



Three-Tier Drug List

Caltech

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call Pharmacy Member Services at 1-833-261-2467 (For HMO & Other PPO) or 1-833-261-2460 (For HSA Plans).

Advantage HMO 25/45	\$15/\$50/\$75/\$75
Owens Valley PPO	\$15/\$45/\$75/\$75
Blue Card PPO 250/20	\$15/\$45/\$75/\$75
HSA with Rx	

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca/Caltech/ and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com/ca/Caltech/ and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.
- If you are taking a drug that is not on this list, your drug may continue to be covered. Members will receive a letter with more information. If you have questions or require additional assistance, your employer has provided access to a set of independent pharmacists, Integrity Pharmaceutical Advisors (IPA), to help you at no extra cost. To make an appointment to speak with an IPA pharmacist, call 844-453-7043 or go online to <https://calendly.com/caltech/appointment>.

National Drug List

Three Tier

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Caltech Drug List- Informational Section

Definitions

“\$0” next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

“**BRAND name drug**” means a drug that is marketed under a proprietary, trademark-protected name. A BRAND name drug is listed in this formulary in all CAPITAL letters.

“**Coinsurance**” means 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**” means 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**” means 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.

“**Dose Optimization (DO)**” means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

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

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

“**Exception request**” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care 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**” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“**Formulary**” or “**prescription drug list**” 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.

“**Limited Distribution (LD)**” means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

“**Medically Necessary**” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

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

“**Oral Chemotherapy (OC)**” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.



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

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

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

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

"Prior Authorization (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)" means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

"Specialty Drugs (SP)" means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

"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.

"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.

Frequently Asked Questions

How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

How can I find a drug on the list?

- (A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or **generic** name of the drug in the alphabetical index; and
- (B) If a **generic** equivalent for a BRAND name drug is not available on the market or is not covered, the drug will not be separately listed by its **generic** name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

How are drugs shown on the list?

- A drug is listed alphabetically by its BRAND name and **generic** names in the therapeutic category and class to which it belongs;
- The **generic** name for a BRAND name drug is included after the BRAND name in parentheses and all **bold and italicized lowercase** letters;

PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS
NUEDEXTA ORAL CAPSULE (<i>dextromethorphan</i>)

- If a **generic** equivalent for a BRAND name drug is both available and covered, the **generic** drug will be listed separately from the BRAND name drug in all **bold and italicized lowercase letters**; and

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS
<i>amoxicillin oral capsule</i>

- If a **generic** drug is marketed under a proprietary, trademark-protected BRAND name, the BRAND name will be listed after the **generic** name in parentheses and regular typeface with the first letter of each word capitalized.

<i>levonorgestrel-ethinyl estrad</i> (Portia 28 Oral Tablet)

The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.

What are my options for getting my prescriptions?

You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies.



Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies.

To find a pharmacy near you:

1. Log in at [anthem.com/ca](https://www.anthem.com/ca).
2. Choose Find a Pharmacy.
3. Enter your ZIP code.

CarelonRx Pharmacy

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Current Anthem members can get started at [anthem.com/ca](https://www.anthem.com/ca) and go to the "Pharmacy Benefits" page. You can also log in to our Sydney Health mobile app and select "Pharmacy". Register your member account if you haven't already. Go to "View Prescriptions" and follow the guided steps to switch to CarelonRx Pharmacy. Shipping is always free. Call the CarelonRx Pharmacy Contact Center at 833-396-0309 or use the live chat feature on Sydney Health or [anthem.com/ca](https://www.anthem.com/ca) for assistance.

Specialty pharmacy

If you have a complex or chronic condition treated with specialty medication — one that may need special handling or is given by injection or infusion — you'll need to get it through our specialty pharmacy. Your doctor will send the prescription to our specialty pharmacy for you, and it will be delivered to your home or your doctor's office if it needs to be administered by a doctor.

What if my drug is non-formulary or isn't on the list?

Drugs not listed on the formulary are called non-formulary drugs. We understand that only you and your doctor know what is best for you. If you want to take a non-formulary drug or a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you. If it is determined that a non-formulary drug is medically appropriate and necessary, that drug will be covered under the terms of your benefits.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Pharmacy Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Your doctor submits an electronic PA request by going to <https://www.covermyeds.com/main/partners/anthem>.
2. Log in at www.anthem.com/ca/ and choose **Pharmacy**.
 - o Search your drug list for your medication.
 - o Choose the correct medication strength and form.
 - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
3. Your doctor [completes and faxes the form](#) to us at 844-474-3347.
4. Call Pharmacy Member Services at 1-833-261-2467 (For HMO & Other PPO) or 1-833-261-2460 (For HSA Plans).

If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed prior authorization or exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed prior authorization or exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.



We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

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

Who decides what drugs are on the list?

The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What is a specialty drug and how do I get them?

If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

Does the drug list change, and how will I know if it does?

Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

What kind of drugs can I find on the formulary?

We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?

We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work, and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have the highest cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.



How will I know if my drug is covered and how much will it cost?

You can go online and with the [Price a Medication](#) tool, get pharmacy-specific drug coverage details and pricing from a number of local retail pharmacies in your zip code.

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30- day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?

When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
 - Risk of side effects.
 - Risk of harmful effects when taken with other drugs.
 - Potential for incorrect use or abuse.
 - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
 - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
 - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, if you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

What is Prior Authorization? How does it work?

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

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at anthem.com/ca and choose **Pharmacy**.
 - Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
 - Choose the correct medication strength and form.
 - Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
 - Your doctor completes and faxes the form to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed prior authorization or exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.



If we fail to respond to a completed prior authorization or exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process. If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

What is Step Therapy? How does it work?

Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.

There are a few options for your doctor to start the Step Therapy (ST) exception process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at anthem.com/ca and choose **Pharmacy**.
 - Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
 - Choose the correct medication strength and form.
 - Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
 - Your doctor completes and faxes the form to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed step therapy exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed step therapy exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

In circumstances where an enrollee is changing plans, we will not require the enrollee to repeat step therapy when they are already being treated for a medical condition by a prescription drug, provided that the drug is appropriately prescribed and considered safe and effective for the enrollee's condition.

If we have previously approved coverage of the drug for your medical condition, and your provider continues to prescribe for the medical condition, provided the drug is appropriately prescribed and safe and effective for your condition, we will not exclude coverage of the drug.

Rights Available to Members

If you don't agree with a coverage decision, you have the right to ask for a grievance (also known as an appeal). Unless your benefits booklet states otherwise, you must ask for a grievance within 180 calendar days from the date you get the coverage decision letter. Your provider, or any other person you choose (authorized representative), may ask for a grievance on your behalf. A person of your choice may also help you during the grievance process. You need to let us know, in writing, if you want someone to help or represent you.



How do I ask for an urgent (expedited) grievance?

An urgent grievance is available if you haven't had services (pre-service) or if you are currently getting services (concurrent care) and you, or your health care provider, believe that your condition could involve an imminent and serious threat to your health, including, but not limited to, severe pain or potential loss of life, limb, or major bodily function.

We will let you know the decision within 3 calendar days after we get a qualifying urgent grievance. We will let you know the decision by phone. We will also send you the decision in writing.

You, or any person you choose, can ask for an urgent grievance in writing or by phone:

In writing: Overnight mail

**Grievances and Appeals
21215 Burbank Boulevard
Woodland Hills, CA 91367**

By phone: **1-800-365-0609** or **1-866-333-4823** (TDD line if you have hearing or speech loss)

By fax: **1-855-211-3699**

If you qualify for an urgent grievance, you may ask for an independent medical review (IMR) with the Department of Managed Health Care (the department) instead of, or at the same time as, asking for an urgent grievance with your health plan. Details about IMR are included in this document (see "If I don't agree with the grievance decision, what other rights do I have?").

How do I ask for a standard (not expedited) grievance?

You, or any person you choose, can ask for a standard grievance in writing, by phone or online at www.anthem.com/ca.

In writing: **Grievances and Appeals**

**P.O. Box 4310
Woodland Hills, CA 91365-4310**

By phone: **1-800-365-0609** or **866-333-4823** (TDD line for the hearing and speech impaired)

By fax: **1-877-551-6183**

We will send a written decision within 30 calendar days from the date we get the grievance. Our response will have reasons for the decision and references to the plan provisions on which the decision was based. However, grievances received over the phone that are not coverage disputes, disputed health care services involving medical necessity or experimental or investigational treatment, and that are resolved by the close of the next business day, will not receive a written response.

Can I get copies of documents for my records?

Of course! You can call us or send a letter to ask for free copies of all documents, including the actual benefit provision, guideline, protocol or other similar criterion this decision was based on.

Can I get diagnosis and treatment codes?

You can! Just call us to ask for them. You can also ask for descriptions of the codes, if they are available.

What should my grievance include?

Include, if available, the following information:

- The member's name and ID number;
- The name of the provider who will or has provided care;
- The date(s) of service;
- The claim or reference number for the specific decision with which you don't agree; and
- The specific reason(s) why you don't agree with the decision.

You have the right, and we encourage you, to give us written comments, documents, and other relevant information with your grievance.



How will my grievance be handled?

The appropriate administrative and/or clinical specialists will review your grievance. All relevant information submitted by you or on your behalf will be reviewed regardless of whether it was considered at the time the initial decision was made. We may contact any providers who may have additional information to support your grievance. The reviewers will not have been involved in the initial decision. They also will not be a subordinate of the person who made the initial decision.

If I don't agree with the grievance decision, what other rights do I have?

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-365-0609** or at the TDD line **1-866-333-4823** for the hearing and speech impaired and use your health plan's grievance process before contacting the department.

Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.

You may ask for an IMR immediately without going through your health plan's grievance process if:

- Your disputed health care service involves experimental or investigational treatment; or
- The department decides that an earlier review is warranted; or
- There is an imminent or serious threat to your health that requires an urgent (expedited) review of your case.

We will help you with the application process if an urgent review of your case is warranted. You can find the application and instructions online at www.dmhc.ca.gov (the department's website). IMR is free to you. There aren't any filing fees either.

If we deny your grievance, we will give you more details about dispute resolution options available to you. You may also refer to your benefits booklet or call Member Services at the phone number on your member ID card for details about the entire grievance process.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

KEY

Here are some terms and notes you'll find on the drug list.

BRAND name drugs are in UPPER CASE, plain type.

generic drugs are in lower case, italic bold type.

\$0 = preventive drugs. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

AL = age limits. Some drugs require a prior authorization if your age does not meet drug manufacturer, Food and Drug Administration (FDA), or clinical recommendations.

BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to [Price a Medication](#) and refer to your plan documents

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

OC = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 = drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition.

