..... 14  
 lovastatin..... 102  
 Low-Ogestrel (28) ..... 159  
 loxapine succinate..... 128  
 Lo-Zumandimine (28) ..... 159  
 lubiprostone ..... 236, 241  
 LUCEMYRA..... 146  
 LUCENTIS..... 344, 348

LUCIRA CHECK-IT COVID  
 HOME TST.....283, 314  
 LUGOLS .....80  
 luliconazole .....176  
 LUMAKRAS.....66  
 LUMIGAN .....348  
 LUMIZYME .....327  
 LUMRYZ .....144  
 LUNSUMIO .....55  
 LUPKYNIS .....266  
 LUPRON DEPOT .....67, 226  
 LUPRON DEPOT (3 MONTH)  
 .....66, 226  
 LUPRON DEPOT (4 MONTH)  
 .....66  
 LUPRON DEPOT (6 MONTH)  
 .....67  
 LUPRON DEPOT-PED .....225  
 LUPRON DEPOT-PED (3  
 MONTH).....225  
 lurasidone .....126  
 LUTATHERA .....68, 71  
 Lutera (28).....159  
 LYBALVI.....129, 131, 137  
 Lyleq .....163  
 Lyllana.....217  
 LYNPARZA.....69  
 LYSODREN.....58  
 LYUMJEV KWIKPEN U-100  
 INSULIN.....225  
 LYUMJEV KWIKPEN U-200  
 INSULIN.....225  
 LYUMJEV U-100 INSULIN .225  
*Lyza* .....163  
 M  
 mafenide acetate .....179  
 malathion .....192  
 maraviroc.....41  
 MARGENZA .....77  
 Marlissa (28).....159  
 MARPLAN .....121  
 MARVONA SUIK (PF).....33  
 MATULANE.....56  
 Matzim La .....105

MAVENCLAD (10 TABLET PACK).....	334	MENEST .....	217	metoclopramide hcl .....	234
MAVENCLAD (4 TABLET PACK).....	334	MENOPUR.....	218	metolazone.....	109
MAVENCLAD (5 TABLET PACK).....	334	MENOSTAR .....	217	METOPIRONE .....	195
MAVENCLAD (6 TABLET PACK).....	334	MENQUADFI (PF) .....	89	metoprolol succinate.....	104
MAVENCLAD (7 TABLET PACK).....	334	MENTAX .....	175	metoprolol ta-hydrochlorothiaz .....	107
MAVENCLAD (8 TABLET PACK).....	334	MENVEO A-C-Y-W-135-DIP (PF) .....	89	metoprolol tartrate .....	104
MAVENCLAD (9 TABLET PACK).....	334	meperidine .....	15	<i>metronidazole</i> .....	40, 189, 364
MAVYRET.....	48	meperidine (pf) .....	15	metyrosine .....	110
MAXIDEX.....	340	meprobamate.....	114	mexiletine .....	98
MAYZENT .....	335	MEPSEVII.....	327	Mibelas 24 Fe .....	159
MAYZENT STARTER(FOR 1MG MAINT) .....	335	mercaptopurine .....	60	miconazole nitrate-zinc ox-pet .....	176
MAYZENT STARTER(FOR 2MG MAINT) .....	335	Merzee .....	159	MICONAZOLE-3 .....	364
MB HYDROGEL .....	180	mesalamine .....	238	MICRHOGAM ULTRA- FILTERED PLUS .....	85
Md-Gastroview .....	194	mesalamine with cleansing wipe .....	238	MICRO BLOOD GLUCOSE .....	278, 314
meclizine .....	230	MESNEX.....	78	MICRO THIN LANCETS ....	288, 314
meclofenamate .....	29	Metadate Er.....	133	MICROCHAMBER .....	296, 314
mecobalamin (vitamin b12) ...	204	metaxalone.....	272	MICRODOT BLOOD GLUCOSE SYSTEM ...	278, 314
MEDISENSE THIN LANCETS .....	288, 314	metformin .....	225	MICRODOT XTRA BLOOD GLUCOSE.....	278, 315
MEDLANCE PLUS LANCETS .....	288, 314	methacholine chloride.....	195	Microgestin 1.5/30 (21).....	159
MEDLANCE PLUS SPECIAL BLADE.....	288, 314	methadone.....	15	Microgestin 1/20 (21).....	159
MEDROL.....	218	Methadone Intensol .....	15	Microgestin 24 Fe.....	159
MEDROLOAN II SUIK .....	219	Methadose.....	15	Microgestin Fe 1.5/30 (28).....	159
MEDROLOAN SUIK.....	219	methamphetamine.....	133, 139	Microgestin Fe 1/20 (28).....	160
medroxyprogesterone.....	152, 227	methazolamide.....	108	MICROLET LANCET ...	288, 315
mefenamic acid .....	29	methenamine hippurate... ..	51, 247	microplegic solution no.1 .....	349
mefloquine .....	40	methenamine mandelate ..	51, 247	microplegic solution no.1-cp2d .....	349
megestrol.....	69, 199	methen-sod phos-meth blue-hyos .....	51, 248	MICROSPACER.....	296, 315
MEKINIST .....	67	methimazole.....	213	<i>midazolam</i> .....	33, 135, 145
MEKTOVI.....	67	METHITEST .....	207	midazolam (pf) .....	32, 135
meloxicam.....	30	methocarbamol .....	272	midodrine.....	107
melphalan.....	57	methotrexate sodium.....	25, 59	MIEBO .....	336
melphalan hcl.....	57	methotrexate sodium (pf)... ..	25, 59	MIFEPREX .....	206
memantine.....	151	methoxsalen .....	178	mifepristone.....	206
MENACTRA (PF).....	89	methscopolamine .....	235	miglitol .....	209
		methsuximide.....	120	miglustat .....	328
		methyl dopa .....	107	<i>Mili</i> .....	160
		methyl dopa-hydrochlorothiazide .....	107	Mimvey .....	216
		methylergonovine .....	227	MINASTRIN 24 FE .....	160
		methylphenidate.....	133		
		methylphenidate hcl.....	133, 144		
		methylprednisolone.....	219		
		methyltestosterone .....	207		

MINIMED 630G INSULIN PUMP .....	298, 315	MOVANTIK.....	35	naftifine .....	175
MINIMED 780G INSULIN PUMP .....	299, 315	MOXATAG.....	37	NAGLAZYME.....	327
minocycline.....	28, 54	moxifloxacin.....	47, 346	nalbuphine .....	19
minoxidil.....	108	MULPLETA.....	265	naloxone .....	36
MIRENA.....	153	MULTAQ.....	99	NALTREX .....	14
MIRO3D .....	192	<i>MULTISTIX</i> .....	195, 315	naltrexone .....	147
MIRODERM FENESTRATED .....	192	MULTISTIX 10 SG.....	194, 315	NAMENDA XR .....	152
MIRODERM FENESTRATED PLUS .....	192	MULTISTIX 5.....	194, 315	NAMZARIC.....	152
mirtazapine.....	121	MULTISTIX 7.....	195, 315	naproxen .....	31
misoprostol.....	234	MULTISTIX 8 SG.....	195, 315	naproxen sodium .....	31
mitomycin .....	74	MULTISTIX 9.....	195, 315	naratriptan.....	142
mitomycin (pf) in water .....	339	MULTISTIX 9 SG.....	195, 315	NATACYN .....	347
MITOSOL.....	339	mupirocin.....	174	NATAZIA .....	163
mitoxantrone .....	74	mupirocin calcium .....	174	nateglinide .....	210
MKO (MIDAZOLAM-KETAMINE-ONDAN) .....	32	MUSCUSOLICE .....	188	NATESTO.....	208
M-M-R II (PF) .....	86, 93, 94	<i>MUSE</i> .....	196	<i>NAYZILAM</i> .....	115, 135
MOBILE LANCETS .....	288, 315	Mutamycin.....	74	nebivolol.....	104
modafinil.....	144	MVASI .....	55	NEBUSAL.....	150
MODERNA COVID 23-24(6M-11Y)PF .....	91	<i>MY CHOICE</i> .....	166, 167	Necon 0.5/35 (28).....	160
moexipril.....	95	<i>MY WAY</i> .....	166, 167	nefazodone.....	122
molindone .....	128	MYALEPT .....	225	nelarabine .....	60
<i>mometasone</i> .....	183, 184, 362	MYCAPSSA.....	228	NENDRUX .....	186
Mondoxyne NI .....	54	mycophenolate mofetil ...	27, 267	neomycin .....	36
MONJUVI.....	62	mycophenolate mofetil (hcl)...	27, 267	neomycin-bacitracin-poly-hc..	337
MONOLET LANCETS .	288, 315	mycophenolate sodium .....	267	neomycin-bacitracin-polymyxin .....	346
MONOLET THIN LANCETS .....	288, 315	MYDRIATIC4(TROP-PROP-PE-KTRLC) .....	345	neomycin-polymyxin b gu.....	244
Mono-Linyah .....	160	MYFEMBREE .....	226	neomycin-polymyxin b-dexameth .....	337
MONOVISC .....	270	MYGLUCOHEALTH ...	278, 315	neomycin-polymyxin-gramicidin .....	346
MONSEL'S .....	259	MYGLUCOHEALTH LANCETS.....	288, 315	neomycin-polymyxin-hc 337, 351	
montelukast.....	356	MYLERAN.....	56	Neo-Polycin.....	346
morphine .....	16	MYLOTARG.....	58, 75	Neo-Polycin Hc .....	337
morphine (pf) .....	15	MYNATAL .....	202	<i>NEORAL</i> .....	27, 267
morphine concentrate.....	15	MYNATAL ADVANCE.....	202	NEO-SYNALAR.....	174
morphine in 0.9 % sodium chlor .....	16	MYNATE 90 PLUS .....	203	NEO-SYNALAR KIT .....	174
MOTEGRITY .....	234	MYOBLOC .....	271	NERLYNX .....	56
MOTPOLY XR.....	116	MYRBETRIQ.....	245	Neuac .....	169
MOUNJARO .....	209	MYTESI .....	230	NEULASTA .....	257
		MYXREDLIN .....	222	NEULASTA ONPRO .....	257
		N		NEULUMEX.....	193
		NABI-HB.....	85	NEUPOGEN .....	257
		nabumetone.....	30	NEUPRO .....	126
		nadolol .....	105	NEURAPTINE.....	188



NEUTEK 2TEK TEST STRIPS ..... 279, 315	NORA-BE..... 163	NPLATE.....265
NEVANAC ..... 341	NORDITROPIN FLEXPRO . 220	NUBEQA .....58
nevirapine..... 42	norelgestromin-ethin.estradiol 165	NUCALA .....355
NEW DAY..... 166, 167	noreth-ethinyl estradiol-iron .. 160	NUCORT.....184
NEXA PLUS..... 203	norethindrone (contraceptive) 163	NUCYNTA .....16
NEXAVIR..... 187	norethindrone acetate..... 227	NUCYNTA ER .....16
NEXIUM PACKET ..... 233	norethindrone ac-eth estradiol ..... 160, 216	NUEDEXTA .....145
NEXLETOL..... 99	norethindrone-e.estradiol-iron ..... 160, 164	NUJO .....179
NEXLIZET ..... 103	norgestimate-ethinyl estradiol ..... 160, 164	NULIBRY .....326
NEXOBRID..... 179	NORMAL SALINE FLUSH . 204	NULOJIX .....268
NEXPLANON ..... 152	NORMLGEL AG ..... 174	NUMBONEX .....191
NEXTSTELLIS ..... 160	NORPACE CR ..... 98	NUMBRINO .....362
NEXVIAZYME..... 327	Nortrel 0.5/35 (28)..... 160	NUMOISYN.....14, 331
NGENLA ..... 220	NORTREL 1/35 (21)..... 160	NUPLAZID .....130
niacin ..... 102	Nortrel 1/35 (28)..... 160	NURTEC ODT.....141
Niacor..... 102	Nortrel 7/7/7 (28)..... 164	NUTROPIN AQ NUSPIN.....220
nicardipine..... 106	nortriptyline ..... 124	NUVARING.....166
nicotine..... 148	NORVIR..... 52	NUVESSA.....365
nicotine (polacrilex)..... 148	NO-STICK GLUCOSE . 299, 315	NUWIQ .....256
NICOTROL ..... 148	NOURIANZ ..... 125	NUZYRA .....36, 54
NICOTROL NS ..... 148	NOVA MAX GLUCOSE TEST ..... 279, 315	Nyamyc .....175
nifedipine ..... 106	NOVA SAFETY LANCETS ..... 288, 315	Nylia 1/35 (28) .....161
Nikki (28)..... 160	NOVA SUREFLEX LANCETS ..... 288, 315	Nylia 7/7/7 (28) .....164
nilutamide ..... 58	NOVAREL ..... 221	NYMALIZE .....106
nimodipine ..... 106	NOVAVAX COVID 2023- 24(PF)(EUA)..... 91	Nymyo.....161
NINLARO..... 70	NOVOEIGHT..... 256	NYNUTEY .....191
NIPENT ..... 60	NOVOLIN 70/30 U-100 INSULIN..... 221	<i>nystatin</i> .....38, 175, 331
nisoldipine..... 106	NOVOLIN 70-30 FLEXPEN U- 100 221	<i>nystatin-triamcinolone</i> .....177
nitazoxanide ..... 40	NOVOLIN N FLEXPEN..... 222	Nystop .....175
nitisinone..... 328	NOVOLIN N NPH U-100 INSULIN..... 222	NYVEPRIA.....257
Nitro-Bid..... 97	NOVOLIN R FLEXPEN..... 222	O
NITRO-DUR..... 98	NOVOLIN R REGULAR U100 INSULIN..... 222	OBAGI ELASTIDERM .....179
nitrofurantoin ..... 38, 247	NOVOSEVEN RT ..... 254	OBAGI NU-DERM BLENDER .....179
nitrofurantoin macrocrystal..... 38, 247	NOXAFIL..... 39	OBAGI NU-DERM CLEAR..180
nitrofurantoin monohyd/m-cryst ..... 38, 247	NP THYROID ..... 228	OBAGI NU-DERM SUNFADER .....180
nitroglycerin..... 98		OBAGI-C CLARIFYING SERUM.....180
NITRO-TIME ..... 98		OBAGI-C THERAPY NIGHT .....180
NITYR ..... 328		OBIZUR .....256
NIVESTYM..... 257		OBSTETRIX DHA .....203
nizatidine..... 233		OBSTETRIX EC .....203
NOCDURNA (MEN) ..... 208		OBSTETRIX ONE.....202, 203
NOCDURNA (WOMEN)..... 208		OCALIVA .....266
NOCTIVA..... 208		