Three Tier

CURRENT AS OF 9/1/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	PA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	PA
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule</i>	1	PA
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	PA
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	1	PA
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i>	1	PA; QL (1 capsule per 1 day)
*AMPHETAMINES**** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine sulfate oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	1	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	PA
<i>dextroamphetamine sulfate oral solution</i>	1	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg</i>	1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	1	PA
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	1	PA
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	1	PA
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	1	PA; QL (1 tablet per 1 day)
<i>zenzedi oral tablet 10 mg, 7.5 mg</i>	1	PA; QL (6 tablets per 1 day)
<i>zenzedi oral tablet 15 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>zenzedi oral tablet 2.5 mg, 5 mg</i>	1	PA
<i>zenzedi oral tablet 20 mg, 30 mg</i>	1	PA; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate intravenous solution</i>	3	
<i>caffeine citrate oral solution</i>	1	
DOPRAM INTRAVENOUS SOLUTION (<i>doxapram hcl</i>)	3	
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>benzphetamine hcl oral tablet</i>	1	PA; BE; QL (3 tablets per 1 day)
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	1	PA; BE; QL (1 tablet per 1 day)
<i>diethylpropion hcl oral tablet</i>	1	PA; BE; QL (3 tablets per 1 day)
LOMAIRA ORAL TABLET (<i>phentermine hcl</i>)	3	PA; BE; QL (3 tablets per 1 day)
PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; BE; QL (1 capsule per 1 day)
<i>phendimetrazine tartrate oral tablet</i>	1	PA; BE; QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule</i>	1	PA; BE; QL (1 capsule per 1 day)
<i>phentermine hcl oral tablet</i>	1	PA; BE; QL (1 tablet per 1 day)
*ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tirzepatide-weight management</i>)	3	PA; QL (1 pen per 1 week)
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR SLEEP DISORDER		
SUNOSI ORAL TABLET 150 MG (<i>solriamfetol hcl</i>)	3	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (<i>solriamfetol hcl</i>)	3	PA
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER		
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	3	PA; LD; SP
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>orlistat oral capsule</i>	1	PA; BE; QL (3 capsules per 1 day)
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
IMCIVREE SUBCUTANEOUS SOLUTION (<i>setmelanotide acetate</i>)	3	PA; LD; BE; QL (9 vials per 30 days)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg</i>	1	ST
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	1	ST; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>	1	PA
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	PA; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	1	PA
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	1	PA
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 54 mg, 63 mg</i>	1	PA; QL (1 tablet per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG	1	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	PA
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	PA
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1	PA
<i>methylphenidate hcl oral tablet 20 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg</i>	1	ST
<i>methylphenidate hcl oral tablet chewable 5 mg</i>	1	PA
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr</i>	1	ST
<i>methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr</i>	1	ST; QL (1 patch per 1 day)
<i>modafinil oral tablet 100 mg</i>	1	PA
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (1 tablet per 1 day)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
*ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
PALFORZIA (1 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (12 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (3 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 packet per 1 day)
PALFORZIA (300 MG TITRATION) ORAL PACKET (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA INITIAL DOSE 1-3YRS ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA INITIAL DOSE 4-17YRS ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 6 months)
PALFORZIA INITIAL ESCALATION ORAL (<i>peanut powder-dnfp</i>)	3	PA; LD; QL (1 kit per 6 months)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	1	
ARIKAYCE INHALATION SUSPENSION (<i>amikacin sulfate liposome</i>)	3	PA; LD; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	3	LD; QL (224 mL per 28 days); SP
<i>gentamicin in saline intravenous solution</i>	1	
<i>gentamicin sulfate injection solution</i>	1	
HUMATIN ORAL CAPSULE (<i>paromomycin sulfate</i>)	3	PA
<i>neomycin sulfate oral tablet</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1	
TOBI PODHALER INHALATION CAPSULE (<i>tobramycin</i>)	3	LD; QL (224 capsules per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	QL (224 mL per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	QL (10 mL per 1 day); SP
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	1	QL (900 mL per 30 days)
<i>tobramycin sulfate injection solution 10 mg/mL, 80 mg/2ml</i>	1	QL (180 mL per 30 days)
<i>tobramycin sulfate injection solution 2 gm/50ml</i>	1	QL (1500 mL per 30 days)
<i>tobramycin sulfate injection solution reconstituted</i>	1	QL (30 vials per 30 days)
ZEMDRI INTRAVENOUS SOLUTION (<i>plazomicin sulfate</i>)	3	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
RINVOQ LQ ORAL SOLUTION (<i>upadacitinib</i>)	3	PA; QL (12 mL per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>upadacitinib</i>)	3	PA; QL (1 tablet per 1 day); SP
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	3	PA; QL (10 mL per 1 day); SP
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	3	PA; QL (2 tablets per 1 day); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per 1 day); SP
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	3	PA; QL (4 auto-injector per 28 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate</i> (<i>anti-rheumatic</i>))	3	PA; QL (4 auto-injector per 28 days); SP
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	3	PA; QL (2 pens per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	PA; QL (2 pens per 28 days (QL exception needed for all 80 mg doses)); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	3	PA; QL (2 syringes per 28 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	3	PA; QL (1 kit per 1 one-time fill); SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	3	PA; QL (1 kit per 1 one-time fill); SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	3	PA; QL (2 pens per 28 days); SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	3	PA; QL (2 pens per 28 days (QL exception needed for all 80 mg doses)); SP
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-ryvk</i>)	3	PA; QL (2 syringes per 28 days); SP
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-ryvk</i>)	3	PA; QL (2 pens per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-ryvk</i>)	3	PA; QL (2 syringes per 28 days); SP
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	3	PA; QL (1 pen per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	3	PA; QL (1 syringe per 28 days); SP
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib</i> oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 capsules per 1 day)
<i>celecoxib</i> oral capsule 400 mg	1	QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	2	QL (3 capsules per 1 day)
*INTERLEUKIN-1 BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>rilonacept</i>)	3	PA; LD; QL (4 vials per 28 days); SP
*INTERLEUKIN-1BETA BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ILARIS SUBCUTANEOUS SOLUTION (<i>canakinumab</i>)	3	PA; LD; QL (2 vials per 28 days); SP
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
COMBOGESIC INTRAVENOUS SOLUTION (<i>ibuprofen-acetaminophen</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
ANAPROX DS ORAL TABLET (<i>naproxen sodium</i>)	3	QL (2 tablets per 1 day)
CALDOLOR INTRAVENOUS SOLUTION (<i>ibuprofen</i>)	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	1	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	1	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	1	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	1	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	1	QL (4 tablets per 1 day)
<i>ibu oral tablet</i>	1	QL (4 tablets per 1 day)
<i>ibuprofen lysine intravenous solution</i>	1	
<i>ibuprofen oral suspension</i>	1	QL (4 mL per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	1	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 capsule per 1 day)
<i>indomethacin sodium intravenous solution reconstituted</i>	3	
<i>ketoprofen er oral capsule extended release 24 hour</i>	1	QL (1 capsule per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	QL (4 mL per 30 days)
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	1	QL (2 mL per 30 days)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	QL (2 mL per 30 days)
<i>ketorolac tromethamine oral tablet</i>	1	QL (20 tablets per 30 days)
<i>meloxicam oral tablet 15 mg</i>	1	QL (1 tablet per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (2 tablets per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1	QL (2 tablets per 1 day)
NEOPROFEN INTRAVENOUS SOLUTION (<i>ibuprofen lysine</i>)	3	
<i>piroxicam oral capsule</i>	1	QL (1 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulindac oral tablet</i>	1	QL (2 tablets per 1 day)
<i>tolmetin sodium oral capsule</i>	1	QL (3 capsules per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	3	PA; QL (2 tablets per 1 day); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	PA; QL (1 pack per 365 days); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	3	SP
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>leflunomide oral tablet</i>	1	QL (1 tablet per 1 day)
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	3	PA; QL (4 Syringes per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>abatacept</i>)	3	PA; QL (4 syringes per 28 days); SP
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	3	PA; QL (4 cartridge per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	3	PA; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	3	PA; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	3	PA; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	3	PA; QL (4 pens per 28 days); SP
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
JOURNAVX ORAL TABLET (<i>suzetrigine</i>)	3	QL (15 tablets per 7 days)
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen intravenous solution</i>	1	
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
<i>bac (butalbital-acetamin-caff) oral tablet</i>	1	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	1	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 tablets per 1 day)
<i>butalbital-apap-cafeine oral tablet</i>	1	QL (6 tablets per 1 day)
<i>butalbital-aspirin-cafeine oral capsule</i>	1	QL (6 capsules per 1 day)
<i>tencon oral tablet</i>	1	QL (6 tablets per 1 day)
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>diflunisal oral tablet</i>	1	QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine oral solution</i>	1	AL; QL (90 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1	AL; QL (6 tablet per 1 day)
<i>ascomp-codeine oral capsule</i>	1	AL; QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	AL; QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1	AL; QL (6 capsule per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	1	QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	1	QL (5 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	3	AL; QL (6 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	AL; QL (6 tablets per 1 day)
DEMEROL INJECTION SOLUTION (<i>meperidine hcl</i>)	3	
DILAUDID INJECTION SOLUTION 0.2 MG/ML (<i>hydromorphone hcl</i>)	3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (<i>sufentanil citrate</i>)	3	
<i>duramorph injection solution</i>	3	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	1	
<i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml</i>	1	
FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML	3	
<i>fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml</i>	3	
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE 50 MCG/ML	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 patches per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	1	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml</i>	3	
<i>hydromorphone hcl injection solution 4 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1	QL (6 tablets per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
<i>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUMORPH 200 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	
INFUMORPH 500 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	
<i>meperidine hcl injection solution</i>	1	
<i>meperidine hcl oral solution</i>	1	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet</i>	1	QL (6 tablets per 1 day)
METHADONE HCL INJECTION SOLUTION	3	PA; QL (1 mL per 1 day)
<i>methadone hcl intensol oral concentrate</i>	1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	1	PA; QL (1 tablet per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>methadose oral tablet soluble</i>	1	PA; QL (1 tablet per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>mitigo injection solution</i>	1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION	3	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (3 tablet per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
<i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate intravenous solution 50 mg/ml</i>	3	
<i>morphine sulfate oral solution</i>	1	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1	QL (6 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	3	QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	3	QL (6 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	3	QL (8 tablet per 1 day)
OLINVYK INTRAVENOUS SOLUTION (<i>oliceridine fumarate</i>)	3	
<i>oxycodone hcl oral concentrate</i>	1	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	1	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	1	QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent</i>	3	PA; QL (6 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	1	QL (6 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (6 tablets per 1 day)
<i>remifentanyl hcl intravenous solution reconstituted</i>	1	
ROXYBOND ORAL TABLET ABUSE-DETERRENT (<i>oxycodone hcl</i>)	3	PA; QL (6 tablets per 1 day)
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	1	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	PA; QL (1 tablet per 1 day)
TRAMADOL HCL ORAL SOLUTION	3	AL; QL (80 mL per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	1	PA; QL (16 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1	AL; QL (8 tablets per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>remifentanyl hcl</i>)	3	
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
APADAZ ORAL TABLET (<i>benzhydrocodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL (6 tablets per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1	QL (60 mL per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 tablet per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BELBUCA BUCCAL FILM (<i>buprenorphine hcl</i>)	3	PA; QL (2 film per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	3	LD; QL (4 syringes per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	3	LD; QL (1 syringe per 28 days)
<i>buprenorphine hcl injection solution</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (8 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (16 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (4 tablets per 1 day)
<i>buprenorphine transdermal patch weekly</i>	1	PA; QL (1 package per 28 days)
<i>butorphanol tartrate injection solution</i>	1	
<i>butorphanol tartrate nasal solution</i>	1	QL (2 bottles per 30 days)
<i>nalbuphine hcl injection solution</i>	1	QL (2 mL per 1 day)
<i>pentazocine-naloxone hcl oral tablet</i>	1	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	3	LD; QL (1 syringe per 28 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (23 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (12 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (5 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (2 tablets per 1 day)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet</i>	1	AL; QL (8 tablet per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
<i>danazol oral capsule 100 mg, 50 mg</i>	1	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	1	QL (4 capsules per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	1	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	3	PA; QL (2 capsules per 1 day)
TESTOPEL IMPLANT PELLET (<i>testosterone</i>)	3	PA; LD
<i>testosterone cypionate intramuscular solution</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	1	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	1	PA; QL (1 pump per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	1	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1	PA; QL (2 packet per 1 day)
<i>testosterone transdermal solution</i>	1	PA; QL (1 pump bottle per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>testosterone enanthate</i>)	3	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>budesonide rectal foam 2 mg</i>	1	QL (4.78 gm per 1 day)
<i>budesonide rectal foam 2 mg/act</i>	1	QL (4.78 grams per 1 day)
<i>hydrocortisone rectal enema</i>	1	
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
<i>nitroglycerin rectal ointment</i>	1	QL (1 unit per 1 day)
RECTIV RECTAL OINTMENT (<i>nitroglycerin</i>)	3	QL (1 unit per 1 day)
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
PROCTOFOAM HC EXTERNAL FOAM (<i>hydrocortisone ace-pramoxine</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone (perianal) external cream</i>	1	
<i>procto-med hc external cream</i>	1	
<i>proctosol hc external cream</i>	1	
<i>proctozone-hc external cream</i>	1	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	1	PA; QL (4 tablets per 1 day)
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET (<i>praziquantel</i>)	3	
EMVERM ORAL TABLET CHEWABLE (<i>mebendazole</i>)	3	
<i>ivermectin oral tablet 3 mg</i>	1	QL (9 tablets per 1 fill)
<i>ivermectin oral tablet 6 mg</i>	1	QL (4 tablets per 1 fill)
<i>praziquantel oral tablet</i>	1	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
ASPRUZYO SPRINKLE ORAL PACKET (<i>ranolazine</i>)	3	PA; QL (2 sachets per 1 day)
<i>ranolazine er oral tablet extended release 12 hour</i>	1	QL (2 tablets per 1 day)
*NITRATES*** - DRUGS FOR ANGINA		
ISORDIL TITRADOSE ORAL TABLET 40 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	3	
NITRO-BID TRANSDERMAL OINTMENT (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin in d5w intravenous solution</i>	1	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
<i>nitroglycerin sublingual tablet sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION (<i>nitroglycerin</i>)	3	
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>buspirone hcl oral tablet</i>	1	
<i>droperidol injection solution</i>	1	
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
<i>meprobamate oral tablet</i>	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	1	QL (12 tablets per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>	1	QL (6 tablets per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	1	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (<i>alprazolam</i>)	3	QL (4 mL per 1 day)
<i>alprazolam oral tablet</i>	1	QL (4 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	1	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	1	QL (12 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 1 mg</i>	1	QL (6 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	1	QL (2 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	1	QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	1	QL (4 tablets per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	1	
<i>diazepam intensol oral concentrate</i>	1	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	1	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	1	
<i>diazepam oral tablet</i>	1	QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	QL (3 mL per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (3 mL per 1 day)
<i>lorazepam oral tablet 0.5 mg</i>	1	QL (12 tablets per 1 day)