OCELLA.....	161	OMNIPOD DASH PODS (GEN 4) .....	298, 316	ON-THE-GO LANCETS .....	288, 317
OCREVUS.....	333	OMNIPOD GO PODS... ..	298, 316	ONTRUZANT.....	77
OCTAGAM .....	84	OMNIPOD GO PODS.....	10	ONUREG .....	60
octreotide acetate ...	228, 243, 244	UNITS/DAY .....	298, 316	ONZDEAXIADEMVAR.....	170
ODACTRA .....	81	OMNIPOD GO PODS 15		ONZDEAXIAZAR .....	170
ODEFSEY.....	45	UNITS/DAY .....	298, 316	OPCICON ONE-STEP... ..	166, 167
ODOMZO .....	65	OMNIPOD GO PODS 20		OPDIVO.....	75
OFEV .....	70, 364	UNITS/DAY .....	298, 316	OPDUALAG .....	61
<i>ofloxacin</i> .....	47, 347, 351	OMNIPOD GO PODS 25		OPFOLDA.....	327
OGIVRI.....	77	UNITS/DAY .....	298, 316	opium tincture.....	230
OGSIVEO.....	54	OMNIPOD GO PODS 30		OPSUMIT .....	112
OHC COVID-19 ANTIGEN		UNITS/DAY .....	298, 316	OPTICHAMBER ADULT	
HOME TEST .....	283, 315	OMNIPOD GO PODS 40		MASK-LARGE .....	296, 317
OJJAARA .....	54	UNITS/DAY .....	298, 316	OPTICHAMBER DIAMOND	
olanzapine .....	130, 137	OMNITROPE.....	220	LG MASK.....	296, 317
olanzapine-fluoxetine....	123, 130, 137	OMVOH .....	237	OPTICHAMBER DIAMOND	
olmesartan .....	97	OMVOH PEN.....	237	VHC .....	296, 317
olmesartan-amlodipin-hcthiazid		ON CALL EXPRESS TEST		OPTICHAMBER DIAMOND-	
.....	96	STRIP .....	279, 317	MED MSK.....	296, 317
olmesartan-hydrochlorothiazide		ON CALL LANCET .....	288, 317	OPTICHAMBER DIAMOND-	
.....	97	ON CALL PLUS LANCET..	288, 317	SML MASK.....	296, 317
olopatadine.....	339, 362	ON CALL PLUS TEST STRIP		<i>OPTION-2</i> .....	166, 167
OLPRUVA.....	328	.....	279, 317	<i>OPTIUM EZ</i> .....	279, 317
OLUMIANT.....	28, 167	ON CALL VIVID TEST STRIP		OPTIUM TEST .....	279, 317
OMECLAMOX-PAK .....	236	.....	279, 317	<i>OPTUMRX</i> .....	279, 318
omega-3 acid ethyl esters.....	103	ONCASPAR.....	61	OPVEE .....	36
omeprazole.....	233	ondansetron.....	231	OPZELURA .....	173
omeprazole-sodium bicarbonate		ondansetron hcl.....	231	ORACIT .....	247
.....	234	ONETOUCH DELICA PLUS		ORALAIR .....	81
OMEZA .....	192	LANCET .....	288, 317	Oralone .....	331
OMNARIS .....	362	ONETOUCH DELICA SAFETY		ORAMAGICRX.....	332
OMNIFLEX DIAPHRAGM		LANCET .....	288, 317	ORAQIX .....	331
.....	283, 315	ONETOUCH ULTRA TEST		ORAVIG .....	38
OMNIPAQUE.....	194	.....	279, 317	ORENCIA .....	26
OMNIPOD 5 G6 INTRO KIT		ONETOUCH ULTRASOFT 2		ORENCIA (WITH MALTOSE	
(GEN 5) .....	297, 316	LANCET.....	288, 317	).....	26
OMNIPOD 5 G6 PODS (GEN 5)		ONETOUCH VERIO TEST		ORENCIA CLICKJECT .....	26
.....	297, 316	STRIPS.....	279, 317	ORENITRAM .....	111
OMNIPOD CLASSIC PODS		ONGENTYS.....	125	ORENITRAM MONTH 1	
(GEN 3) .....	297, 316	ON-GO COVID-19 AG AT		TITRATION KT.....	111
OMNIPOD DASH INTRO KIT		HOME TEST .....	283, 317	ORENITRAM MONTH 2	
(GEN 4) .....	298, 316	ONIVYDE .....	73	TITRATION KT .....	111
OMNIPOD DASH PDM KIT		ONPATRO.....	207		
(GEN 4) .....	292, 316				

ORENITRAM MONTH 3 TITRATION KT .....	111	OZEMPIC.....	209	peg3350-sod sul-nacl-kcl-asb-c .....	242
ORFADIN.....	328	OZURDEX .....	340	PEGASYS .....	48
ORGOVYX.....	67	P		peg-electrolyte soln .....	242
ORIAHNN .....	226	Pacerone.....	99	PEMAZYRE .....	64
ORLISSA.....	226	paclitaxel.....	72	pemetrexed .....	59
ORKAMBI .....	360, 361	paclitaxel protein-bound .....	72	pemetrexed disodium .....	59
ORLADEYO.....	111	PACNEX HP .....	170	PEMFEXY .....	59
orlistat .....	198	PACNEX LP.....	170	penicillamine .....	28, 35
orphenadrine citrate .....	272	PADCEV.....	58, 76	penicillin v potassium.....	52
orphenadrine-asa-caffeine.....	271	PALFORZIA (LEVEL 1).....	87	pentamidine .....	51
ORSERDU.....	71	PALFORZIA (LEVEL 2).....	87	PENTASA .....	238
ORTHO MICRONOR .....	163	PALFORZIA (LEVEL 3).....	87	pentazocine-naloxone .....	19
ORTHO TRI-CYCLEN (28) .	164	PALFORZIA (LEVEL 4).....	87	pentoxifylline.....	258
ORTHO-NOVUM 7/7/7 (28)	164	PALFORZIA (LEVEL 5).....	87	Percocet .....	19
ORTHOVISC.....	270	PALFORZIA (LEVEL 6).....	87	perindopril erbumine .....	95
OSCIMIN .....	235, 248	PALFORZIA (LEVEL 7).....	87	Periogard .....	331
OSCIMIN SL.....	235, 248	PALFORZIA (LEVEL 8).....	87	PERJETA .....	77
oseltamivir.....	49, 50	PALFORZIA (LEVEL 9).....	87	permethrin .....	192
OSPHENA .....	227	PALFORZIA (LEVEL 10).....	87	perphenazine.....	129
OTEZLA .....	29, 178	PALFORZIA (LEVEL 11 UP- DOSE) .....	87	perphenazine-amitriptyline.....	123
OTEZLA STARTER .....	29, 178	PALFORZIA INITIAL DOSE	88	PERSERIS.....	128
OTREXUP (PF).....	25	PALFORZIA LEVEL 11 MAINTENANCE .....	88	PERTZYE .....	232
OVACE PLUS .....	178, 179	paliperidone .....	127	PFIZER COVID 2023-24(5Y- 11Y)PF.....	91
OVACE PLUS SHAMPOO ..	178	PALYNZIQ .....	329	PFIZER COVID 2023-24(6MO- 4Y)PF.....	91
OVIDREL .....	221	PANCREAZE.....	232	PFLEX INSPIRATORY TRAINER .....	296, 318
oxaliplatin .....	69	PANDEL.....	184	PHARMACIST CHOICE .....	279, 318
oxaprozin.....	31	PANHEMATIN.....	251	PHEDRAX .....	175
OXAYDO .....	16	PANRETIN.....	177	phenazopyridine .....	247
oxazepam.....	114, 135	pantoprazole.....	233, 234	phendimetrazine tartrate .....	198
OXBRYTA .....	265	PANZYGA .....	84	phenelzine.....	121
oxcarbazepine .....	117	papaverine.....	110	phenobarbital .....	114, 145
OXERVATE.....	343	PARAGARD T 380A.....	152	phenoxybenzamine .....	110
OXIAICE .....	168	paricalcitol .....	327	phentermine .....	198
OXIAVAR.....	171	Paroex Oral Rinse.....	331	phenylephrine hcl .....	342
OXIAVARY .....	171	paromomycin .....	36	phenyleph-tropicamide in water .....	336
oxiconazole .....	176	paroxetine hcl.....	122	Phenyleph-tropicamide in water .....	336
OXISTAT .....	176	paroxetine mesylate(menop.sym) .....	227	Phenytek .....	117
OXLUMO .....	245	PARSABIV .....	214	phenytoin .....	117
OXTELLAR XR.....	118	PASER.....	45	phenytoin sodium extended....	117
oxybutynin chloride .....	249	PAXLOVID.....	53	PHESGO .....	77
oxycodone.....	16	pazopanib.....	70	PHEXXI .....	152
oxycodone-acetaminophen .....	19	peg 3350-electrolytes.....	242		
OXYCONTIN.....	17				
oxymorphone .....	17				
OXYTROL .....	249				