<i>lorazepam oral tablet 1 mg, 2 mg</i>	1	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	1	QL (4 capsules per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>adenosine intravenous solution</i>	1	
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>disopyramide phosphate</i>)	2	
<i>procainamide hcl injection solution</i>	1	
<i>quinidine gluconate er oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	1	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1	
<i>mexiletine hcl oral capsule</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	1	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	1	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	
<i>propafenone hcl oral tablet</i>	1	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl intravenous solution</i>	1	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1	
<i>amiodarone hcl oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
CORVERT INTRAVENOUS SOLUTION (<i>ibutilide fumarate</i>)	3	
<i>dofetilide oral capsule</i>	1	
<i>ibutilide fumarate intravenous solution</i>	1	
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	3	QL (2 tablets per 1 day)
NEXTERONE INTRAVENOUS SOLUTION (<i>amiodarone hcl in dextrose</i>)	3	
<i>pacerone oral tablet 100 mg</i>	1	
<i>pacerone oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate</i> (Breyza Inhalation Aerosol)	1	QL (1.03 grams per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1	QL (1.03 grams per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	2	QL (2 inhalers per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (1 package per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated</i>	1	QL (1 inhaler per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>wixela inhub inhalation aerosol powder breath activated</i>	1	QL (1 package per 30 days)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	3	PA; LD; QL (4 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; LD; QL (2 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	3	PA; LD; QL (4 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; LD; QL (2 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	3	PA; LD; QL (4 vials/syringes/autoinjectors per 28 days); SP
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	1	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	QL (180 vials per 30 days)
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1	QL (180 vials per 30 days)
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>arformoterol tartrate inhalation nebulization solution</i>	1	QL (60 vial per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION (<i>arformoterol tartrate</i>)	3	QL (60 vial per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	1	QL (120 ML per 30 days)
<i>isoproterenol hcl injection solution</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (90 vials per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	QL (90 mL per 30 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION (<i>formoterol fumarate</i>)	3	QL (120 ML per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (<i>olodaterol hcl</i>)	3	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	1	
<i>terbutaline sulfate oral tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	2	QL (2 inhalers per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	QL (300 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule</i>	1	QL (1 capsule per 1 day)
YUPELRI INHALATION SOLUTION (<i>revefenacin</i>)	3	ST; QL (1 vial per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>benralizumab</i>)	3	PA; LD; QL (1 autoinjector per 8 weekss); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	3	PA; LD; QL (1 syringe per 8 weeks); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	3	PA; LD; QL (1 syringes per 8 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	3	PA; LD; QL (1 autoinjector per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	3	PA; LD; QL (1 syringe per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	3	PA; LD; QL (1 injection per 28 days); SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	3	PA; LD; QL (1 injections per 28 days); SP
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
CINQAIR INTRAVENOUS SOLUTION (<i>reslizumab</i>)	3	PA; LD; SP
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral packet</i>	1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1	QL (2 tablets per 1 day)
*PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS*** - DRUGS FOR THE LUNGS		
OHTUVAYRE INHALATION SUSPENSION (<i>ensifentrine</i>)	3	PA; LD; QL (1 carton per 30 days); SP
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (<i>roflumilast</i>)	3	QL (1 tablet per 1 day)
<i>roflumilast oral tablet</i>	1	QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	QL (120 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	QL (60 ML per 30 days)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1	QL (4 inhalers per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (2 inhalers per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (2 inhalers per 30 days)
*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tezepelumab-ekko</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tezepelumab-ekko</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline intravenous solution</i>	1	
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	1	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>theophylline</i>)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>theophylline</i>)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>theophylline</i>)	2	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	1	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	1	QL (112.5 mL per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>jantoven oral tablet</i>	1	
<i>warfarin sodium oral tablet</i>	1	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	2	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
<i>rivaroxaban oral suspension reconstituted</i>	1	QL (20 mL per 1 day)
<i>rivaroxaban oral tablet</i>	1	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO ORAL SUSPENSION RECONSTITUTED (<i>rivaroxaban</i>)	2	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	2	QL (1 pack per 365 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>bd heparin posiflush intravenous solution</i>	1	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
<i>heparin na (pork) lock flsh pf intravenous solution</i>	1	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i>	1	
<i>heparin sod (pork) lock flush intravenous solution</i>	1	
<i>heparin sodium (porcine) injection solution</i>	1	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	1	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	1	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (<i>dalteparin sodium</i>)	3	QL (8 mL per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dalteparin sodium</i>)	3	QL (30 syringes per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution</i>	1	QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - HIRUDIN TYPE*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>bivalirudin trifluoroacetate intravenous solution</i>	1	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	1	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
FYCOMPA ORAL SUSPENSION (<i>perampanel</i>)	3	QL (24 mL per 1 day)
<i>perampanel oral tablet</i>	1	QL (1 tablet per 1 day)
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	1	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1	QL (3 tablets per 1 day)
<i>diazepam rectal gel</i>	1	QL (2 syringes per 1 fill)
NAYZILAM NASAL SOLUTION (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (50 mg per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	3	QL (2 film strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	3	QL (1 film strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
BANZEL ORAL SUSPENSION (<i>rufinamide</i>)	3	QL (80 mL per 1 day)
BANZEL ORAL TABLET 200 MG (<i>rufinamide</i>)	3	
BANZEL ORAL TABLET 400 MG (<i>rufinamide</i>)	3	QL (8 tablets per 1 day)
BRIVIACT ORAL SOLUTION (<i>brivaracetam</i>)	3	QL (20 mL per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	1	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	1	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	1	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	1	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable 100 mg</i>	1	QL (10 tablets per 1 day)
<i>carbamazepine oral tablet chewable 200 mg</i>	1	QL (8 tablets per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	3	PA; LD
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	3	PA; LD; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	3	PA; LD
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	3	PA; LD; QL (6 packets per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>levetiracetam</i>)	3	QL (2 tablets per 1 day)
EPIDIOLEX ORAL SOLUTION (<i>cannabidiol</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>epitol oral tablet</i>	1	QL (8 tablets per 1 day)
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	1	
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	1	QL (2 tablets per 1 day)
FINTEPLA ORAL SOLUTION (<i>fenfluramine hcl</i>)	3	PA; LD; QL (26 mg per 1 day)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 tablets per 1 day)
<i>lacosamide intravenous solution</i>	1	
<i>lacosamide oral solution</i>	1	QL (40 mL per 1 day)
<i>lacosamide oral tablet</i>	1	QL (2 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	1	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	1	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg</i>	1	QL (1 kit per 28 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	QL (1 kit per 35 days)
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable 25 mg</i>	1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	1	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	1	QL (3 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit</i>	1	QL (1 kit per 28 days)
<i>lamotrigine starter kit-green oral kit</i>	1	QL (1 kit per 35 days)
<i>lamotrigine starter kit-orange oral kit</i>	1	QL (1 kit per 35 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (4 tablets per 1 day)
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION	3	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	1	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet disintegrating soluble</i>	3	QL (2 tablets per 1 day)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	1	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	1	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	1	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 capsule per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (2 capsules per 1 day)
<i>pregabalin oral capsule 75 mg</i>	1	QL (3 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral solution</i>	1	QL (30 mL per 1 day)
<i>primidone oral tablet 125 mg</i>	1	QL (3 tablets per 1 day)
<i>primidone oral tablet 250 mg</i>	1	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	1	QL (4 tablets per 1 day)
<i>roweepra oral tablet</i>	1	
<i>rufinamide oral suspension</i>	1	QL (80 mL per 1 day)
<i>rufinamide oral tablet 200 mg</i>	1	
<i>rufinamide oral tablet 400 mg</i>	1	QL (8 tablets per 1 day)
<i>subvenite oral tablet</i>	1	
<i>subvenite starter kit-blue oral kit</i>	1	QL (1 kit per 28 days)
<i>subvenite starter kit-green oral kit</i>	1	QL (1 kit per 35 days)
<i>subvenite starter kit-orange oral kit</i>	1	QL (1 kit per 35 days)
<i>topiramate er oral capsule extended release 24 hour 100 mg, 50 mg</i>	1	QL (1 capsule per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	1	QL (2 capsules per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	QL (2 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 200 mg</i>	1	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	1	QL (6 capsule per 1 day)
ZTALMY ORAL SUSPENSION (<i>ganaxolone</i>)	3	LD; QL (10 bottles per 30 days)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	1	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	1	QL (6 tablets per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 blister pack per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 pack per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	3	QL (2 tablets per 1 day)
XCOPRI ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 pack per 28 days)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet</i>	1	QL (2 tablets per 1 day)
<i>vigabatrin oral packet</i>	1	QL (6 packets per 1 day); SP
<i>vigabatrin oral tablet</i>	1	LD; QL (6 tablets per 1 day); SP
<i>vigadrone oral packet</i>	1	LD; QL (6 packets per 1 day)
<i>vigabatrin</i> (Vigadrone Oral Tablet)	1	LD; QL (6 tablets per 1 day); SP
VIGAFYDE ORAL SOLUTION (<i>vigabatrin</i>)	3	LD; QL (25 mL per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CEREBYX INJECTION SOLUTION (<i>fosphenytoin sodium</i>)	3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN-125 ORAL SUSPENSION (<i>phenytoin</i>)	3	
<i>fosphenytoin sodium injection solution</i>	1	
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	1	
<i>phenytoin infatabs oral tablet chewable</i>	1	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium injection solution</i>	1	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CELONTIN ORAL CAPSULE (<i>methsuximide</i>)	3	QL (4 capsules per 1 day)
<i>ethosuximide oral capsule</i>	1	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	1	QL (30 mL per 1 day)
<i>methsuximide oral capsule</i>	1	QL (4 capsules per 1 day)
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	1	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	1	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	1	QL (7 tablets per 1 day)
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid oral capsule</i>	1	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	1	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet dispersible</i>	1	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (3 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR DEPRESSION		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	3	PA; LD; QL (28 capsules per 1 fill)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	3	PA; LD; QL (14 capsules per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	QL (1 patch per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR (<i>selegiline</i>)	3	
MARPLAN ORAL TABLET (<i>isocarboxazid</i>)	3	QL (6 tablets per 1 day)
<i>phenelzine sulfate oral tablet</i>	1	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	1	QL (6 tablets per 1 day)
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR DEPRESSION		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	3	PA; LD; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	3	PA; LD; QL (4 kits per 28 days)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	
FLUOXETINE HCL ORAL TABLET 60 MG	3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1	
<i>fluvoxamine maleate oral tablet</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	1	
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	1	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 5 MG (<i>vortioxetine hbr</i>)	2	
TRINTELLIX ORAL TABLET 20 MG (<i>vortioxetine hbr</i>)	2	QL (1 tablet per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	1	
<i>vilazodone hcl oral tablet 40 mg</i>	1	QL (1 tablet per 1 day)
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (6 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (4 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (2 capsules per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (levomilnacipran hcl)	3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (levomilnacipran hcl)	3	ST; QL (28 pack per 365 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (6 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (3 capsules per 1 day)
<i>venlafaxine hcl oral tablet</i>	1	QL (3 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline hcl oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	1	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg</i>	1	
<i>clomipramine hcl oral capsule 50 mg</i>	1	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	1	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 100 mg</i>	1	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	1	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	1	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	1	
<i>imipramine hcl oral tablet 50 mg</i>	1	QL (6 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	1	
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	
<i>nortriptyline hcl oral capsule 50 mg</i>	1	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	1	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	1	QL (75 mL per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg</i>	1	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1	QL (3 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	1	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	1	QL (3 tablets per 1 day)
*ANTIDIABETIC-ANTI-CD3 ANTIBODIES*** - HORMONES		
TZIELD INTRAVENOUS SOLUTION (<i>teplizumab-mzwv</i>)	3	PA; LD
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (2 tablets per 1 day)
<i>metformin hcl oral solution</i>	3	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	1; \$0	QL (3 tablets per 1 day)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER (<i>glucagon</i>)	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (<i>glucagon</i>)	3	QL (1 pack per 30 days)
<i>diazoxide oral suspension</i>	1	
GLUCAGON EMERGENCY INJECTION KIT	1	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL (2 kits per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (1 pack per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION (<i>glucagon</i>)	3	QL (2 kits per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>glucagon</i>)	3	QL (2 packs per 30 days)
PROGLYCEM ORAL SUSPENSION (<i>diazoxide</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dasiglucagon hcl</i>)	3	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dasiglucagon hcl</i>)	3	QL (1.2 mL per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	2	ST; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
JANUMET ORAL TABLET (<i>sitagliptin phos-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin phos-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** - DRUGS FOR DIABETES		
CYCLOSET ORAL TABLET (<i>bromocriptine mesylate</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
HUMALOG INJECTION SOLUTION (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	PA; QL (18 mL per 30 days)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL (30 mL per 30 days)
INSULIN LISPRO INJECTION SOLUTION	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
MYXREDLIN INTRAVENOUS SOLUTION (<i>insulin regular(human) in nacl</i>)	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tirzepatide</i>)	2	PA; QL (4 pens per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
<i>liraglutide subcutaneous solution pen-injector</i>	1	PA; QL (1 box per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (1 unit per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (0.11 mL per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	PA; QL (1 carton per 1 lifetime)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (4 syringes per 28 days)
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - DRUGS FOR DIABETES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (5 pen per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin degludec-liraglutide</i>)	2	ST; QL (5 pen per 30 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	1	QL (3 tablets per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (4 tablets per 1 day)
<i>repaglinide oral tablet 2 mg</i>	1	QL (8 tablets per 1 day)
*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES		
<i>mifepristone oral tablet 300 mg</i>	1	PA; LD; QL (4 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - DRUGS FOR DIABETES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	2	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
<i>dapagliflozin propanediol oral tablet</i>	2	ST; QL (1 tablet per 1 day)
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	2	ST; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	2	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (4 tablets per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg</i>	1	QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	1	QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	1	QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	1	QL (4 tablets per 1 day)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (16 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	1	QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (2 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet</i>	1	QL (1 tablet per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** - DRUGS FOR DIARRHEA		
MYTESI ORAL TABLET DELAYED RELEASE (<i>crofelemer</i>)	3	PA; LD; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
BACILLEX ORAL CAPSULE (<i>lactobacillus</i>)	3	
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING		
NITHIODOLE INTRAVENOUS KIT (<i>sodium nitrite-sod thiosulfate</i>)	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>neostigmine-glycopyrrolate</i>)	3	
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE (<i>succimer</i>)	3	
<i>deferasirox granules oral packet</i>	1	PA; SP
<i>deferasirox oral packet</i>	1	PA; SP
<i>deferasirox oral tablet</i>	1	PA; SP
<i>deferasirox oral tablet soluble</i>	1	PA; SP
<i>deferiprone oral tablet</i>	1	PA; LD
FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	3	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET (<i>deferiprone</i>)	3	PA; LD
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
ACETADOTE INTRAVENOUS SOLUTION (<i>acetylcysteine</i>)	3	
<i>acetylcysteine intravenous solution</i>	1	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>coag fact xa inactivated-zhzo</i>)	3	
BRIDION INTRAVENOUS SOLUTION (<i>sugammadex sodium</i>)	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>hydroxocobalamin</i>)	3	
<i>deferoxamine mesylate injection solution reconstituted</i>	1	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED (<i>deferoxamine mesylate</i>)	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>digoxin immune fab</i>)	3	
<i>edetate calcium disodium injection solution</i>	3	
<i>fomepizole intravenous solution</i>	1	
<i>methylene blue (antidote) intravenous solution</i>	3	
<i>methylene blue intravenous solution</i>	1	
PRAXBIND INTRAVENOUS SOLUTION (<i>idarucizumab</i>)	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pralidoxime chloride</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVAYBLUE INTRAVENOUS SOLUTION (<i>methylene blue (antidote)</i>)	3	
RADIOGARDASE ORAL CAPSULE (<i>prussian blue insoluble</i>)	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION	1	
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	3	LD; QL (20 packets per 30 days)
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	1	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
<i>nalmefene hcl injection solution</i>	3	QL (20 mL per 150 days)
<i>naloxone hcl injection solution</i>	1	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	1	QL (6 syringe per 90 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	1	QL (6 syringes per 3 months)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	QL (6 syringe per 90 days)
<i>naloxone hcl nasal liquid</i>	1	QL (6 nasal sprays per 3 monthss)
<i>naltrexone hcl oral tablet</i>	1	
OPVEE NASAL SOLUTION (<i>nalmefene hcl</i>)	2	QL (3 cartons per 90 days)
REXTOVY NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>naltrexone</i>)	3	QL (1 vial per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE (<i>naloxone hcl</i>)	2	QL (6 syringes per 3 monthss)
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
ANZEMET ORAL TABLET (<i>dolasetron mesylate</i>)	3	QL (5 tablets per 30 days)
<i>granisetron hcl intravenous solution</i>	1	
<i>granisetron hcl oral tablet</i>	1	QL (10 tablets per 30 days)
<i>ondansetron hcl +rfid injection solution</i>	1	
<i>ondansetron hcl injection solution</i>	1	
<i>ondansetron hcl injection solution prefilled syringe</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	1	QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	1	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	1	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	1	QL (4 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	1	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	1	QL (24 tablets per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	1	
<i>palonosetron hcl intravenous solution prefilled syringe</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POSFREA INTRAVENOUS SOLUTION (<i>palonosetron hcl</i>)	3	
SANCUSO TRANSDERMAL PATCH (<i>granisetron</i>)	3	QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (<i>granisetron</i>)	3	
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION (<i>fosnetupitant-palonosetron</i>)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION (<i>fosnetupitant-palonosetron</i>)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosnetupitant-palonosetron</i>)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (<i>netupitant-palonosetron</i>)	3	QL (5 capsules per 25 days)
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1	PA; QL (4 tablet per 1 day)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
DIMENHYDRINATE INJECTION SOLUTION	3	
<i>meclizine hcl oral tablet 25 mg</i>	1	
<i>meclizine hcl oral tablet 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour</i>	1	
TIGAN INTRAMUSCULAR SOLUTION (<i>trimethobenzamide hcl</i>)	3	
<i>trimethobenzamide hcl oral capsule</i>	1	
*ANTIEMETICS - ANTIDOPAMINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
BARHEMSYS INTRAVENOUS SOLUTION (<i>amisulpride (antiemetic)</i>)	3	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	1	QL (4 capsules per 1 day)
MARINOL ORAL CAPSULE (<i>dronabinol</i>)	3	QL (4 capsules per 1 day)
SYNDROS ORAL SOLUTION (<i>dronabinol</i>)	3	QL (8 mL per 1 day)
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
APONVIE INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	
<i>aprepitant oral</i>	1	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 125 mg</i>	1	QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	1	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (10 capsules per 25 days)
CINVANTI INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	QL (5 vials per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	3	QL (15 kit per 30 days)
<i>focinvez intravenous solution</i>	3	QL (5 vials per 30 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	1	QL (5 vial per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (<i>rolapitant hcl</i>)	3	LD; QL (4 capsules per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** - DRUGS FOR FUNGUS		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (<i>caspofungin acetate</i>)	3	QL (1 vial per 1 day)
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (1 vial per 1 day)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>anidulafungin</i>)	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>micafungin sodium-nacl intravenous solution</i>	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>micafungin sodium</i>)	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED (<i>rezafungin acetate</i>)	3	
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)*** - ANTIBIOTICS		
BREXAFEMME ORAL TABLET (<i>ibrexafungerp citrate</i>)	3	PA; QL (4 tablets per 1 month)
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
ABELCET INTRAVENOUS SUSPENSION (<i>amphotericin b lipid</i>)	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (<i>amphotericin b liposome</i>)	3	
<i>amphotericin b intravenous solution reconstituted</i>	1	
<i>amphotericin b liposome intravenous suspension reconstituted</i>	1	
<i>flucytosine oral capsule</i>	1	PA
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>nystatin oral tablet</i>	1	
<i>terbinafine hcl oral tablet</i>	1	
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	1	QL (2 tablets per 1 day)
*TETRAZOLES*** - DRUGS FOR FUNGUS		
VIVJOA ORAL CAPSULE THERAPY PACK (<i>oteseconazole</i>)	3	PA; LD; QL (1 carton per 4 monthss)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>isavuconazonium sulfate</i>)	3	PA; QL (1 vial per 1 day)
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	3	PA; QL (2 capsules per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG (<i>isavuconazonium sulfate</i>)	3	PA; QL (5 capsules per 1 day)
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1	QL (40 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	1	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	1	PA; QL (20 mL per 1 day)
NOXAFIL ORAL PACKET (<i>posaconazole</i>)	3	PA; QL (31 packet per 30 days)
<i>posaconazole intravenous solution</i>	1	
<i>posaconazole oral suspension</i>	1	PA; QL (20 mL per 1 day)
<i>posaconazole oral tablet delayed release</i>	1	PA; QL (93 tablets per 30 days)
TOLSURA ORAL CAPSULE	3	PA; QL (126 capsules per 30 days)
<i>voriconazole oral suspension reconstituted</i>	1	PA; QL (17.5 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (6 tablets per 1 day)
ANTI HISTAMINES - DRUGS FOR THE LUNGS		
*ANTI HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate er oral suspension extended release</i>	1	ST; QL (40 mL per 1 day)
<i>carbinoxamine maleate oral solution</i>	1	ST; QL (20 mL per 1 day)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	ST; QL (6 tablets per 1 day)
<i>carbzah oral solution</i>	1	ST; QL (20 mL per 1 day)
CLEMASTINE FUMARATE ORAL SYRUP	3	ST; QL (60 mL per 1 day)
<i>clemastine fumarate oral tablet</i>	1	ST; QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	QL (4 mL per 1 day)
*ANTI HISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>cetirizine hcl oral solution 5 mg/5ml</i>	1	BE; QL (10 mL per 1 day)
QUZYTIR INTRAVENOUS SOLUTION (<i>cetirizine hcl</i>)	3	
*ANTI HISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
PHENERGAN INJECTION SOLUTION (<i>promethazine hcl</i>)	3	
<i>promethazine hcl injection solution</i>	1	
<i>promethazine hcl oral solution</i>	1	QL (40 mL per 1 day)
<i>promethazine hcl oral syrup</i>	3	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	1	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository</i>	1	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 50 mg</i>	1	QL (1 suppository per 1 day)
*ANTI HISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cypheptadine hcl oral tablet</i>	1	
ANTHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET (<i>bempedoic acid-ezetimibe</i>)	3	PA; QL (1 tablet per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET (<i>bempedoic acid</i>)	3	PA; QL (1 tablet per 1 day)
*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
EVKEEZA INTRAVENOUS SOLUTION (<i>evinacumab-dgnb</i>)	3	PA; LD
*ANTHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	PA; QL (8 capsules per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	1	PA; QL (4 capsule per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	1	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	2	PA; QL (4 capsule per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	1	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	1	QL (30 grams per 1 day)
<i>cholestyramine oral packet</i>	1	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	1	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	1	QL (6 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1	QL (45 grams per 1 day)
<i>colestipol hcl oral packet</i>	1	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1	QL (16 tablets per 1 day)
<i>prevalite oral packet</i>	1	QL (24 grams per 1 day)
<i>prevalite oral powder</i>	1	QL (30 grams per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	1	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	1	QL (2 tablets per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1; \$0	
<i>atorvastatin calcium oral tablet 40 mg</i>	1	
<i>atorvastatin calcium oral tablet 80 mg</i>	1	QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lovastatin oral tablet 40 mg</i>	1; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1; \$0	
<i>pravastatin sodium oral tablet 80 mg</i>	1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	1; \$0	
<i>rosuvastatin calcium oral tablet 20 mg</i>	1	
<i>rosuvastatin calcium oral tablet 40 mg</i>	1	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1; \$0	
<i>simvastatin oral tablet 40 mg</i>	1; \$0	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	1	PA; QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	1	QL (1 tablet per 1 day)
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS*** - DRUGS FOR CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (<i>lomitapide mesylate</i>)	3	PA; LD
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	3	PA; LD; QL (2 capsules per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin (antihyperlipidemic) oral tablet</i>	1	ST; QL (12 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	1	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	1	ST; QL (1 tablet per 1 day)
<i>niacor oral tablet</i>	1	ST; QL (12 tablets per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>evolocumab</i>)	3	PA; QL (2 syringe per 28 days)
*SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>inclisiran sodium</i>)	3	PA; LD; QL (1.5 mL per 180 days)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	1	QL (4 capsules per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	1	QL (2 capsules per 1 day)
PRESTALIA ORAL TABLET 14-10 MG (<i>perindopril arg-amlodipine</i>)	3	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG (<i>perindopril arg-amlodipine</i>)	3	QL (4 tablets per 1 day)
PRESTALIA ORAL TABLET 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	QL (2 tablets per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (1 tablet per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	QL (4 tablets per 1 day)
<i>captopril-hydrochlorothiazide oral tablet</i>	1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	QL (4 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet</i>	1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (4 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg</i>	1	QL (8 tablets per 1 day)
<i>benazepril hcl oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	1	QL (2 tablets per 1 day)
<i>benazepril hcl oral tablet 5 mg</i>	1	QL (16 tablets per 1 day)
<i>captopril oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>captopril oral tablet 12.5 mg</i>	1	QL (24 tablets per 1 day)
<i>captopril oral tablet 25 mg</i>	1	QL (12 tablets per 1 day)
<i>captopril oral tablet 50 mg</i>	1	QL (6 tablets per 1 day)
<i>enalapril maleate oral solution</i>	1	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg</i>	1	QL (4 tablets per 1 day)
<i>enalapril maleate oral tablet 2.5 mg</i>	1	QL (16 tablets per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet 5 mg</i>	1	QL (8 tablets per 1 day)
<i>enalaprilat intravenous solution</i>	1	
EPANED ORAL SOLUTION (<i>enalapril maleate</i>)	3	QL (40 mg per 1 day)
<i>fosinopril sodium oral tablet 10 mg</i>	1	QL (8 tablets per 1 day)
<i>fosinopril sodium oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>	1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg</i>	1	QL (8 tablets per 1 day)
<i>lisinopril oral tablet 2.5 mg</i>	1	QL (32 tablets per 1 day)
<i>lisinopril oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 5 mg</i>	1	QL (16 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	1	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	1	QL (8 tablets per 1 day)
<i>perindopril erbumine oral tablet 2 mg</i>	1	QL (8 tablets per 1 day)
<i>perindopril erbumine oral tablet 4 mg</i>	1	QL (4 tablets per 1 day)
<i>perindopril erbumine oral tablet 8 mg</i>	1	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QBRELIS ORAL SOLUTION (<i>lisinopril</i>)	3	QL (40 mg per 1 day)
<i>quinapril hcl oral tablet 10 mg</i>	1	QL (8 tablets per 1 day)
<i>quinapril hcl oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	1	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet 5 mg</i>	1	QL (16 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg</i>	1	QL (16 capsules per 1 day)
<i>ramipril oral capsule 10 mg</i>	1	QL (2 capsules per 1 day)
<i>ramipril oral capsule 2.5 mg</i>	1	QL (8 capsules per 1 day)
<i>ramipril oral capsule 5 mg</i>	1	QL (4 tablets per 1 day)
<i>trandolapril oral tablet 1 mg</i>	1	QL (8 tablets per 1 day)
<i>trandolapril oral tablet 2 mg</i>	1	QL (4 tablets per 1 day)
<i>trandolapril oral tablet 4 mg</i>	1	QL (2 tablets per 1 day)
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
DEMSEER ORAL CAPSULE (<i>metirosine</i>)	3	PA; QL (16 capsules per 1 day); SP
<i>metirosine oral capsule</i>	1	PA; QL (16 capsules per 1 day); SP
<i>phenoxybenzamine hcl oral capsule</i>	1	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	1	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1	QL (2 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1	
<i>irbesartan oral tablet 300 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg</i>	1	
<i>losartan potassium oral tablet 50 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 40 mg</i>	1	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan oral tablet 80 mg</i>	1	QL (2 tablets per 1 day)
<i>valsartan oral solution</i>	1	PA; QL (80 mL per 1 day)
<i>valsartan oral tablet 160 mg</i>	1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	1	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	1	QL (2 tablets per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (12 patches per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (12 patches per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
<i>clonidine hcl oral tablet 0.1 mg</i>	1	QL (12 tablets per 1 day)
<i>clonidine hcl oral tablet 0.2 mg</i>	1	QL (6 tablets per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	1	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (12 patches per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	QL (0.29 patches per 1 day)
<i>guanfacine hcl oral tablet</i>	1	
<i>methyldopa oral tablet 250 mg</i>	1	QL (12 tablets per 1 day)
<i>methyldopa oral tablet 500 mg</i>	1	QL (6 tablets per 1 day)
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	1	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	1	QL (2 capsules per 1 day)
*ANTIHYPERTENSIVES - MISC.*** - DRUGS FOR HIGH BLOOD PRESSURE		
VECAMYL ORAL TABLET (<i>mecamylamine hcl</i>)	3	
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	1	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	1	QL (1 tablet per 1 day)
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	1	
<i>aliskiren fumarate oral tablet 300 mg</i>	1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE HEART		
TRYVIO ORAL TABLET (<i>aprocitentan</i>)	3	PA; QL (1 tablet per 1 day)
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	1	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	1	
<i>hydralazine hcl oral tablet</i>	1	
<i>minoxidil oral tablet</i>	1	
NIPRIDE RTU INTRAVENOUS SOLUTION (<i>nitroprusside sodium-nacl</i>)	3	
<i>nitroprusside sodium intravenous solution</i>	1	
<i>nitroprusside sodium-nacl intravenous solution</i>	1	
<i>sodium nitroprusside intravenous solution</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
IMPAVIDO ORAL CAPSULE (<i>miltefosine</i>)	3	PA; QL (84 capsules per 1 fill)
METRONIDAZOLE INTRAVENOUS SOLUTION	3	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	
PENTAM INJECTION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	
<i>pentamidine isethionate injection solution reconstituted</i>	1	
<i>tinidazole oral tablet 250 mg</i>	1	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	1	QL (20 tablets per 1 fill)
TRIMETHOPRIM ORAL TABLET	1	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	PA; QL (126 tablet per 252 days)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim pediatric oral suspension</i>	1	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>atovaquone oral suspension</i>	1	
LAMPIT ORAL TABLET (<i>nifurtimox</i>)	3	
MEPRON ORAL SUSPENSION (<i>atovaquone</i>)	3	
<i>nitazoxanide oral tablet</i>	1	QL (6 tablets per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BETA-LACTAMASE INHIBITOR - COMBINATIONS** - DRUGS FOR INFECTIONS		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED (<i>sulbactam sod-durlobactam sod</i>)	3	
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin</i>)	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin-relebactam</i>)	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (<i>meropenem-vaborbactam</i>)	3	
*CARBAPENEMS*** - ANTIBIOTICS		
<i>ertapenem sodium injection solution reconstituted</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CHLORAMPHENICALS*** - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	1	
*CYCLIC LIPOPEPTIDES*** - ANTIBIOTICS		
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>daptomycin-sodium chloride intravenous solution</i>	3	
*GLYCOPEPTIDES*** - ANTIBIOTICS		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>dalbavancin hcl</i>)	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED (<i>vancomycin hcl</i>)	3	QL (1200 mL per 30 days)
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	3	