Philith.....	161	PONVORY.....	335	prednisolone acetate-bromfenac	
PHOSPHOLINE IODIDE .....	336	PONVORY 14-DAY STARTER		.....	342
PHOTREXA .....	337	PACK.....	335	prednisolone acetate-nepafenac	
PHOTREXA CROSS-LINKING		Portia 28.....	161	.....	342
KIT .....	337	PORTRAZZA.....	77	prednisolone sod ph-moxiflox	
PHOTREXA VISCOUS .....	337	posaconazole.....	39	337 .....	
PHYSIOLYTE.....	200	potassium chloride.....	201	prednisolone sodium phosphat	
PHYSIOSOL IRRIGATION .	200	potassium citrate.....	247	e.....	219, 340
phytonadione (vitamin k1).....	205	potassium iodide.....	200	prednisolone-moxiflo-nepafenac	
PIFELTRO.....	42	POTELIGEO .....	62	.....	338
pilocarpine hcl.....	332, 336	povidone-iodine .....	347	prednisolone-moxifloxacin hcl	
PILOT COVID-19 AT-HOME		PR BENZOYL PEROXIDE..	170	.....	337
TEST .....	283, 318	PR CREAM .....	188	prednisolone-moxiflox-bromfen	
pimecrolimus.....	179	PRADAXA.....	265	.....	338
pimozide.....	129	PRAKETAMIDE.....	191	prednisolon-moxiflox-bromf(pf)	
Pimtrea (28) .....	154	pralatrexate .....	59	.....	338
pindolol .....	104	pralidoxime.....	34	prednisone .....	219
pioglitazone.....	225	PRALUENT PEN.....	103	PREDNISON INTENSOL...219	
pioglitazone-glimepiride .....	212	pramipexole .....	126	pregabalin .....	116, 139
pioglitazone-metformin.....	212	PRAMOSONE.....	185	PREGNYL.....	221
PIP BLOOD GLUCOSE TEST		prasugrel .....	264	PREHEVBRIO (PF).....	82
STRIP .....	279, 318	pravastatin.....	102	<i>PREMARIN</i> .....	217, 365
PIP LANCET .....	288, 318	praziquantel.....	37	PREMIER TEST STRIP 280, 318	
PIQRAY.....	68	prazosin.....	110	PREMIUM V10 .....	280, 318
pirfenidone .....	364	PRECISION PCX PLUS TEST		PREMPHASE .....	216
piroxicam .....	30	.....	279, 318	PREMPRO .....	216
PLAN B ONE-STEP.....	166, 167	PRECISION PCX TEST 279, 318		PRENAISSANCE .....	203
PLEGRIDY .....	333	PRECISION POINT OF CARE		PRENAISSANCE PLUS .....	203
PLENITY.....	198	TEST .....	279, 318	PRENATAL 19 (WITH	
PLENITY (WELCOME KIT) 197		PRECISION Q-I-D TEST ....	279,	DOCUSATE).....	203
PLENVU.....	242	318		PREPIDIL .....	206
plerixafor.....	252	PRECISION XTRA TEST ...	279,	PRESERA .....	181
PLUVICTO.....	68, 71	318		PRESSURE ACTIVATED	
PNEUMOVAX-23.....	89	PRED MILD.....	340	LANCETS.....	289, 318
PNV-DHA + DOCUSATE ....	203	prednicarbate.....	184	pretomanid.....	46
POCKET CHAMBER ...	296, 318	prednisol ace-gatiflox-bromfen		Prevalite.....	100
PODOCON .....	186	.....	338	PREVNAR 20 (PF) .....	90
podofilox .....	186	prednisoln sp-gatiflox-bromfen		PREVYMIS.....	47
POLIBAR ACB .....	193	.....	338	PREZCOBIX.....	44, 52
<i>POLIVY</i> .....	59, 75	prednisoln sp-moxiflox-bromfen		PREZISTA .....	52
Polycin .....	346	.....	338	PRIALT .....	14
polymyxin b sulf-trimethoprim		prednisolone.....	219	<i>PRIFTIN</i> .....	46, 53
.....	346	prednisolone acetate.....	340	PRILOSEC .....	234
POMALYST .....	73	prednisolone acetate (pf).....	340	primaquine.....	40
POMBILITI .....	327			<i>PRIMEAIRE</i> .....	296, 318

primidone .....	114	Promethazine Vc-Codeine .....	363	QUICKVUE AT-HOME
PRIMSOL .....	37	promethazine-codeine .....	363	COVID-19 TEST .....
PRIORIX (PF) .....	86, 93, 94	promethazine-dm .....	363	QUIDROXZAR .....
PRIVIGEN .....	84	Promethegan .....	231, 353	QUILLICHEW ER .....
PRO COMFORT ALCOHOL		PRONAL .....	186	QUILLIVANT XR .....
PADS .....	79	propafenone .....	98	quinapril .....
PRO COMFORT LANCET..	289,	proparacaine .....	343	quinapril-hydrochlorothiazide ..
318		propranolol .....	105	quinidine gluconate .....
PRO COMFORT SAFETY		propranolol-hydrochlorothiazid		quinidine sulfate .....
LANCET .....	289, 318	.....	110	quinine sulfate .....
PRO DNA COLLECTION ....	331	propylthiouracil .....	213	QUINTET AC .....
PRO VOICE V8-V9 TEST		protriptyline .....	124	QUINTET GLUCOSE TEST
STRIP .....	280, 318	PROVISC .....	345	STRIPS .....
probenecid .....	250	PROVOCHOLINE .....	195	QUIT 2 .....
probenecid-colchicine .....	249	PTS PANELS EGLU TEST		QUIT 4 .....
PROCARE SPACER WITH		STRIP .....	280, 319	QULIPTA .....
ADULT MASK .....	296, 319	PULMICORT FLEXHALER	355	QUTENZA .....
PROCARE SPACER WITH		PULMOZYME .....	361	QUVIVIQ .....
CHILD MASK .....	297, 319	PURE COMFORT ALCOHOL		QVAR REDIHALER .....
PROCHAMBER .....	297, 319	PADS .....	79	R
prochlorperazine .....	231	PURE COMFORT LANCETS		rabeprazole .....
prochlorperazine maleate .....	129,	.....	289, 319	RADICAVA .....
230		PURE COMFORT SAFETY		RADICAVA ORS .....
PROCORT .....	34	LANCETS .....	289, 319	RADICAVA ORS STARTER
PROCRIT .....	253	PURIXAN .....	60	KIT SUSP .....
PROCTOFOAM HC .....	34	PUSH BUTTON SAFETY		RADIOGARDASE .....
Procto-Med Hc .....	33, 184	LANCETS .....	289, 319	RAGWITEK .....
Proctosol Hc .....	33, 184	pyrazinamide .....	46	raloxifene .....
Proctozone-Hc .....	33, 184	pyridostigmine bromide .....	269	ramipril .....
PROCYSBI .....	244	pyridoxine (vitamin b6) .....	204	ranolazine .....
PRODIGY LANCETS... ..	289, 319	pyrimethamine .....	40	RAPAMUNE .....
PRODIGY NO CODING .....	280,	PYTEST .....	194	RAPID SARS-COV-2 AG
319		PYTEST KIT .....	194	HOME TEST .....
PRODIGY TWIST TOP		Q		rasagiline .....
LANCET .....	289, 319	QALSODY .....	268	RASUVO (PF) .....
PROFILNINE .....	254	QBRELIS .....	95	RAVICTI .....
progesterone .....	227	QBREXZA .....	175	RAYALDEE .....
progesterone micronized .....	227	QELBREE .....	134	READI-CAT 2 .....
PROGRAF .....	267	QINLOCK .....	70	REBIF (WITH ALBUMIN) ..
PROLASTIN-C .....	361	QNASL .....	362	REBIF REBIDOSE .....
PROLENSA .....	341	QSYMIA .....	197	REBIF TITRATION PACK... ..
PROLEUKIN .....	65	QTERN .....	211	REBINYN .....
PROLIA .....	227	QUARTETTE .....	163	REBLOZYL .....
PROMACTA .....	265	<i>quazepam</i> .....	135, 145	REBYOTA .....
<i>promethazine</i> .....	231, 352, 353	<i>quetiapine</i> .....	129, 137	RECEDO .....
Promethazine Vc .....	352			Reclipsen (28) .....

RECOMBINATE.....	256	REZUROCK.....	29	ROLVEDON.....	257
RECOMBIVAX HB (PF) ..	82, 83	RHOGAM ULTRA-FILTERED		romidepsin.....	65
RECORLEV .....	206	PLUS .....	85	ropinirole .....	126
RECOTHROM .....	259	RHOPHYLAC.....	85	Rosadan .....	189
RECOTHROM SPRAY KIT.	259	RHOPRESSA .....	348	ROSULA.....	169
RECTIV .....	33	<i>RIABNI</i> .....	26, 63	ROSULA CLEANSING	
REFUAH PLUS.....	280, 319	RIASTAP.....	258	CLOTHS .....	169
REGENECARE.....	191	ribavirin.....	49, 52	rosuvastatin.....	102
REGIOCIT (EUA).....	251	RIDAURA .....	27	<i>ROTARIX</i> .....	86, 93
REGRANEX.....	192	rifabutin.....	46, 53	ROTATEQ VACCINE.....	86, 93
RELAGARD.....	365	rifampin.....	46, 53	ROXYBOND .....	17
RELENZA DISKHALER.....	50	RIGHTEST GL300 LANCETS		ROZLYTREK .....	70, 71
RELEUKO.....	257	.....	289, 320	RUBRACA.....	69
RELIAMED LANCET ..	289, 319	RIGHTEST GS250S TEST		RUCONEST .....	252
RELIAMED SAFETY SEAL		STRIPS.....	280, 320	rufinamide .....	120
LANCETS .....	289, 319	RIGHTEST GS260 TEST		RUKOBIA.....	41
RELIAMED TWIST AND CAP		STRIPS.....	280, 320	RUXIENCE.....	27, 63
LANCET .....	289, 319	RIGHTEST GS550 TEST		RYBELSUS.....	210
RELION CONFIRM-MICRO		STRIPS.....	280, 320	RYBREVANT.....	55
.....	280, 319	RIGHTEST GS700 TEST STRIP		RYDAPT .....	71
RELION PRIME TEST STRIPS		.....	280, 320	RYLAZE .....	61
.....	280, 320	RIGHTEST GT333 TEST STRIP		RYPLAZIM.....	262
RELION ULTIMA .....	280, 320	.....	280, 320	RYSTIGGO.....	269
RELISTOR .....	35	RIGHTEST MAX TEST STRIP		RYTARY.....	125
RELYVRIO .....	269	.....	280, 320	S	
RENACIDIN.....	244	rilpivirine .....	42	SABRIL.....	116
<i>RENFLEXIS</i> .....	22, 25, 241	riluzole .....	269	SAFETY LANCETS.....	289, 320
repaglinide.....	210	rimantadine .....	50	SAFETY SEAL LANCETS ..	289,
REPATHA PUSHTRONEX..	103	ringer's .....	200	320	
REPATHA SURECLICK.....	103	<i>RINVOQ</i> .....	28, 173, 239	SAFETY-LET LANCETS ....	289,
REPATHA SYRINGE.....	103	RIOMET ER.....	225	320	
RESPA-AR .....	352	risedronate.....	214	SAFYRAL.....	161
RESTASIS .....	340	<i>risperidone</i> .....	128, 137, 138	SAIZEN SAIZENPREP .....	220
RESTASIS MULTIDOSE.....	340	RITEFLO AEROCHAMBER		Sajazir .....	105
RETACRIT .....	253	.....	297, 320	salicylic acid.....	186
RETEVMO .....	72	ritonavir.....	52	SALIMEZ FORTE .....	187
RETIN-A MICRO PUMP ....	171	<i>RITUXAN</i> .....	26, 63	salsalate .....	32
RETISERT.....	340	RITUXAN HYCELA .....	63	SALVAX.....	187
RETROVIR.....	43	rivastigmine .....	151	SALVAX DUO PLUS .....	186
REVCOVI.....	327	rivastigmine tartrate .....	151	SANCUSO .....	231
REVEAL TEST STRIP .	280, 320	RIVELSA .....	163	<i>SANDIMMUNE</i> .....	27, 28, 267
REXULTI .....	131	RIXUBIS .....	254	SANDOSTATIN LAR DEPOT	
REYATAZ.....	52	rizatriptan.....	142	.....	228, 244
REYVOW .....	142	ROCKLATAN.....	345	SANTYL .....	181
REZLIDHIA .....	68	roflumilast.....	356	SAPHNELO .....	266

sapropterin.....	329	silver nitrate applicators.....	186	SOFT TOUCH LANCETS ...	289,
SARCLISA .....	63	silver sulfadiazine .....	179	321	
SAVAYSA.....	252	SIMBRINZA .....	337	SOGROYA.....	221
SAVELLA .....	123, 140	Simliya (28) .....	154	SOHONOS .....	268
saxagliptin .....	209	Simpesse .....	154	SOLESTA .....	299
saxagliptin-metformin....	212, 213	<i>SIMPONI</i> .....	23, 25, 241	solifenacin .....	248
SAXENDA .....	198	SIMPONI ARIA.....	23, 25	SOLQUA 100/33 .....	213
SCALACORT DK.....	184	SIMULECT .....	268	<i>SOLIRIS</i> .....	251, 264
SCSEMBLIX .....	71	simvastatin .....	102	SOLOSEC .....	40
SCLEROSOL INTRAPLEURAL		SINGLE-LET .....	289, 320	SOLTAMOX.....	72
.....	363	sirolimus .....	268	SOLU-CORTEF.....	219
scopolamine base .....	230	SIRTURO .....	45	SOLU-CORTEF ACT-O-VIAL	
SECUADO.....	126	SITZMARKS.....	195	(PF) 219	
SEGLUROMET.....	210	SIVEXTRO.....	51	SOLUS V2 LANCETS ..	289, 321
selegiline hcl .....	126	SKYCLARYS .....	268	SOLUS V2 TEST STRIPS....	281,
selenium sulfide .....	179	SKYLA .....	153	321	
SELZENTRY.....	41	<i>SKYRIZI</i> .....	172, 237	SOMATULINE DEPOT .....	228
SEMGLEE(INSULIN		SKYTROFA .....	221	SOMAVERT .....	220
GLARGINE-YFGN).....	223	SLYND.....	163	SOOLANTRA.....	189
SEMGLEE(INSULIN GLARG-		SMART SENSE LANCETS	289,	sorafenib .....	68
YFGN)PEN .....	223	320		sorbitol.....	244
SEREVENT DISKUS.....	357	SMART SENSE TEST STRIPS		sorbitol-mannitol .....	244
SERNIVO .....	184	.....	281, 320	SORILUX.....	178
SEROQUEL XR .....	129	SMARTEST LANCET..	289, 320	<i>sotalol</i> .....	98, 105
SEROSTIM.....	221	SMARTEST TEST.....	281, 320	Sotalol Af .....	98, 105
sertraline.....	122	sodium chlor 0.9% bacteriostat		SOTYKTU .....	172
Setlakin .....	161	.....	200, 204	<i>SOTYLIZE</i> .....	98, 105
sevelamer carbonate.....	245	sodium chloride .....	150, 188, 200	SOVALDI .....	49
sevelamer hcl .....	245	sodium chloride 0.45 % .....	204	SPACE CHAMBER.....	297, 321
SEVENFACT .....	254	sodium chloride 0.9 % ...	200, 204	SPACE CHAMBER WITH	
sevoflurane.....	32	sodium chloride 0.9 % (flush)	204	LARGE MASK.....	297, 321
<i>SF</i> .....	330	sodium citrate.....	251	SPACE CHAMBER WITH	
SF 5000 PLUS .....	330	sodium citrate in 0.9 % nacl ..	251	MEDIUM MASK .....	297, 321
Sharobel .....	163	SODIUM FLUORIDE 5000		SPACE CHAMBER WITH	
SHINGRIX (PF) .....	94	DRY MOUTH.....	330	SMALL MASK .....	297, 321
SIGNIFOR .....	228	SODIUM FLUORIDE 5000		SPEEDYSWAB COVID-19	
SIGNIFOR LAR .....	228	PLUS .....	330	HOME TEST .....	283, 321
SIKLOS.....	264	sodium fluoride-pot nitrate ....	330	SPIKEVAX 2023-2024(12Y	
sildenafil.....	197	sodium iodide-123 .....	196	UP)(PF).....	91
sildenafil (pulm.hypertension)	112	sodium iodide-131 .....	196	spinosad .....	192
SILICONE MASK - INFANT		sodium oxybate.....	144	SPINRAZA (PF) .....	273
.....	297, 320	sodium phenylbutyrate.....	329	SPIRIVA RESPIMAT.....	357
SILIQ .....	173	sodium polystyrene sulfonate	200	SPIRIVA WITH HANDIHALER	
silodosin .....	246	sodium,potassium,mag sulfates		.....	357
SILVASORB .....	192	.....	242	spironolactone .....	96, 108
silver nitrate .....	174				