VANCOCIN ORAL CAPSULE (<i>vancomycin hcl</i>)	3	QL (240 capsules per 30 days)
<i>vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-%</i>	3	QL (600 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 500-5 MG/100ML-%	3	QL (200 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 750-5 MG/150ML-%	3	QL (300 mL per 1 day)
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML	3	QL (400 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1250 MG/250ML	3	QL (500 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1500 MG/300ML	3	QL (600 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1750 MG/350ML	3	QL (700 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 2000 MG/400ML	3	QL (800 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 500 MG/100ML	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 750 MG/150ML	3	QL (300 mL per 1 day)
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 2 gm, 500 mg</i>	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM	3	QL (2 vials per 1 day)
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 5 gm</i>	3	QL (1 vial per 30 days)
<i>vancomycin hcl intravenous solution reconstituted 100 gm</i>	1	QL (1 vial per 30 days)
<i>vancomycin hcl oral capsule</i>	1	QL (240 capsules per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	1	QL (1200 mL per 30 days)
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	1	QL (1200 mL per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>telavancin hcl</i>)	3	
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	1	
*LINCOSAMIDES*** - ANTIBIOTICS		
CLEOCIN PHOSPHATE INJECTION SOLUTION (<i>clindamycin phosphate</i>)	3	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
<i>clindamycin phosphate in d5w intravenous solution</i>	1	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
<i>clindamycin phosphate injection solution</i>	1	
LINCOCIN INJECTION SOLUTION (<i>lincomycin hcl</i>)	3	
<i>lincomycin hcl injection solution</i>	1	
*MONOBACTAM COMBINATIONS*** - ANTIBIOTICS		
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED (<i>aztreonam-avibactam sodium</i>)	3	
*MONOBACTAMS*** - ANTIBIOTICS		
AZACTAM INJECTION SOLUTION RECONSTITUTED (<i>aztreonam</i>)	3	
<i>aztreonam injection solution reconstituted</i>	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	3	LD; QL (3 vials per 1 day); SP
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid in sodium chloride intravenous solution</i>	3	
<i>linezolid intravenous solution</i>	1	
<i>linezolid oral suspension reconstituted</i>	1	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1	PA; QL (28 tablet per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (<i>tedizolid phosphate</i>)	3	
SIVEXTRO ORAL TABLET (<i>tedizolid phosphate</i>)	3	PA; QL (6 tablet per 30 days)
ZYVOX INTRAVENOUS SOLUTION (<i>linezolid</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (<i>colistimethate sodium</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted</i>	1	
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	1	
HIPREX ORAL TABLET (<i>methenamine hippurate</i>)	3	
<i>methenamine hippurate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd macro oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	1	
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	3	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	1	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	3	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
ARAKODA ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (64 tablets per 1 year)
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>chloroquine phosphate oral tablet</i>	1	
DARAPRIM ORAL TABLET (<i>pyrimethamine</i>)	3	PA; QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG	1	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 400 MG	1	QL (1 tablet per 1 day)
KRINTAFEL ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (2 tablets per 1 fill)
<i>mefloquine hcl oral tablet</i>	1	QL (5 tablets per 28 days)
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
<i>pyrimethamine oral tablet</i>	1	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	1	PA; QL (60 capsule per 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	3	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>neostigmine methylsulfate</i>)	3	
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	3	PA; LD; QL (10 tablets per 1 day)
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	3	
<i>neostigmine methylsulfate rfid intravenous solution</i>	3	
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe</i>	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet</i>	1	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	3	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>cycloserine oral capsule</i>	1	
<i>ethambutol hcl oral tablet</i>	1	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral syrup</i>	1	
<i>isoniazid oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	2	
<i>pyrazinamide oral tablet</i>	1	
<i>rifabutin oral capsule</i>	1	
<i>rifampin intravenous solution reconstituted</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET (<i>bedaquiline fumarate</i>)	3	LD
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
BELRAPZO INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	3	PA; LD; SP
<i>bendamustine hcl intravenous solution</i>	3	PA; SP
<i>bendamustine hcl intravenous solution reconstituted</i>	1	PA; SP
BENDEKA INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	3	PA; LD; SP
<i>busulfan intravenous solution</i>	1	SP
BUSULFEX INTRAVENOUS SOLUTION (<i>busulfan</i>)	3	SP
<i>carboplatin intravenous solution</i>	1	SP
<i>cisplatin intravenous solution</i>	1	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>treosulfan</i>)	3	PA; LD
MYLERAN ORAL TABLET (<i>busulfan</i>)	2; OC	OC
<i>oxaliplatin intravenous solution</i>	1	SP
<i>oxaliplatin intravenous solution reconstituted</i>	1	SP
<i>paraplatin intravenous solution</i>	1	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED (<i>thiotepa</i>)	3	SP
TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED (<i>thiotepa & sodium chloride</i>)	3	
<i>tepylute intravenous solution</i>	3	LD
<i>thiotepa injection solution reconstituted</i>	1	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED (<i>bendamustine hcl</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vivimusta intravenous solution</i>	3	PA; LD; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (<i>lurbinectedin</i>)	3	PA; LD; SP
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	1; OC	PA; QL (4 tablet per 1 day); SP; OC
<i>abiraterone acetate oral tablet 500 mg</i>	1; OC	PA; QL (2 tablets per 1 day); SP; OC
<i>abiraterone acetate</i> (Abirtega Oral Tablet)	1; OC	PA; QL (2 tablets per 1 day); SP; OC
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	2; OC	LD; QL (38 tablet per 1 day); OC
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	1; OC	QL (1 tablet per 1 day); OC
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
EULEXIN ORAL CAPSULE (<i>flutamide</i>)	3; OC	OC
<i>nilutamide oral tablet</i>	1; OC	QL (1 tablet per 1 day); OC
NUBEQA ORAL TABLET (<i>darolutamide</i>)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ANTIESTROGENS*** - DRUGS FOR CANCER		
FARESTON ORAL TABLET (<i>toremifene citrate</i>)	3; OC	OC
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	2; OC; \$0	OC
<i>tamoxifen citrate oral tablet</i>	1; OC; \$0	OC
<i>toremifene citrate oral tablet</i>	1; OC	OC
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>pemetrexed disodium</i>)	3	PA; SP
ARRANON INTRAVENOUS SOLUTION (<i>nelarabine</i>)	3	SP
AVGEMSI INTRAVENOUS SOLUTION (<i>gemcitabine hcl</i>)	3	SP
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pemetrexed dipotassium</i>)	3	PA; LD
<i>azacitidine injection suspension reconstituted</i>	1	SP
<i>capecitabine oral tablet</i>	1; OC	PA; SP; OC
<i>cladribine intravenous solution</i>	1	SP
<i>clofarabine intravenous solution</i>	1	SP
<i>cytarabine (pf) injection solution</i>	1	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cytarabine injection solution</i>	1	SP
<i>decitabine intravenous solution reconstituted</i>	1	SP
<i>floxuridine injection solution reconstituted</i>	1	SP
<i>fludarabine phosphate intravenous solution</i>	1	SP
<i>fludarabine phosphate intravenous solution reconstituted</i>	1	SP
<i>fluorouracil intravenous solution</i>	1	SP
FOLOTYN INTRAVENOUS SOLUTION (<i>pralatrexate</i>)	3	SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	SP
<i>gemcitabine hcl intravenous solution reconstituted</i>	1	SP
JYLAMVO ORAL SOLUTION (<i>methotrexate</i>)	3; OC	PA; OC
<i>mercaptopurine oral suspension</i>	1; OC	PA; OC
<i>mercaptopurine oral tablet</i>	1; OC	OC
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral tablet</i>	1; OC	OC
<i>nelarabine intravenous solution</i>	1	SP
ONUREG ORAL TABLET (<i>azacitidine</i>)	3; OC	PA; LD; QL (14 tablets per 28 days); SP; OC
<i>pemetrexed dipotassium intravenous solution reconstituted</i>	3	PA; LD
<i>pemetrexed disodium intravenous solution</i>	3	PA; SP
<i>pemetrexed disodium intravenous solution reconstituted</i>	1	PA; SP
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml</i>	3	PA; SP
<i>pemetrexed intravenous solution 500 mg/20ml</i>	3	PA
PEMFEXY INTRAVENOUS SOLUTION (<i>pemetrexed</i>)	3	PA; LD
PEMRYDI RTU INTRAVENOUS SOLUTION (<i>pemetrexed disodium</i>)	3	PA; SP
TABLOID ORAL TABLET (<i>thioguanine</i>)	2; OC	OC
VIDAZA INJECTION SUSPENSION RECONSTITUTED (<i>azacitidine</i>)	3	LD; SP
XATMEP ORAL SOLUTION (<i>methotrexate</i>)	3; OC	PA; OC
*ANTINEOPLASTIC - AKT INHIBITORS*** - DRUGS FOR CANCER		
TRUQAP ORAL TABLET (<i>capivasertib</i>)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
TRUQAP ORAL TABLET THERAPY PACK (<i>capivasertib</i>)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
ALECENSA ORAL CAPSULE (<i>alectinib hcl</i>)	2; OC	PA; LD; QL (8 capsule per 1 day); SP; OC
ALUNBRIG ORAL TABLET 180 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	2; OC	PA; LD; QL (1 pack per 30 days); OC
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 20 MG (<i>crizotinib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 50 MG (<i>crizotinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	3; OC	PA; LD; QL (3 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - ANTIBODY COMBINATIONS*** - DRUGS FOR CANCER		
OPDUALAG INTRAVENOUS SOLUTION (<i>nivolumab-relatlimab-rmbw</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES*** - DRUGS FOR CANCER		
POTELIGEO INTRAVENOUS SOLUTION (<i>mogamulizumab-kpkc</i>)	3	LD; SP
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES*** - DRUGS FOR CANCER		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>tafasitamab-cxix</i>)	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>loncastuximab tesirine-lpyl</i>)	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE (<i>ofatumumab</i>)	3	PA; LD; SP
GAZYVA INTRAVENOUS SOLUTION (<i>obinutuzumab</i>)	3	PA; LD; SP
RIABNI INTRAVENOUS SOLUTION (<i>rituximab-arrx</i>)	3	PA; LD; SP
RITUXAN INTRAVENOUS SOLUTION (<i>rituximab</i>)	3	PA; LD; SP
RUXIENCE INTRAVENOUS SOLUTION (<i>rituximab-pvvr</i>)	3	PA; SP
TRUXIMA INTRAVENOUS SOLUTION (<i>rituximab-abbs</i>)	3	PA; SP
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>inotuzumab ozogamicin</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>brentuximab vedotin</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (<i>gemtuzumab ozogamicin</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES*** - DRUGS FOR CANCER		
DARZALEX INTRAVENOUS SOLUTION (<i>daratumumab</i>)	3	PA; LD; SP
SARCLISA INTRAVENOUS SOLUTION (<i>isatuximab-irfc</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>polatuzumab vedotin-piiq</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES*** - DRUGS FOR CANCER		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED (<i>zolbetuximab-clzb</i>)	3	PA; LD
*ANTINEOPLASTIC - ANTI-C-MET ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>telisotuzumab vedotin-tllv</i>)	3	PA; LD
*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES*** - DRUGS FOR CANCER		
IMJUDO INTRAVENOUS SOLUTION (<i>tremelimumab-actl</i>)	3	PA; LD; SP
YERVOY INTRAVENOUS SOLUTION (<i>ipilimumab</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** - DRUGS FOR CANCER		
DANYELZA INTRAVENOUS SOLUTION (<i>naxitamab-gqgk</i>)	3	PA; LD
UNITUXIN INTRAVENOUS SOLUTION (<i>dinutuximab</i>)	3	LD
*ANTINEOPLASTIC - ANTI-HER2 AGENTS*** - DRUGS FOR CANCER		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab</i>)	3	LD; SP
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-strf</i>)	3	ST; LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-pkrb</i>)	3	ST; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-anns</i>)	3	LD; SP
MARGENZA INTRAVENOUS SOLUTION (<i>margetuximab-cmkb</i>)	3	PA; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dkst</i>)	3	ST; LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dttb</i>)	3	ST; LD; SP
PERJETA INTRAVENOUS SOLUTION (<i>pertuzumab</i>)	3	PA; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-qyyp</i>)	3	ST; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUKYSA ORAL TABLET (<i>tucatinib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>zanidatamab-hrii</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (<i>enfortumab vedotin-ejfv</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** - DRUGS FOR CANCER		
JEMPERLI INTRAVENOUS SOLUTION (<i>dostarlimab-gxly</i>)	3	PA; LD; SP
KEYTRUDA INTRAVENOUS SOLUTION (<i>pembrolizumab</i>)	3	PA; LD; SP
LIBTAYO INTRAVENOUS SOLUTION (<i>cemiplimab-rwlc</i>)	3	PA; LD
LOQTORZI INTRAVENOUS SOLUTION (<i>toripalimab-tpzi</i>)	3	PA; LD; SP
OPDIVO INTRAVENOUS SOLUTION (<i>nivolumab</i>)	3	PA; LD; SP
TEVIMBRA INTRAVENOUS SOLUTION (<i>tislelizumab-jsgr</i>)	3	PA; LD
ZYNYZ INTRAVENOUS SOLUTION (<i>retifanlimab-dlwr</i>)	3	PA; LD; QL (1 vial per 28 days); SP
*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES*** - DRUGS FOR CANCER		
BAVENCIO INTRAVENOUS SOLUTION (<i>avelumab</i>)	3	PA; LD
IMFINZI INTRAVENOUS SOLUTION (<i>durvalumab</i>)	3	PA; LD; SP
TECENTRIQ INTRAVENOUS SOLUTION (<i>atezolizumab</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-SLAF7 ANTIBODIES*** - DRUGS FOR CANCER		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>elotuzumab</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED (<i>tisotumab vedotin-tftv</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (6 tablet per 1 day); OC
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (<i>venetoclax</i>)	3; OC	PA; LD; QL (1 pack per 365 days); OC
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	2; OC	PA; QL (4 capsules per 1 day); SP; OC
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2; OC	PA; QL (1 capsule per 1 day); SP; OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2; OC	PA; QL (6 tablets per 1 day); SP; OC
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2; OC	PA; QL (1 tablet per 1 day); SP; OC
<i>dasatinib oral tablet</i>	1; OC	PA; QL (1 tablet per 1 day); SP; OC
<i>imatinib mesylate oral tablet</i>	1; OC	PA; QL (2 tablets per 1 day); SP; OC
<i>imkeldi oral solution</i>	3; OC	PA; LD; QL (10 mL per 1 day); OC
<i>nilotinib hcl oral capsule</i>	1; OC	PA; QL (4 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (<i>blinatumomab</i>)	3	PA; LD
COLUMVI INTRAVENOUS SOLUTION (<i>glofitamab-gxbm</i>)	3	PA; LD; SP
ELREXFIO SUBCUTANEOUS SOLUTION (<i>elranatamab-bcmm</i>)	3	PA; LD
EPKINLY SUBCUTANEOUS SOLUTION (<i>epcoritamab-bysp</i>)	3	PA; LD
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>tarlatamab-dlle</i>)	3	PA; LD; SP
KIMMTRAK INTRAVENOUS SOLUTION (<i>tebentafusp-tebn</i>)	3	PA; LD
LUNSUMIO INTRAVENOUS SOLUTION (<i>mosunetuzumab-axgb</i>)	3	PA; LD; SP
LYNOZYFIC INTRAVENOUS SOLUTION (<i>linvoseltamab-gcpt</i>)	3	PA
TALVEY SUBCUTANEOUS SOLUTION (<i>talquetamab-tgvs</i>)	3	PA; LD
TECVAYLI SUBCUTANEOUS SOLUTION (<i>teclistamab-cqyv</i>)	3	PA; LD
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
BRAFTOVI ORAL CAPSULE (<i>encorafenib</i>)	3; OC	PA; LD; QL (6 capsules per 1 day); SP; OC
OJEMDA ORAL SUSPENSION RECONSTITUTED (<i>tovorafenib</i>)	3; OC	PA; LD; QL (8 bottles per 28 days); OC
OJEMDA ORAL TABLET (<i>tovorafenib</i>)	3; OC	PA; LD; QL (24 tablets per 28 days); OC
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	3; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
TAFINLAR ORAL TABLET SOLUBLE (<i>dabrafenib mesylate</i>)	3; OC	PA; LD; QL (30 tablets per 1 day); SP; OC
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	2; OC	PA; LD; QL (8 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
BRUKINSA ORAL CAPSULE (<i>zanubrutinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
CALQUENCE ORAL TABLET (<i>acalabrutinib maleate</i>)	2; OC	PA; LD; QL (2 capsules per 1 day); OC
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2; OC	PA; LD; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL SUSPENSION (<i>ibrutinib</i>)	2; OC	PA; LD; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - CSF1R KINASE INHIBITORS*** - DRUGS FOR CANCER		
ROMVIMZA ORAL CAPSULE (<i>vimseltinib</i>)	3; OC	PA; LD; QL (1 carton per 28 Straight PA no ST embeddeds); OC
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>)	3	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1; OC	PA; QL (1 tablet per 1 day); SP; OC
<i>erlotinib hcl oral tablet 25 mg</i>	1; OC	PA; QL (3 tablets per 1 day); SP; OC
<i>gefitinib oral tablet</i>	1; OC	PA; QL (1 tablet per 1 day); SP; OC
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
IRESSA ORAL TABLET (<i>gefitinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LAZCLUZE ORAL TABLET 240 MG (<i>lazertinib mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
LAZCLUZE ORAL TABLET 80 MG (<i>lazertinib mesylate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>)	3	LD; SP
TAGRISSE ORAL TABLET (<i>osimertinib mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
VECTIBIX INTRAVENOUS SOLUTION (<i>panitumumab</i>)	3	PA; LD; SP
VIZIMPRO ORAL TABLET (<i>dacomitinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; LD; QL (5 tablets per 1 day); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEMAZYRE ORAL TABLET (<i>pemigatinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS*** - DRUGS FOR CANCER		
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
WELIREG ORAL TABLET (<i>belzutifan</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>belinostat</i>)	3	PA; LD; SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>romidepsin</i>)	3	PA; LD; SP
<i>romidepsin intravenous solution reconstituted</i>	1	PA; SP
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	2; OC	PA; QL (4 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
AKEEGA ORAL TABLET (<i>niraparib-abiraterone acetate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE (<i>pomalidomide</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
*ANTINEOPLASTIC - KRAS INHIBITORS*** - DRUGS FOR CANCER		
KRAZATI ORAL TABLET (<i>adagrasib</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); SP; OC
LUMAKRAS ORAL TABLET 240 MG (<i>sotorasib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
COTELLIC ORAL TABLET (<i>cobimetinib fumarate</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
GOMEKLI ORAL CAPSULE 1 MG (<i>mirdametinib</i>)	3; OC	LD; QL (8 capsules per 1 day); OC
GOMEKLI ORAL CAPSULE 2 MG (<i>mirdametinib</i>)	3; OC	LD; QL (4 capsules per 1 day); OC
GOMEKLI ORAL TABLET SOLUBLE (<i>mirdametinib</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3; OC	PA; LD; QL (8 capsules per 1 day); OC
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
MEKINIST ORAL SOLUTION RECONSTITUTED (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (40 mL per 1 day); SP; OC
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
MEKTOVI ORAL TABLET (<i>binimetinib</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - MENIN INHIBITORS*** - DRUGS FOR CANCER		
REVUFORJ ORAL TABLET 110 MG (<i>revumenib citrate</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
REVUFORJ ORAL TABLET 160 MG (<i>revumenib citrate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
REVUFORJ ORAL TABLET 25 MG (<i>revumenib citrate</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
*ANTINEOPLASTIC - MET INHIBITORS*** - DRUGS FOR CANCER		
TABRECTA ORAL TABLET (<i>capmatinib hcl</i>)	3; OC	PA; QL (4 tablets per 1 day); SP; OC
TEPMETKO ORAL TABLET (<i>tepotinib hcl</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET (<i>tazemetostat hbr</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1; OC	PA; SP; OC
<i>everolimus oral tablet soluble</i>	1; OC	PA; SP; OC
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED (<i>sirolimus protein-bound part</i>)	3	PA; LD
<i>temsirolimus intravenous solution</i>	1	PA; SP
TORISEL INTRAVENOUS SOLUTION (<i>temsirolimus</i>)	3	PA; SP
<i>everolimus</i> (Torpenz Oral Tablet)	1; OC	PA; LD; SP; OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
CABOMETYX ORAL TABLET (<i>cabozantinib s-malate</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose-pack per 56 days); SP; OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
ENSACOVE ORAL CAPSULE (<i>ensartinib hcl</i>)	3; OC	PA; LD; QL (2 capsules per 1 day); OC
FOTIVDA ORAL CAPSULE (<i>tivozanib hcl</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
<i>lapatinib ditosylate oral tablet</i>	1; OC	PA; QL (6 tablet per 1 day); SP; OC
NERLYNX ORAL TABLET (<i>neratinib maleate</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
<i>pazopanib hcl oral tablet</i>	1; OC	PA; QL (4 tablet per 1 day); SP; OC
QINLOCK ORAL TABLET (<i>ripretinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
RYDAPT ORAL CAPSULE (<i>midostaurin</i>)	3; OC	PA; QL (8 capsules per 1 day); SP; OC
<i>sorafenib tosylate oral tablet</i>	1; OC	PA; QL (4 tablet per 1 day); SP; OC
STIVARGA ORAL TABLET (<i>regorafenib</i>)	2; OC	PA; LD; QL (84 tablets per 28 days); SP; OC
<i>sunitinib malate oral capsule</i>	1; OC	PA; QL (1 capsule per 1 day); SP; OC
SUTENT ORAL CAPSULE (<i>sunitinib malate</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
TURALIO ORAL CAPSULE (<i>pexidartinib hcl</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
VANFLYTA ORAL TABLET (<i>quizartinib dihydrochloride</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
XOSPATA ORAL TABLET (<i>gilteritinib fumarate</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES*** - DRUGS FOR CANCER		
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK (<i>zenocutuzumab-zbco</i>)	3	PA; LD; QL (4 vials per 28 days)
RYBREVA INTRAVENOUS SOLUTION (<i>amivantamab-vmjw</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
AYVAKIT ORAL TABLET (<i>avapritinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - PROTEASOME INHIBITORS*** - DRUGS FOR CANCER		
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	3	SP
<i>bortezomib injection solution reconstituted 3.5 mg</i>	1	SP
BORUZU INJECTION SOLUTION (<i>bortezomib</i>)	3	SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>carfilzomib</i>)	3	PA; LD; SP
NINLARO ORAL CAPSULE (<i>ixazomib citrate</i>)	3; OC	PA; LD; QL (3 capsule per 28 days); SP; OC
VELCADE INJECTION SOLUTION RECONSTITUTED (<i>bortezomib</i>)	3	SP
*ANTINEOPLASTIC - RET INHIBITORS*** - DRUGS FOR CANCER		
GAVRETO ORAL CAPSULE (<i>pralsetinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (<i>selpercatinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AUGTYRO ORAL CAPSULE 160 MG (<i>repotrectinib</i>)	3; OC	PA; LD; QL (2 capsules per 1 day); SP; OC
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	3; OC	PA; LD; QL (8 capsules per 1 day); SP; OC
IBTROZI ORAL CAPSULE (<i>taletrectinib adipate</i>)	3; OC	PA; LD; QL (3 capsules per 1 day); OC
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	3; OC	PA; LD; QL (3 capsules per 1 day); SP; OC
ROZLYTREK ORAL PACKET (<i>entrectinib</i>)	3; OC	PA; LD; QL (12 packets per 1 day); SP; OC
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
VITRAKVI ORAL SOLUTION (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; QL (10 mL per 1 day); SP; OC
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 pack per 1 week); OC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (32 tablets per 28 weeks); OC
*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER		
<i>adriamycin intravenous solution reconstituted</i>	1	SP
<i>bleomycin sulfate injection solution reconstituted</i>	1	SP
<i>dactinomycin intravenous solution reconstituted</i>	1	SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	SP
DOXIL INTRAVENOUS SUSPENSION (<i>doxorubicin hcl liposomal</i>)	3	PA; SP
<i>doxorubicin hcl intravenous solution</i>	3	SP
<i>doxorubicin hcl intravenous solution reconstituted</i>	1	SP
<i>doxorubicin hcl liposomal intravenous suspension</i>	1	PA; SP
ELLENCES INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>)	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>)	3	SP
<i>idarubicin hcl intravenous solution</i>	1	SP
JELMYTO SOLUTION RECONSTITUTED (<i>mitomycin</i>)	3	PA; LD
<i>mitomycin intravenous solution reconstituted</i>	1	SP
<i>mitomycin intravesical solution prefilled syringe</i>	3	
<i>mitoxantrone hcl intravenous concentrate</i>	1	SP
<i>mutamycin intravenous solution reconstituted</i>	1	SP
<i>valrubicin intravesical solution</i>	1	SP
VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>)	3	LD; SP
ZUSDURI INTRAVESICAL SOLUTION RECONSTITUTED (<i>mitomycin</i>)	3	PA; LD
*ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** - DRUGS FOR CANCER		
ZEVALIN Y-90 INTRAVENOUS KIT (<i>ibritumomab tiuxetan for y-90</i>)	3	PA; LD
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER		
ELAHERE INTRAVENOUS SOLUTION (<i>mirvetuximab soravtansine-gynx</i>)	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (<i>fam-trastuzumab deruxtec-nxki</i>)	3	PA; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ado-trastuzumab emtansine</i>)	3	PA; LD; SP
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK (<i>avutometinib-defactinib</i>)	3; OC	PA; LD; QL (1 pack per 28 days); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (<i>daratumumab-hyaluronidase-fihj</i>)	3	PA; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oysk</i>)	3	LD; SP
INQOVI ORAL TABLET (<i>decitabine-cedazuridine</i>)	3; OC	PA; LD; QL (5 tablets per 28 days); SP; OC
LONSURF ORAL TABLET (<i>trifluridine-tipiracil</i>)	3; OC	PA; LD; SP; OC
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION (<i>nivolumab-hyaluronidase-nvhy</i>)	3	PA; LD; SP
PHESGO SUBCUTANEOUS SOLUTION (<i>pertuz-trastuz-hyaluron-zzxf</i>)	3	PA; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (<i>rituximab-hyaluronidase human</i>)	3	LD; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION (<i>atezolizumab-hyaluronidas-tqjs</i>)	3	PA; LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (<i>daunorubicin-cytarabine lipo</i>)	3	LD; SP
*ANTINEOPLASTIC ENZYMES*** - DRUGS FOR CANCER		
ASPARLAS INTRAVENOUS SOLUTION (<i>calaspargase pegol-mknl</i>)	3	PA; LD
ONCASPAS INJECTION SOLUTION (<i>pegaspargase</i>)	3	PA; LD
RYLAZE INTRAMUSCULAR SOLUTION (<i>asparaginase erwinia chry-rywn</i>)	3	PA; LD; SP
*ANTINEOPLASTIC RADIOPHARMACEUTICALS*** - DRUGS FOR CANCER		
LUTATHERA INTRAVENOUS SOLUTION (<i>lutetium lu 177 dotatate</i>)	3	PA; LD
PLUVICTO INTRAVENOUS SOLUTION (<i>lutetium lu 177 vipivotide tet</i>)	3	PA; LD
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	LD
XOFIGO INTRAVENOUS SOLUTION (<i>radium ra 223 dichloride</i>)	3	PA; LD
*ANTINEOPLASTICS - INTERLEUKINS & AGONISTS*** - DRUGS FOR CANCER		
ANKTIVA INTRAVESICAL SOLUTION (<i>nogapendekin alfa inbakic-pmln</i>)	3	PA; LD
ELZONRIS INTRAVENOUS SOLUTION (<i>tagraxofusp-erzs</i>)	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>aldesleukin</i>)	3	PA; SP
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** - DRUGS FOR CANCER		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>porfimer sodium</i>)	3	
UVADEX EXTRACORPOREAL SOLUTION (<i>methoxsalen (photopheresis)</i>)	3	
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	3	PA; LD; SP
<i>arsenic trioxide intravenous solution</i>	1	SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; LD; QL (2 mL per 28 days)
<i>dacarbazine intravenous solution reconstituted</i>	1	SP
<i>hydroxyurea oral capsule</i>	1; OC	OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	2; OC	LD; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (<i>pentostatin</i>)	3	SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (<i>bcg live</i>)	3	SP
TRISENOX INTRAVENOUS SOLUTION (<i>arsenic trioxide</i>)	3	SP
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	1; OC; \$0	OC
<i>exemestane oral tablet</i>	1; OC; \$0	OC
FEMARA ORAL TABLET (<i>letrozole</i>)	3; OC	OC
<i>letrozole oral tablet</i>	1; OC; \$0	OC
*CARBOXYPEPTIDASE ENZYME AGENTS*** - DRUGS FOR CANCER		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>glucarpidase</i>)	3	LD
*CARDIAC PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	1	SP
<i>dexrazoxane intravenous solution reconstituted</i>	1	SP
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** - DRUGS FOR CANCER		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (<i>rasburicase</i>)	3	SP
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** - DRUGS FOR CANCER		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>palifermin</i>)	3	SP
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	2; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
IBRANCE ORAL TABLET 100 MG, 75 MG (<i>palbociclib</i>)	2; OC	PA; LD; QL (21 tablets per 28 days); SP; OC
IBRANCE ORAL TABLET 125 MG (<i>palbociclib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; QL (0.75 tablet per 1 day); SP; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; QL (1.5 tablets per 1 day); SP; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; QL (2.25 tablets per 1 day); SP; OC
VERZENIO ORAL TABLET (<i>abemaciclib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ESTROGEN RECEPTOR ANTAGONIST*** - DRUGS FOR CANCER		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>fulvestrant</i>)	3	PA; SP
<i>fulvestrant intramuscular solution prefilled syringe</i>	1	PA; SP
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (<i>levoleucovorin</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leucovorin calcium injection solution</i>	1	
<i>leucovorin calcium injection solution reconstituted</i>	1	
<i>leucovorin calcium oral tablet</i>	1	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	1	PA
<i>levoleucovorin calcium pf intravenous solution</i>	1	PA
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; QL (2 units per 310 days); SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; QL (1 kit per 28 days); SP
ORGOVYX ORAL TABLET (<i>relugolix</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>temozolomide</i>)	2	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	1; OC	PA; QL (2 capsules per 1 day); SP; OC
<i>temozolomide oral capsule 20 mg</i>	1; OC	PA; QL (4 capsule per 1 day); SP; OC
<i>temozolomide oral capsule 5 mg</i>	1; OC	PA; QL (3 capsule per 1 day); SP; OC
*ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS*** - DRUGS FOR CANCER		
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
REZLIDHIA ORAL CAPSULE (<i>olutasidenib</i>)	3; OC	PA; LD; QL (2 capsules per 1 day); OC
TIBSOVO ORAL TABLET (<i>ivosidenib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
INREBIC ORAL CAPSULE (<i>fedratinib hcl</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OJJAARA ORAL TABLET (<i>mometinib dihydrochloride</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VONJO ORAL CAPSULE (<i>pacritinib citrate</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
*LHRH ANALOGS*** - DRUGS FOR CANCER		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE (<i>leuprolide mesylate (6 month)</i>)	3	PA; LD; QL (1 syringe per 24 weeks)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 syringe per 84 days); SP
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	3	PA; QL (1 syringe per 112 days); SP
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	3	PA; QL (1 syringe per 168 days); SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate leuprolide acetate injection kit</i>)	3 1	PA; QL (1 syringe per 28 days); SP PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 syringe kit per 28 days); SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 kit per 28 days); SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 kit per 84 days); SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (4 month)</i>)	3	PA; QL (1 kit per 112 days); SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; QL (1 syringe kit per 168 days); SP
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE (<i>leuprolide acetate (3 month)</i>)	3	PA; LD; QL (1 injection per 12 weeks); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 vial per 84 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 syringe per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 kit per 28 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	3	PA; QL (1 EA per 84 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	3	PA; QL (1 unit per 28 days); SP
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED (<i>paclitaxel protein-bound part</i>)	3	PA; LD; SP
DOCETAXEL INTRAVENOUS CONCENTRATE	3	SP
DOCETAXEL INTRAVENOUS SOLUTION	3	SP
DOCIVYX INTRAVENOUS SOLUTION (<i>docetaxel</i>)	3	LD; SP
<i>eribulin mesylate intravenous solution</i>	1	PA; SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (<i>etoposide phosphate</i>)	3	SP
<i>etoposide intravenous solution</i>	1	SP
<i>etoposide oral capsule</i>	1; OC	SP; OC
HALAVEN INTRAVENOUS SOLUTION (<i>eribulin mesylate</i>)	3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>ixabepilone</i>)	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION (<i>cabazitaxel</i>)	3	PA; LD; SP
<i>paclitaxel intravenous concentrate</i>	1	SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
<i>vinblastine sulfate intravenous solution</i>	1	SP
<i>vincristine sulfate intravenous solution</i>	1	SP
<i>vinorelbine tartrate intravenous solution</i>	1	SP
*MYELOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trilaciclib dihydrochloride</i>)	3	PA; LD
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide injection solution reconstituted</i>	1	SP
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i>	3	LD; SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	SP
<i>cyclophosphamide intravenous solution 1000 mg/10ml, 2000 mg/20ml, 500 mg/5ml</i>	3	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	3	LD
<i>cyclophosphamide oral capsule</i>	1; OC	SP; OC
CYCLOPHOSPHAMIDE ORAL TABLET	3; OC	OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	3	LD; SP
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML (<i>cyclophosphamide</i>)	3	LD; SP
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (<i>cyclophosphamide</i>)	3	LD
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	3	LD
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	3	LD
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>ifosfamide</i>)	3	SP
<i>ifosfamide intravenous solution</i>	1	SP
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
<i>ivra intravenous solution</i>	3	
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	2; OC	OC
<i>melphalan hcl intravenous solution reconstituted</i>	1	SP
*NITROSOUREAS*** - DRUGS FOR CANCER		
<i>carmustine intravenous solution reconstituted</i>	1	SP
GLEOSTINE ORAL CAPSULE (<i>lomustine</i>)	3; OC	PA; SP; OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLIADEL WAFER IMPLANT WAFER (<i>carmustine in polifeprosan</i>)	3	
*OLIGONUCLEOTIDE TELOMERASE INHIBITORS*** - DRUGS FOR CANCER		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED (<i>imetelstat sodium</i>)	3	PA; LD
*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS*** - DRUGS FOR CANCER		
IWILFIN ORAL TABLET (<i>eflornithine hcl</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
*OTOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
PEDMARK INTRAVENOUS SOLUTION (<i>sodium thiosulfate</i>)	3	PA; LD
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
COPIKTRA ORAL CAPSULE (<i>duvelisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (1 tablet per 1 day); SP; OC
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (2 tablets per 1 day); SP; OC
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (2 tablets per 1 day); SP; OC
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
RUBRACA ORAL TABLET (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
TALZENNA ORAL CAPSULE (<i>talazoparib tosylate</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ZEJULA ORAL TABLET (<i>niraparib tosylate</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1; OC	OC
<i>megestrol acetate oral tablet</i>	1; OC	OC
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	1; OC	OC
*SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** - DRUGS FOR CANCER		
ORSERDU ORAL TABLET 345 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	1; OC	PA; QL (10 capsules per 1 day); SP; OC
*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>trabectedin</i>)	3	LD; SP
*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED (<i>datopotamab deruxtecan-dlnk</i>)	3	PA; LD; SP
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>sacituzumab govitecan-hziy</i>)	3	PA; LD
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>)	3	SP
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>topotecan hcl</i>)	3	SP
HYCANTIN ORAL CAPSULE (<i>topotecan hcl</i>)	2; OC	PA; SP; OC
<i>irinotecan hcl intravenous solution</i>	1	SP
ONIVYDE INTRAVENOUS INJECTABLE (<i>irinotecan hcl liposome</i>)	3	LD; SP
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
<i>topotecan hcl intravenous solution reconstituted</i>	1	SP
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>mesna intravenous solution</i>	1	PA
<i>mesna oral tablet</i>	1	PA
MESNEX INTRAVENOUS SOLUTION (<i>mesna</i>)	3	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
AVASTIN INTRAVENOUS SOLUTION (<i>bevacizumab</i>)	3	PA; LD; SP
CYRAMZA INTRAVENOUS SOLUTION (<i>ramucirumab</i>)	3	PA; LD; SP
FRUZAQLA ORAL CAPSULE 1 MG (<i>fruquintinib</i>)	3; OC	PA; LD; QL (84 capsules per 28 days); OC
FRUZAQLA ORAL CAPSULE 5 MG (<i>fruquintinib</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	2; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	2; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (90 capsules per 30 days); SP; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
MVASI INTRAVENOUS SOLUTION (<i>bevacizumab-awwb</i>)	3	PA; LD; SP
ZALTRAP INTRAVENOUS SOLUTION (<i>ziv-aflibercept</i>)	3	PA; LD; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR PARKINSON		
NOURIANZ ORAL TABLET (<i>istradefylline</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	1	
<i>benztropine mesylate oral tablet</i>	1	
<i>trihexyphenidyl hcl oral solution</i>	1	
<i>trihexyphenidyl hcl oral tablet</i>	1	
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	1	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	1	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	1	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1	
<i>bromocriptine mesylate oral tablet</i>	1	
INBRIJA INHALATION CAPSULE (<i>levodopa</i>)	3	PA; LD; QL (5 kits per 30 days)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	1	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	1	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
XADAGO ORAL TABLET 100 MG (<i>safinamide mesylate</i>)	3	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (<i>safinamide mesylate</i>)	3	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (<i>selegiline hcl</i>)	3	PA; QL (2 tablets per 1 day)
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>tolcapone oral tablet</i>	1	PA; QL (6 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	1	
LODOSYN ORAL TABLET (<i>carbidopa</i>)	3	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
DHIVY ORAL TABLET (<i>carbidopa-levodopa</i>)	3	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG (<i>carbidopa-levodopa</i>)	3	QL (12 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG (<i>carbidopa-levodopa</i>)	3	QL (9 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	QL (10 capsules per 1 day)
VYALEV SUBCUTANEOUS SOLUTION (<i>foscarbidopa-foslevodopa</i>)	3	PA; LD; QL (6 cartons per 28 days); SP
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>apomorphine hcl</i>)	3	PA; LD; QL (2 mL per 1 day); SP
<i>apomorphine hcl subcutaneous solution cartridge</i>	1	PA; QL (2 mL per 1 day); SP
NEUPRO TRANSDERMAL PATCH 24 HOUR (<i>rotigotine</i>)	3	QL (1 patch per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1	QL (3 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	
<i>ropinirole hcl oral tablet</i>	1	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>entacapone oral tablet</i>	1	QL (8 tablet per 1 day)
ONGENTYS ORAL CAPSULE 25 MG (<i>opicapone</i>)	3	PA; QL (1 tablet per 1 day)
ONGENTYS ORAL CAPSULE 50 MG (<i>opicapone</i>)	3	PA; QL (6 tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	1	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg</i>	1	QL (12 capsules per 1 day)
<i>lithium carbonate oral capsule 300 mg</i>	1	QL (6 capsules per 1 day)
<i>lithium carbonate oral capsule 600 mg</i>	1	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	1	QL (6 tablets per 1 day)
<i>lithium oral solution</i>	1	
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG (<i>lumateperone tosylate</i>)	3	AL