spironolacton-hydrochlorothiaz	109	sulconazole .....	176	SYMAX DUOTAB .....	235, 249
SPRAVATO .....	121	sulfacetamide sodium ....	179, 347	SYMDEKO .....	361
SPRAY AND STRETCH .....	188	sulfacetamide sodium (acne) .	168	SYMJEPI.....	107
Sprintec (28).....	161	sulfacetamide sodium-sulfur..	169	SYMLINPEN 120 .....	209
SPRYCEL.....	71	sulfacetamide sod-sulfur-urea	169, 189	SYMLINPEN 60 .....	209
Sps (With Sorbitol) .....	200	.....	169, 189	SYMPROIC.....	36
SPS (WITH SORBITOL) .....	200	sulfacetamide-prednisolone ...	337	SYMTUZA.....	44
Sronyx.....	161	sulfadiazine .....	53	SYNAGIS.....	81
SSD .....	179	sulfamethoxazole-trimethoprim	37	SYNALAR CREAM KIT .....	185
SSK I.....	200	SULFAMYLON.....	179	SYNALAR OINTMENT KIT	185
SSS 10-5.....	169	sulfasalazine.....	29, 238	SYNALAR TS .....	185
ST JOSEPH ASPIRIN .....	32, 263	SULFATRIM.....	37	SYNAREL.....	226
ST. JOSEPH ASPIRIN ....	32, 264	sulfindac .....	30	SYNDROS.....	138, 199, 230
stavudine .....	43	sumatriptan .....	142	SYNJARDY .....	210
STEGLATRO .....	211	sumatriptan succinate.....	142	SYNJOYNT .....	271
STEGLUJAN.....	211	sunitinib malate.....	71	SYNVISC.....	271
STELARA .....	172, 237	SUNLENCA.....	36	SYNVISC-ONE .....	271
STENDRA .....	197	SUNOSI.....	144	SYRINGE AVITENE .....	259
STERILANCE TL .....	289, 321	SUPARTZ FX .....	271	T	
STERILE HYDROGEL FOR		SUPER THIN LANCETS ....	289,	T.R.U.E. TEST ALLERGEN ...	81
JELMYTO.....	199	321		TABLOID .....	60
sterile talc .....	364	SUPPRELIN LA.....	226	TABRECTA .....	71
STERITALC .....	364	SURE COMFORT ALCOHOL		TACHOSIL .....	260
STIMUFEND.....	257	PREP PADS .....	79	tacrolimus .....	179, 267
STIOLTO RESPIMAT .....	358	SURE COMFORT LANCETS		<i>tadalafil</i> .....	197, 246
STIVARGA .....	68	.....	289, 321	tadalafil (pulm. hypertension)	112
STOP SMOKING AID .....	149	SURE-LANCE .....	290, 321	TAFINLAR .....	62
STRATAGRAFT .....	192	SURE-LANCE ULTRA THIN		tafluprost (pf).....	348
STRAVIX .....	191	.....	290, 321	TAGITOL V .....	193
STRENSIQ .....	326	SURE-PREP ALCOHOL PREP		TAGRISO .....	56
STRIBILD.....	44	PADS.....	79	TAKE ACTION .....	166, 167
STRIVERDI RESPIMAT .....	357	SURE-TEST EASYPLUS MINI		<i>TAKHZYRO</i> .....	110, 111
STRONG IODINE.....	80, 201	.....	281, 321	TALICIA .....	236
SUBLOCADE.....	147	SURE-TOUCH LANCET ....	290,	TALTZ AUTOINJECTOR ...	173
Subvenite.....	119	321		TALTZ AUTOINJECTOR (2	
Subvenite Starter (Blue) Kit..	119,	SURVANTA .....	361	PACK).....	173
136		<i>SUSVIMO</i> .....	344, 348	TALTZ AUTOINJECTOR (3	
Subvenite Starter (Green) Kit	119,	SUSVIMO (INITIAL FILL)		PACK).....	173
137		.....	344, 348	TALTZ SYRINGE .....	173
Subvenite Starter (Orange) Kit		SUSVIMO IMPLANT AND		TALZENNA.....	69
.....	119, 137	INS. TOOL.....	293, 321	tamoxifen.....	72
SUCRAID .....	232	SUTAB .....	243	tamsulosin.....	246
sucrafate .....	243	Syeda .....	161	Tarina 24 Fe.....	161
SUFLAVE.....	243	SYLVANT.....	65	Tarina Fe 1/20 (28).....	161



Tarina Fe 1-20 Eq (28).....	161	terazosin.....	110	tiopronin.....	245
TARON-PREX PRENATAL-DHA.....	202, 203	terbinafine hcl.....	38	TIROSINT.....	229
TARPEYO.....	219	terbutaline.....	358	TIROSINT-SOL.....	229
TASCENSO ODT.....	335	terconazole.....	364	TISSEEL VHSD (APROTININ, SYN).....	190
TASIGNA.....	71	teriflunomide.....	335	TIS-U-SOL PENTALYTE.....	200
tasimelteon.....	140	teriparatide.....	214	<i>TIVDAK</i> .....	59, 76
tavaborole.....	176	Terrell.....	32	TIVICAY.....	41
TAVALISSE.....	251	TERSIFOAM.....	179	TIVICAY PD.....	41
TAVNEOS.....	20	TEST N'GO TEST.....	281, 322	tizanidine.....	272
Taysofy.....	161	testosterone.....	208	TLANDO.....	208
TAYTULLA.....	162	testosterone cypionate.....	208	TOBI PODHALER.....	360
tazarotene.....	178, 189	testosterone enanthate.....	208	TOBRADEX.....	337
TAZORAC.....	178	tetrabenazine.....	143	TOBRADEX ST.....	338
Taztia Xt.....	106	tetracaine hcl.....	343	tobramycin.....	346, 360
TAZVERIK.....	64	tetracaine hcl (pf).....	343	tobramycin in 0.225 % nacl.....	360
TD GOLD TEST STRIP.....	281, 321	tetracycline.....	54	tobramycin with nebulizer.....	360
TDVAX.....	88	TEXACORT.....	184	tobramycin-dexamethasone.....	338
TECENTRIQ.....	74	TEZSPIRE.....	356	tobramycin-vancomycin.....	338, 346
TECHLITE LANCETS..	290, 321	THALOMID.....	39, 73	TOBEX.....	346
<i>TEGRETOL</i> .....	118, 137	THEO-24.....	356	TOLAK.....	177
TEGRETOL XR.....	118, 137	theophylline.....	356	tolcapone.....	125
TEGSEDI.....	207	thiamine hcl (vitamin b1).....	204	tolmetin.....	30
TEKTRUNA HCT.....	113	THIN LANCETS.....	290, 322	tolterodine.....	249
TELCARE LANCETS...	290, 321	THIOLA EC.....	245	tolvaptan.....	109
TELCARE TEST STRIPS....	281, 321	thioridazine.....	129	TOPCARE UNIVERSAL I LANCET.....	290, 322
telmisartan.....	97	thiotepa.....	56	topiramate.....	118
telmisartan-amlodipine.....	96	thiothixene.....	129	topotecan.....	73
telmisartan-hydrochlorothiazid	97	THRESHOLD IMT TRAINER.....	297, 322	toremifene.....	72
<i>temazepam</i> .....	135, 145	THRESHOLD PEP DEVICE.....	297, 322	TORONOVA II SUIK.....	30
TEMBEXA.....	54	THROMBIN-JMI.....	259	TORONOVA SUIK.....	30
TEMODAR.....	57	THYMOGLOBULIN.....	86	torsemide.....	109
temozolomide.....	57	THYQUIDITY.....	229	TOTALVISC.....	345
TEMPO REFILL KIT WITH GAUZE.....	290, 321	THYROGEN.....	195	TOUJEO MAX U-300 SOLOSTAR.....	223
temsrolimus.....	68	thyroid (pork).....	228	TOUJEO SOLOSTAR U-300 INSULIN.....	223
Tencon.....	20	Tiadylt Er.....	106	TOXICOLOGY SALIVA COLLECTION.....	195
teniposide.....	64	tiagabine.....	116	TPOXX (NATIONAL STOCKPILE).....	54
TENIVAC (PF).....	88, 89	TIBSOVO.....	68	TRACLEER.....	112
tenofovir disoproxil fumarate..	44, 48	TIGLUTIK.....	269	TRADJENTA.....	209
TEPADINA.....	56	Tilia Fe.....	164	tramadol.....	17
TEPEZZA.....	228	timolol maleate.....	105, 343	tramadol-acetaminophen.....	19
TEPMETKO.....	71	timolol maleate (pf).....	343		
		timolol-brimonidi-dorzolam(pf).....	341		
		tinidazole.....	40		