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	3	AL; QL (1 capsule per 1 day)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>ziprasidone mesylate</i>)	3	AL; QL (6 vials per 28 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg</i>	1	AL
<i>lurasidone hcl oral tablet 60 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	AL; QL (2 tablets per 1 day)
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
NUPLAZID ORAL TABLET (<i>pimavanserin tartrate</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (<i>cariprazine hcl</i>)	2	AL
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	2	AL; QL (1 capsule per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	AL
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	AL; QL (2 capsules per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1	AL; QL (6 vials per 28 days)
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG (<i>iloperidone</i>)	3	ST
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG (<i>iloperidone</i>)	3	ST; QL (2 tablets per 1 day)
FANAPT TITRATION PACK A ORAL TABLET (<i>iloperidone</i>)	3	
FANAPT TITRATION PACK C ORAL TABLET (<i>iloperidone</i>)	3	ST; QL (1 pack per 1 year)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML (<i>paliperidone palmitate</i>)	3	AL; QL (3.5 mL per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (<i>paliperidone palmitate</i>)	3	AL; QL (5 mL per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	3	AL; QL (1 syringe per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML (<i>paliperidone palmitate</i>)	3	AL; QL (0.88 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML (<i>paliperidone palmitate</i>)	3	AL; QL (1.32 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (<i>paliperidone palmitate</i>)	3	AL; QL (1.75 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (<i>paliperidone palmitate</i>)	3	AL; QL (2.63 mL per 90 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	AL
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	AL; QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	1	AL; QL (1 tablet per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (<i>risperidone</i>)	3	AL; QL (1 syringe per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	1	AL; QL (2 injections per 28 days)
<i>risperidone oral solution</i>	1	AL; QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	AL
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	AL
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	AL; QL (4 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION (<i>haloperidol decanoate</i>)	3	AL; QL (5 mL per 30 days)
<i>haloperidol decanoate intramuscular solution</i>	1	AL; QL (5 mL per 30 days)
<i>haloperidol lactate injection solution</i>	1	AL
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	AL; QL (30 mL per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	AL
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	1	AL; QL (3 tablets per 1 day)
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg</i>	1	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	AL
<i>clozapine oral tablet dispersible 100 mg</i>	1	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	1	AL
<i>clozapine oral tablet dispersible 150 mg</i>	1	AL; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	1	AL; QL (4 tablets per 1 day)
VERSACLOZ ORAL SUSPENSION (<i>clozapine</i>)	3	AL; QL (18 mL per 1 day)
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	1	AL; QL (2 tablets per 1 day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	1	AL
SECUADO TRANSDERMAL PATCH 24 HOUR (<i>asenapine</i>)	3	ST; QL (1 patch per 1 day)
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	AL; QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	AL
<i>quetiapine fumarate oral tablet 150 mg</i>	1	AL; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	AL; QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>loxapine</i>)	3	AL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	1	AL
<i>loxapine succinate oral capsule 50 mg</i>	1	AL; QL (4 capsules per 1 day)
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet 10 mg, 5 mg</i>	1	AL
<i>molindone hcl oral tablet 25 mg</i>	1	AL; QL (4 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl injection solution</i>	1	AL
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML	1	AL; QL (8 mL per 1 day)
CHLORPROMAZINE HCL ORAL CONCENTRATE 30 MG/ML	1	AL; QL (26 mL per 1 day)
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	AL
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>compro rectal suppository</i>	1	AL
<i>fluphenazine decanoate injection solution</i>	1	AL
<i>fluphenazine hcl injection solution</i>	1	AL
<i>fluphenazine hcl oral concentrate</i>	1	AL; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	1	AL; QL (80 mL per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg</i>	1	AL
<i>fluphenazine hcl oral tablet 10 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	1	AL
<i>perphenazine oral tablet 4 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	1	AL; QL (3 tablets per 1 day)
<i>prochlorperazine edisylate injection solution</i>	1	AL
<i>prochlorperazine maleate oral tablet</i>	1	AL
<i>prochlorperazine rectal suppository</i>	1	AL
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	AL
<i>thioridazine hcl oral tablet 100 mg</i>	1	AL; QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	1	AL
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	1	AL; QL (4 tablets per 1 day)
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole</i>)	3	AL; QL (1 injection per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>aripiprazole</i>)	3	AL; QL (1 injection per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST; QL (1 tablet per 1 day)
<i>aripiprazole oral solution</i>	1	AL; QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	AL
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	AL; QL (3 tablets per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	AL; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole lauroxil</i>)	3	AL; QL (1 syringe per 1 fill)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (<i>aripiprazole lauroxil</i>)	3	AL; QL (1 kit per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	AL; QL (1 kit per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG (<i>brexpiprazole</i>)	3	AL
REXULTI ORAL TABLET 4 MG (<i>brexpiprazole</i>)	3	AL; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	1	AL; QL (3 injections per 1 fill)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	AL
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	AL
<i>olanzapine oral tablet dispersible 15 mg</i>	1	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	1	AL; QL (1 tablet per 1 day)
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1	PA
<i>thiothixene oral capsule 10 mg</i>	1	PA; QL (6 capsules per 1 day)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS*** - ANTISEPTICS AND DISINFECTANTS		
<i>formaldehyde external solution 10 %</i>	1	
*CHLORINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION	3	
*IODINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
LUGOLS STRONG IODINE EXTERNAL SOLUTION	3	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	1	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitabine-tenofovir</i>)	2	QL (1 tablet per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (<i>cabotegravir & rilpivirine</i>)	3	PA; LD; QL (1 kit per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	3	PA; LD; QL (1 kit per 60 days)
CIMDUO ORAL TABLET (<i>lamivudine-tenofovir</i>)	3	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET (<i>doravirine-lamivudine-tenofovir df</i>)	3	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2; \$0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	2	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	1	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1; \$0	QL (1 tablet per 1 day)
<i>emtricitab-rilpivir-tenofof df oral tablet</i>	1	PA; QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET (<i>atazanavir-cobicistat</i>)	3	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	QL (1 tablet per 1 day)
JULUCA ORAL TABLET (<i>dolutegravir-rilpivirine</i>)	3	PA; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION (<i>lopinavir-ritonavir</i>)	3	QL (16 mL per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	3	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	3	QL (4 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	1	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET (<i>emtricitab-rilpivir-tenofof af</i>)	2	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET (<i>darun-cobic-emtricit-tenofaf</i>)	2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	2	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE	2	QL (6 tablets per 1 day)
*ANTIRETROVIRALS - CAPSID INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
SUNLENCA ORAL TABLET (<i>lenacapavir sodium</i>)	3	PA; LD; QL (4 tablets per 28 days)
SUNLENCA ORAL TABLET THERAPY PACK (<i>lenacapavir sodium</i>)	3	PA; LD; QL (1 pack per 1 one time fill)
SUNLENCA SUBCUTANEOUS SOLUTION (<i>lenacapavir sodium</i>)	3	PA; LD; QL (1 kit per 24 weeks)
YEZTUGO ORAL TABLET (<i>lenacapavir sodium</i>)	3; \$0	PA; LD; QL (1 bottle per 1 one-time fill)
YEZTUGO SUBCUTANEOUS SOLUTION (<i>lenacapavir sodium</i>)	3; \$0	PA; LD; QL (1 kit per 24 weeks)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	1	QL (4 tablets per 1 day)
SELZENTRY ORAL SOLUTION (<i>maraviroc</i>)	3	QL (62 mL per 1 day)
SELZENTRY ORAL TABLET (<i>maraviroc</i>)	3	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
TROGARZO INTRAVENOUS SOLUTION (<i>ibalizumab-uiyk</i>)	3	PA; LD; QL (8 vials per 28 days)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	2	PA; LD; QL (2 vials per 1 day)
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>fostemsavir tromethamine</i>)	3	PA; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE (<i>cabotegravir</i>)	3; \$0	LD; QL (1 vial per 2 monthss)
ISENTRESS HD ORAL TABLET (<i>raltegravir potassium</i>)	3	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	3	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	3	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	3	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	3	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (<i>dolutegravir sodium</i>)	3	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	3	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	2	PA; QL (4 capsules per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	1	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	1	QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	1	QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	1	QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	1	QL (4 tablets per 1 day)
NORVIR ORAL PACKET (<i>ritonavir</i>)	3	QL (12 packets per 1 day)
NORVIR ORAL TABLET (<i>ritonavir</i>)	3	QL (12 tablets per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir</i>)	2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	2	QL (10 tablets per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	3	QL (2 capsules per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	3	QL (1 capsule per 1 day)
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	2	QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	1	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	2	PA; QL (1 tablet per 1 day)
EDURANT PED ORAL TABLET SOLUBLE (<i>rilpivirine hcl</i>)	2	PA; QL (6 tablets per 1 day)
<i>efavirenz oral tablet</i>	1	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	1	PA; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	1	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 100 MG (<i>etravirine</i>)	3	PA; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	3	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	PA; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	1	QL (40 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nevirapine oral tablet</i>	1	QL (2 tablets per 1 day)
PIFELTRO ORAL TABLET (<i>doravirine</i>)	3	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	1	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	1	QL (2 tablets per 1 day)
ZIAGEN ORAL SOLUTION (<i>abacavir sulfate</i>)	3	QL (32 mL per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	1; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	3	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	2	QL (29 mL per 1 day)
<i>lamivudine oral solution</i>	1	QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	1	PA; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION (<i>zidovudine</i>)	2	
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	3	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	3	QL (64 mL per 1 day)
<i>zidovudine oral capsule</i>	1	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	1	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	1	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	1; \$0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	2	QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	QL (1 tablet per 1 day)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS		
TYBOST ORAL TABLET (<i>cobicistat</i>)	3	QL (1 tablet per 1 day)
*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	1	QL (1 pack per 90 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	1	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	1	QL (1 pack per 90 days)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>cidofovir intravenous solution</i>	1	
<i>foscarnet sodium intravenous solution</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION (<i>foscarnet sodium</i>)	3	
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ganciclovir sodium intravenous solution reconstituted</i>	1	SP
LIVTENCITY ORAL TABLET (<i>maribavir</i>)	3	PA; LD; QL (4 tablets per 1 day)
PREVYMIS INTRAVENOUS SOLUTION (<i>letermovir</i>)	3	PA; QL (200 vials per 1 year); SP
PREVYMIS ORAL PACKET (<i>letermovir</i>)	3	PA; QL (810 packets per 1 year)
PREVYMIS ORAL TABLET (<i>letermovir</i>)	3	PA; QL (224 tablets per 1 year); SP
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	3	
<i>valganciclovir hcl oral solution reconstituted</i>	1	
<i>valganciclovir hcl oral tablet</i>	1	
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	1	PA; QL (1 tablet per 1 day); SP
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	2	PA; QL (20 mL per 1 day)
<i>entecavir oral tablet</i>	1	PA; QL (1 tablet per 1 day)
<i>lamivudine oral tablet 100 mg</i>	1	PA; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	3	PA; QL (1 tablet per 1 day); SP
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 packet per 1 day); SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 packets per 1 day); SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 tablets per 1 day); SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 tablet per 1 day); SP
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (1 packet per 1 day); SP
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (2 packets per 1 day); SP
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (2 tablets per 1 day); SP
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (1 tablet per 1 day); SP
VOSEVI ORAL TABLET (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	PA; QL (1 tablet per 1 day); SP
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
PEGASYS SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	3	LD; QL (4 vials per 28 days); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon alfa-2a</i>)	3	LD; QL (4 syringes per 28 days); SP
<i>ribavirin oral capsule</i>	1	QL (6 capsules per 1 day); SP
<i>ribavirin oral tablet</i>	1	QL (6 tablets per 1 day); SP
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 tablets per 30 days)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	QL (60 tablets per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famciclovir oral tablet 500 mg</i>	1	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	1	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
LAGEVRIO ORAL CAPSULE (<i>molnupiravir</i>)	3	QL (40 capsules per 90 days)
TEMBEXA ORAL SUSPENSION (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET (<i>brincidofovir</i>)	3	
TPOXX INTRAVENOUS SOLUTION (<i>tecovirimat</i>)	3	