trandolapril.....	96	Tri-Lo-Sprintec.....	165	TRUMENBA.....	90
trandolapril-verapamil.....	95	TRI-LUMA.....	180	TRUQAP.....	54
tranexamic acid.....	258	TRILURON.....	271	TRUSKIN.....	191
tranylcypromine.....	121	trimethobenzamide.....	230	TRUSTEX LATEX CONDOM	
TRANZAREL.....	191	trimethoprim.....	37	.....	293, 322
travoprost.....	348	Tri-Mili.....	165	TRUSTEX LUBRICATED	
TRAZIMERA.....	78	trimipramine.....	124	CONDOMS.....	293, 322
trazodone.....	122	TRI-MIX (PAPAVRN-		TRUSTEX NON-LUB	
TRECTOR.....	46	PHNTLMN-PGE1).....	197	CONDOMS.....	293, 322
TRELEGY ELLIPTA.....	360	TRIMO-SAN JELLY.....	365	TRUSTEX-RIA	
TRELSTAR.....	67	TRINTELLIX.....	123	LUB/SPERMICIDE.....	293, 322
TREMFYA.....	172	Tri-Nymyo.....	165	TRUSTEX-RIA LUBRICATED	
treprostinil sodium.....	111	TRIPTODUR.....	226	CONDOMS.....	293, 322
TRESIBA FLEXTOUCH U-100		TRISENOX.....	61	TRUSTEX-RIA NON-LUB	
.....	223	Tri-Sprintec (28).....	165	CONDOMS.....	293, 322
TRESIBA FLEXTOUCH U-200		TRIUMEQ.....	45	TRUXIMA.....	27, 63
.....	223	TRIUMEQ PD.....	45	TUDORZA PRESSAIR.....	357
TRESIBA U-100 INSULIN... 224		TRIVISC.....	271	TUKYSA.....	64
tretinoin.....	171	Trivora (28).....	165	Tulana.....	163
tretinoin (antineoplastic).....	71	Tri-Vylibra.....	165	TURALIO.....	71
tretinoin microspheres.....	171	Tri-Vylibra Lo.....	165	Turqoz (28).....	162
TRETTEN.....	257	TRODELVY.....	76	TUXARIN ER.....	363
TREXALL.....	26, 59	TROGARZO.....	41	TWINRIX (PF).....	81
triamcinolone acetonide. 184, 331		tropicamide.....	338	TWIRLA.....	165
triamterene.....	109	tropic-proparacai-pe-ketor-wat		TWIST LANCETS.....	290, 322
triamterene-hydrochlorothiazid		.....	345	TYBLUME.....	162
.....	109	trospium.....	249	TYBOST.....	329
triazolam.....	135, 145	TRUDHESA.....	141	Tydemy.....	162
TRI-CHLOR.....	187	TRUE COMFORT ALCOHOL		TYMLOS.....	214
Triderm.....	184	PADS.....	79	TYRVAYA.....	362
trientine.....	35	TRUE COMFORT LANCET		TYSABRI.....	332
Tri-Estarylla.....	164	.....	290, 322	TYVASO.....	111
TRIFERIC.....	201	TRUE COMFORT PRO		TYVASO DPI.....	111
trifluoperazine.....	129	ALCOHOL PADS.....	80	TYVASO INSTITUTIONAL	
trifluridine.....	347	TRUE METRIX GLUCOSE		START KIT.....	111
trihexyphenidyl.....	125	TEST STRIP.....	281, 322	TYVASO REFILL KIT.....	112
TRIJARDY XR.....	213	TRUE METRIX PRO TEST		TYVASO STARTER KIT.....	112
TRIKAFTA.....	361	STRIP.....	281, 322	TZIELD.....	205
Tri-Legest Fe.....	164	TRUEPLUS KETONE..	299, 322	U	
Tri-Linyah.....	164	TRUEPLUS LANCETS	290, 322	UBRELVY.....	141
TRILOAN II SUIK.....	219	TRUETEST TEST STRIPS..	281,	UDENYCA.....	258
TRILOAN SUIK.....	219	322		ULESFIA.....	192
Tri-Lo-Estarylla.....	164	TRUETRACK TEST.....	281, 322	ULTILET ALCOHOL SWAB..	80
Tri-Lo-Marzia.....	164	TRULANCE.....	232, 236	ULTILET BASIC LANCETS	
Tri-Lo-Mili.....	164	TRULICITY.....	210	.....	290, 322

ULTILET CLASSIC LANCETS ..... 290, 323	UNISTIK EXTRA LANCETS ..... 291, 324	VANFLYTA .....65
ULTILET LANCETS .... 290, 323	UNISTIK NORMAL LANCETS ..... 291, 324	VANOXIDE-HC .....170
ULTILET SAFETY LANCETS ..... 290, 323	UNISTIK PRO LANCET..... 291, 324	VAQTA (PF).....82
ULTIMA TEST STRIPS 281, 323	UNISTIK SAFETY ..... 291, 324	vardenafil.....197
<i>ULTOMIRIS</i> ..... 251, 264	UNISTIK TOUCH LANCETS ..... 291, 324	varenicline .....150
ULTRA FINE LANCETS .... 290, 323	UNISTRIP1 TEST STRIP .... 281, 324	VARIBAR HONEY .....193
ULTRA THIN II LANCETS ..... 290, 323	UNIVERSAL 1 LANCETS.. 291, 324	VARIBAR NECTAR .....193
ULTRA THIN LANCETS ..... 290, 323	UPLIZNA ..... 267	VARIBAR PUDDING .....193
ULTRA THIN PLUS LANCETS ..... 290, 323	UPNEEQ (PF) ..... 336	VARIBAR THIN HONEY ....193
ULTRA TLC LANCETS..... 290, 323	UPTRAVI..... 110	VARIBAR THIN LIQUID.....193
ULTRA-CARE LANCETS .. 290, 323	URAMAXIN ..... 187	VARIVAX (PF) .....86, 94
ULTRALANCE LANCETS . 290, 323	URAMAXIN GT ..... 186	VARIZIG.....86
ULTRASAL-ER ..... 187	<i>urea</i> ..... 187	VARUBI.....231
ULTRA-THIN II LANCETS ..... 290, 323	UREA NAIL STICK ..... 187	VASCEPA.....103
<i>ULTRATRAK</i> ..... 281, 323	URETRON D-S ..... 51, 247	VASELINE WHITE
ULTRATRAK ULTIMATE ..... 281, 323	<i>URISTIX 4</i> ..... 195, 324	PETROLEUM.....189
UNILET COMFORTOUCH LANCET ..... 290, 323	URISTIX REAGENT ... 195, 324	VASHE.....192
UNILET GP LANCET .. 290, 323	<i>URO-458</i> ..... 51, 247	VAXCHORA ACTIVE
UNILET LANCET ..... 290, 323	UROGESIC-BLUE..... 51, 248	COMPONENT.....87, 90
UNILET LANCETS ..... 291, 323	<i>URO-MP</i> ..... 51, 248	VAXCHORA BUFFER
UNILET SUPER THIN LANCETS ..... 291, 323	UROQID-ACID NO.2 .... 51, 247	COMPONENT.....150
UNISTIK 3 COMFORT LANCET ..... 291, 323	ursodiol ..... 233	VAXCHORA VACCINE...87, 90
UNISTIK 3 EXTRA LANCET ..... 291, 323	V	VAXNEUVANCE (PF) .....90
UNISTIK 3 GENTLE .... 291, 323	VABYSMO ..... 336	VCF CONTRACEPTIVE FILM .....167
UNISTIK 3 NORMAL LANCET ..... 291, 323	VAGINAL CONTRACEPTIVE FILM ..... 167	VCF CONTRACEPTIVE GEL .....167
UNISTIK COMFORT LANCETS ..... 291, 323	valacyclovir..... 49	VECTIBIX .....77
UNISTIK CZT LANCET ..... 291, 323	VALCHLOR..... 177	VEGZELMA .....55
	valganciclovir ..... 47	VELETRI .....112
	valproic acid..... 115, 137	Velivet Triphasic Regimen (28) .....165
	valproic acid (as sodium salt) ..... 115, 137	VELPHORO.....246
	valrubicin ..... 74	VELSIPITY.....239
	valsartan ..... 97	VELTASSA.....200
	valsartan-hydrochlorothiazide . 97	VEMLIDY.....48
	VALSTAR..... 74	VENCLEXTA .....61
	<i>VALTOCO</i> ..... 115, 135	VENCLEXTA STARTING PACK.....61
	vancomycin..... 48	venlafaxine .....123
	vancomycin in 0.9 % sodium chl ..... 338	VENTAVIS .....112
		VEOPOZ .....229
		VEOZAH.....205
		verapamil .....99, 106
		VERIFINE SAFETY LANCET MINI .....291, 324

VERIFINE UNIVERSAL		
LANCET .....	291, 324	
VERQUVO .....	98	
VERSACLOZ .....	128	
VERZENIO .....	63	
VESICARE LS .....	248	
Vestura (28) .....	162	
VEVYE .....	341	
V-GO 20 .....	298, 324	
V-GO 30 .....	298, 324	
V-GO 40 .....	298, 324	
VIBERZI .....	237, 241	
VICTOZA 2-PAK .....	210	
VICTOZA 3-PAK .....	210	
Vienva .....	162	
vigabatrin .....	116	
Vigadrone .....	116	
VIJOICE .....	328	
vilazodone .....	123	
VILTEPSO .....	270	
VIMIZIM .....	327	
VIMPAT .....	116	
vinblastine .....	73	
vinorelbine .....	73	
VIOKACE .....	232	
Viorele (28) .....	154	
VIRACEPT .....	52	
VIREAD .....	44, 48	
VISCO-3 .....	271	
VISTASEAL-FIBRIN		
SEALANT .....	260	
VISUDYNE .....	345	
VITAFOL FE+ (WITH		
DOCUSATE) .....	203	
Vitamin D2 .....	205	
VITAMIN K .....	205	
Vitamin K1 .....	205	
VITRAKVI .....	73	
VIVAGUARD INO TEST		
STRIP .....	281, 324	
VIVAGUARD LANCET .....	291,	
324		
VIVIMUSTA .....	57	
VIVITROL .....	147	
VIVJOA .....	38	
VIVOTIF .....	87, 89	
VIZIMPRO .....	56	
VOCABRIA .....	42	
Volnea (28) .....	154	
VONJO .....	66	
VONVENDI .....	258	
VOQUEZNA .....	230	
VOQUEZNA DUAL PAK .....	236	
VOQUEZNA TRIPLE PAK .....	236	
VORAXAZE .....	78	
voriconazole .....	39	
VORTEX HOLDING		
CHAMBER .....	297, 324	
VORTEX VHC FROG MASK-		
CHILD .....	297, 324	
VORTEX VHC LADYBUG		
MASK-TODDLR .....	297, 324	
VOSEVI .....	49	
VOWST .....	229	
VOXZOGO .....	213	
VP-CH-PNV .....	203	
VPRIV .....	326	
VRAYLAR .....	131, 138	
VTAMA .....	178	
VUITY .....	337	
VUMERITY .....	334	
VYEPTI .....	141	
Vyfemla (28) .....	162	
VYLEESI .....	140	
Vylibra .....	162	
VYNDAMAX .....	207	
VYNDAQEL .....	207	
VYONDYS-53 .....	270	
VYVGART .....	269	
VYVGART HYTRULO .....	269	
VYXEOS .....	58	
VYZULTA .....	348	
W		
WAKIX .....	144	
warfarin .....	251	
water for irrigation, sterile .....	200	
WAVESENSE JAZZ .....	281, 324	
WAVESENSE PRESTO .....	282, 324	
WEBCOL .....	80	
WEGOVY .....	198	
WELIREG .....	65	
Wera (28) .....	162	
WIDE-SEAL DIAPHRAGM 60		
.....	283, 325	
WIDE-SEAL DIAPHRAGM 65		
.....	283, 325	
WIDE-SEAL DIAPHRAGM 70		
.....	283, 325	
WIDE-SEAL DIAPHRAGM 75		
.....	284, 325	
WIDE-SEAL DIAPHRAGM 80		
.....	284, 325	
WIDE-SEAL DIAPHRAGM 85		
.....	284, 325	
WIDE-SEAL DIAPHRAGM 90		
.....	284, 325	
WIDE-SEAL DIAPHRAGM 95		
.....	284, 325	
WILATE .....	256	
WILZIN .....	35	
WINLEVI .....	168	
WINRHO SDF .....	85	
Wixela Inhub .....	359	
WOUNDGELHA MATRIX .....	188	
Wymzya Fe .....	162	
WYNZORA .....	172	
X		
XADAGO .....	126	
XALIX .....	187	
XALKORI .....	57, 58	
XARELTO .....	252	
XARELTO DVT-PE TREAT		
30D START .....	252	
XATMEP .....	26, 59	
XCLAIR .....	181	
XCOPRI .....	120	
XCOPRI MAINTENANCE		
PACK .....	120	
XCOPRI TITRATION PACK		
.....	121	
XDEMVY .....	335	
XELJANZ .....	28, 239	
XELJANZ XR .....	28, 239	
XELPROS .....	348	
XELSTRYM .....	134, 139	

XEMBIFY.....	85	YOKATAR.....	180	ZIEXTENZO.....	258
XENLETA.....	52	YONDELIS.....	74	ZIMHI.....	36
XENON XE-133.....	196	YONSA.....	55, 58	ziprasidone hcl.....	127, 138
XENOVIEW PATIENT DOSE .....	195	YUPELRI.....	357	ZIRABEV.....	55
XENOVIEW PREPARATION		Yuvaferm.....	365	ZIRGAN.....	347
GAS BLEND.....	195	Z		ZITHRANOL.....	178
XENPOZYME.....	325	Zafemy.....	165	ZITUVIO.....	209
XEOMIN.....	271	zafirlukast.....	356	ZOKINVY.....	329
XEPI.....	174	zaleplon.....	145	ZOLADEX.....	67
XGEVA.....	227	ZALTRAP.....	76	zoledronic acid.....	214
XHANCE.....	362	ZANOSAR.....	74	zoledronic acid-mannitol-water .....	214
XIAFLEX.....	271	Zarah.....	162	zoledronic ac-mannitol-0.9nacl .....	214
XIFAXAN.....	53	ZARXIO.....	258	ZOLINZA.....	65
XIGDUO XR.....	210, 211	ZAVZPRET.....	141	zolmitriptan.....	142
XIIDRA.....	341	Zebutal.....	20	zolpidem.....	146
XOFLUZA.....	50	ZEGALOGUE		ZOMACTON.....	221
XOLAIR.....	354	AUTOINJECTOR.....	207	Zomig.....	142
XOSPATA.....	65	ZEGALOGUE SYRINGE.....	207	ZONISADE.....	120
XPHOZAH.....	199	ZEJULA.....	69	zonisamide.....	120
XPROVIO.....	64, 72	ZELAPAR.....	126	ZONTIVITY.....	264
XTAMPZA ER.....	17	ZELBORAF.....	62	ZORYVE.....	178, 179
XTANDI.....	58	ZELNORM.....	237, 241	Zovia 1-35 (28).....	162
Xulane.....	165	ZEMAIRA.....	361	ZTALMY.....	118
XULTOPHY 100/3.6.....	213	Zenatane.....	168	ZUBSOLV.....	147
XURIDEN.....	328	ZENPEP.....	232	ZULRESSO.....	121
XYNTHA.....	256	Zenzedi.....	134, 139, 145	Zumandimine (28).....	162
XYNTHA SOLOFUSE.....	256	ZEPATIER.....	48	ZURZUVAE.....	121
XYOSTED.....	208	ZEPBOUND.....	197	ZYDELIG.....	68, 69
XYWAV.....	144	ZEPOSIA.....	239, 335	ZYKADIA.....	58
Y		ZEPOSIA STARTER KIT (28- DAY).....	239, 335	ZYLET.....	338
Yargesa.....	328	ZEPOSIA STARTER PACK (7- DAY).....	239, 335	ZYNLONTA.....	62
YASMIN (28).....	162	ZEPZELCA.....	74	ZYNYZ.....	75
YAZ (28).....	162	ZETONNA.....	362	ZYPRAM.....	34
YCANTH.....	187	zidovudine.....	43	ZYPREXA RELPREVV.....	130
YERVOY.....	64				