TPOXX ORAL CAPSULE (<i>tecovirimat</i>)	3	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (180 mL per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (<i>peramivir</i>)	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	2	QL (1 unit per 90 days)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	1	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg</i>	1	QL (8 tablets per 1 day)
<i>carvedilol oral tablet 25 mg</i>	1	QL (4 tablets per 1 day)
<i>carvedilol oral tablet 3.125 mg</i>	1	QL (32 tablets per 1 day)
<i>carvedilol oral tablet 6.25 mg</i>	1	QL (16 tablets per 1 day)
<i>labetalol hcl intravenous solution prefilled syringe 10 mg/2ml</i>	3	
<i>labetalol hcl oral tablet 100 mg</i>	1	QL (24 tablets per 1 day)
<i>labetalol hcl oral tablet 200 mg</i>	1	QL (12 tablets per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	1	QL (8 tablets per 1 day)
<i>labetalol hcl oral tablet 400 mg</i>	1	QL (6 tablets per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	1	
<i>atenolol oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	1	
<i>bisoprolol fumarate oral tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC INTRAVENOUS SOLUTION (<i>esmolol hcl</i>)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride intravenous solution</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE (<i>metoprolol succinate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nebivolol hcl oral tablet</i>	1	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED (<i>landiolol hcl</i>)	3	
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>pindolol oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>pindolol oral tablet 5 mg</i>	1	QL (12 tablets per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	1	QL (5 capsules per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	1	QL (4 capsules per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg</i>	1	QL (10 capsules per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	1	QL (8 capsules per 1 day)
<i>propranolol hcl intravenous solution</i>	1	
<i>propranolol hcl oral solution</i>	1	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg</i>	1	QL (64 tablets per 1 day)
<i>propranolol hcl oral tablet 20 mg</i>	1	QL (32 tablets per 1 day)
<i>propranolol hcl oral tablet 40 mg</i>	1	QL (16 tablets per 1 day)
<i>propranolol hcl oral tablet 60 mg</i>	1	QL (10 tablets per 1 day)
<i>propranolol hcl oral tablet 80 mg</i>	1	QL (8 tablets per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>	1	QL (3 tablet per 1 day)
<i>sotalol hcl (af) oral tablet 160 mg</i>	1	QL (4 tablets per 1 day)
SOTALOL HCL INTRAVENOUS SOLUTION	3	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	1	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	1	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	1	QL (2 tablets per 1 day)
SOTYLIZE ORAL SOLUTION (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	1	QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate oral tablet 5 mg</i>	1	QL (12 tablets per 1 day)
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg</i>	1	
<i>amlodipine besylate oral tablet 5 mg</i>	1	QL (2 tablets per 1 day)
CARDENE IV INTRAVENOUS SOLUTION (<i>nicardipine hcl in nacl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg</i>	1	
<i>cartia xt oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 300 mg</i>	1	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (<i>clevidipine</i>)	3	
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	3	ST
CONJUPRI ORAL TABLET 5 MG (<i>levamlodipine maleate</i>)	3	ST; QL (1 tablet per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	1	QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	1	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>diltiazem hcl oral tablet 120 mg</i>	1	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	QL (4 tablet per 1 day)
<i>diltiazem hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%</i>	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg</i>	1	
<i>isradipine oral capsule 5 mg</i>	1	QL (4 capsule per 1 day)
KATERZIA ORAL SUSPENSION (<i>amlodipine benzoate</i>)	3	PA; QL (10 mL per 1 day)
<i>levamlodipine maleate oral tablet 2.5 mg</i>	1	ST
<i>levamlodipine maleate oral tablet 5 mg</i>	1	ST; QL (1 tablet per 1 day)
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION	3	
<i>nicardipine hcl intravenous solution</i>	3	
<i>nicardipine hcl oral capsule 20 mg</i>	1	QL (6 capsule per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	1	QL (4 capsule per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	1	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	1	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	1	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	1	
<i>nifedipine oral capsule 20 mg</i>	1	QL (4 capsule per 1 day)
<i>nimodipine oral capsule</i>	1	QL (12 capsule per 1 day)
<i>nimodipine oral solution</i>	1	QL (120 mL per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	1	QL (1 tablet per 1 day)
NORLIQVA ORAL SOLUTION (<i>amlodipine besylate</i>)	3	PA; QL (2 bottles per 30 days)
NYMALIZE ORAL SOLUTION (<i>nimodipine</i>)	3	QL (60 mL per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 120 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl er beads</i>)	3	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (<i>diltiazem hcl er beads</i>)	3	QL (3 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl er beads</i>)	3	QL (2 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg</i>	3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil hcl intravenous solution</i>	1	
<i>verapamil hcl oral tablet 120 mg</i>	1	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	1	
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin injection solution</i>	1	
<i>digoxin oral solution</i>	1	QL (10 mL per 1 day)
<i>digoxin oral tablet 125 mcg, 62.5 mcg</i>	1	
<i>digoxin oral tablet 250 mcg</i>	1	QL (2 tablets per 1 day)
LANOXIN INJECTION SOLUTION (<i>digoxin</i>)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION (<i>digoxin</i>)	2	
*INOTROPES*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>dobutamine hcl intravenous solution</i>	1	
DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION	3	
DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
<i>milrinone lactate in dextrose intravenous solution</i>	1	
<i>milrinone lactate intravenous solution</i>	1	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
CADUET ORAL TABLET 10-10 MG (<i>amlodipine-atorvastatin</i>)	3	QL (1 tablet per 1 day)
*CARDIAC MYOSIN INHIBITORS*** - DRUGS FOR THE HEART		
CAMZYOS ORAL CAPSULE (<i>mavacamten</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL CAPSULE SPRINKLE (<i>sacubitril-valsartan</i>)	3	QL (8 capsules per 1 day)
<i>sacubitril-valsartan oral tablet</i>	1	QL (6 tablets per 1 day)
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>isosorb dinitrate-hydralazine oral tablet</i>	1	QL (6 tablets per 1 day)
*PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMBINATIONS*** - DRUGS FOR CHOLESTEROL		
OPSYNVI ORAL TABLET (<i>macitentan-tadalafil</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
*PROSTAGLANDIN - IMPOTENCE AGENTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT (<i>alprostadil (vasodilator)</i>)	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED (<i>alprostadil (vasodilator)</i>)	3	PA
EDEX INTRACAVERNOSAL KIT (<i>alprostadil (vasodilator)</i>)	3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>alprostadil injection solution</i>	1	
AURLUMYN INTRAVENOUS SOLUTION (<i>iloprost</i>)	3	LD
<i>epoprostenol sodium intravenous solution reconstituted</i>	1	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	3	PA; LD; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE (<i>treprostinil diolamine</i>)	3	PA; LD; SP
PROSTIN VR INJECTION SOLUTION (<i>alprostadil</i>)	3	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	3	PA; LD; SP
<i>treprostinil injection solution</i>	1	PA; LD; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO DPI TITRATION KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 1 lifetime); SP
TYVASO INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO REFILL KIT INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO STARTER KIT INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	3	PA; LD; QL (9 mL per 1 day); SP
YUTREPIA INHALATION CAPSULE 106 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	3	PA; LD; QL (10 capsules per 1 day); SP
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG (<i>treprostinil sodium</i>)	3	PA; LD; QL (5 capsules per 1 day); SP
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	3	PA; LD; QL (3 tablets per 1 day); SP
*PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR*** - DRUGS FOR THE HEART		
WINREVAIR SUBCUTANEOUS KIT (<i>sotatercept-csrk</i>)	3	PA; LD; QL (1 kit per 21 days); SP
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	1	PA; QL (1 tablet per 1 day); SP
<i>bosentan oral tablet</i>	1	PA; LD; QL (2 tablets per 1 day); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPSUMIT ORAL TABLET (<i>macitentan</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>alyq oral tablet</i>	1	PA; QL (2 tablets per 1 day); SP
<i>sildenafil citrate intravenous solution</i>	1	PA; QL (3 vial per 1 day); SP
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; QL (24 mL per 1 day); SP
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (12 tablets per 1 day); SP
<i>tadalafil (pah) oral tablet</i>	1	PA; QL (2 tablets per 1 day); SP
TADLIQ ORAL SUSPENSION (<i>tadalafil (pah)</i>)	3	PA; QL (10 ml per 1 day); SP
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>selexipag</i>)	3	PA; LD; QL (2 vials per 1 day)
UPTRAVI ORAL TABLET (<i>selexipag</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK (<i>selexipag</i>)	3	PA; LD; QL (1 kit per 1 one-time fill); SP
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 tablets per 30 days)
<i>varденаfil hcl oral tablet dispersible</i>	1	PA
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	3	
<i>dehydrated alcohol intra-arterial solution</i>	1	
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA
<i>ivabradine hcl oral tablet</i>	1	PA
*TRANSTHYRETIN STABILIZERS*** - DRUGS FOR THE HEART		
ATTRUBY ORAL TABLET THERAPY PACK (<i>acoramidis hcl</i>)	3	PA; LD; QL (4 tablets per 1 day)
VYNDAMAX ORAL CAPSULE (<i>tafamidis</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
VYND AQEL ORAL CAPSULE (<i>tafamidis meglumine (cardiac)</i>)	3	PA; LD; QL (4 capsules per 1 day); SP
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR ANGINA		
VERQUVO ORAL TABLET 10 MG, 5 MG (<i>vericiguat</i>)	3	PA; QL (1 tablet per 1 day)
VERQUVO ORAL TABLET 2.5 MG (<i>vericiguat</i>)	3	PA; QL (1 tablets per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORIN COMBINATIONS*** - ANTIBIOTICS		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime-avibactam</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftolozane-tazobactam</i>)	3	
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	1	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	
<i>cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%</i>	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted</i>	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED (<i>cefotetan disodium</i>)	3	
<i>cefotetan disodium injection solution reconstituted</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>cefprozil oral suspension reconstituted</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted</i>	1	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml</i>	1	
<i>cefotaxime sodium injection solution reconstituted</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	
<i>ceftazidime injection solution reconstituted</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ceftazidime intravenous solution reconstituted</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
<i>ceftriaxone sodium intravenous solution reconstituted</i>	1	
CEFTRIAZONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>tazicef injection solution reconstituted</i>	1	
TAZICEF INTRAVENOUS SOLUTION (<i>ceftazidime sodium in dextrose</i>)	3	
<i>tazicef intravenous solution reconstituted</i>	1	
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	1	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CEPHALOSPORINS - 5TH GENERATION*** - ANTIBIOTICS		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftaroline fosamil</i>)	3	
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftobiprole medocartil</i>)	3	
*CEPHALOSPORINS - SIDEROPHORES*** - ANTIBIOTICS		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (<i>cefiderocol sulfate tosylate</i>)	3	
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>azurette oral tablet</i>	1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1; \$0	
<i>kariva oral tablet</i>	1; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	2	
<i>pimtrea oral tablet</i>	1; \$0	
<i>simliya oral tablet</i>	1; \$0	
<i>violele oral tablet</i>	1; \$0	
<i>volnea oral tablet</i>	1; \$0	
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>afirmelle oral tablet</i>	1; \$0	
<i>altavera oral tablet</i>	1; \$0	
<i>alyacen 1/35 oral tablet</i>	1; \$0	
<i>apri oral tablet</i>	1; \$0	
<i>aubra eq oral tablet</i>	1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aurovela 1.5/30 oral tablet</i>	1; \$0	
<i>aurovela 1/20 oral tablet</i>	1; \$0	
<i>aurovela 24 fe oral tablet</i>	1; \$0	
<i>aurovela fe 1.5/30 oral tablet</i>	1; \$0	
<i>aurovela fe 1/20 oral tablet</i>	1; \$0	
AVERI ORAL TABLET (<i>desogestrel-eth estrad-fe</i>)	3	
<i>aviane oral tablet</i>	1; \$0	
<i>ayuna oral tablet</i>	1; \$0	
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	3	
<i>balziva oral tablet</i>	1; \$0	
<i>blisovi 24 fe oral tablet</i>	1; \$0	
<i>blisovi fe 1.5/30 oral tablet</i>	1; \$0	
<i>blisovi fe 1/20 oral tablet</i>	1; \$0	
<i>briellyn oral tablet</i>	1; \$0	
<i>charlotte 24 fe oral tablet chewable</i>	1; \$0	
<i>chateal eq oral tablet</i>	1; \$0	
<i>cryselle-28 oral tablet</i>	1; \$0	
<i>cyred eq oral tablet</i>	1; \$0	
<i>dasetta 1/35 (28) oral tablet</i>	1; \$0	
<i>delyla oral tablet</i>	1; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1; \$0	
<i>elinest oral tablet</i>	1; \$0	
<i>enskyce oral tablet</i>	1; \$0	
<i>estarylla oral tablet</i>	1; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1; \$0	
<i>falmina oral tablet</i>	1; \$0	
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet)	1; \$0	
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet)	1; \$0	
FEMLYV ORAL TABLET DISPERSIBLE (<i>norethindrone acet-ethinyl est</i>)	3	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	1; \$0	
<i>norethin-eth estradiol-fe</i> (Galbriela Oral Tablet Chewable)	1; \$0	
<i>gemmily oral capsule</i>	1; \$0	
<i>hailey 1.5/30 oral tablet</i>	1; \$0	
<i>hailey 24 fe oral tablet</i>	1; \$0	
<i>hailey fe 1.5/30 oral tablet</i>	1; \$0	
<i>hailey fe 1/20 oral tablet</i>	1; \$0	
<i>isibloom oral tablet</i>	1; \$0	
<i>jasmiel oral tablet</i>	1; \$0	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet)	1; \$0	
<i>juleber oral tablet</i>	1; \$0	
<i>junel 1.5/30 oral tablet</i>	1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>junel 1/20 oral tablet</i>	1; \$0	
<i>junel fe 1.5/30 oral tablet</i>	1; \$0	
<i>junel fe 1/20 oral tablet</i>	1; \$0	
<i>junel fe 24 oral tablet</i>	1; \$0	
<i>kaitlib fe oral tablet chewable</i>	1; \$0	
<i>kalliga oral tablet</i>	1; \$0	
<i>kelnor 1/35 oral tablet</i>	1; \$0	
<i>kelnor 1/50 oral tablet</i>	1; \$0	
<i>kurvelo oral tablet</i>	1; \$0	
<i>larin 1.5/30 oral tablet</i>	1; \$0	
<i>larin 1/20 oral tablet</i>	1; \$0	
<i>larin 24 fe oral tablet</i>	1; \$0	
<i>larin fe 1.5/30 oral tablet</i>	1; \$0	
<i>larin fe 1/20 oral tablet</i>	1; \$0	
<i>lessina oral tablet</i>	1; \$0	
<i>levonorgest-eth estradiol-iron oral tablet</i>	1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1; \$0	
<i>levora 0.15/30 (28) oral tablet</i>	1; \$0	
<i>loestrin 1.5/30 (21) oral tablet</i>	1; \$0	
<i>loestrin 1/20 (21) oral tablet</i>	1; \$0	
<i>loestrin fe 1.5/30 oral tablet</i>	1; \$0	
<i>loestrin fe 1/20 oral tablet</i>	1; \$0	
<i>loryna oral tablet</i>	1; \$0	
<i>low-ogestrel oral tablet</i>	1; \$0	
<i>lo-zumandimine oral tablet</i>	1; \$0	
<i>luteru oral tablet</i>	1; \$0	
<i>marlissa oral tablet</i>	1; \$0	
<i>merzee oral capsule</i>	1; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	1; \$0	
<i>microgestin 1.5/30 oral tablet</i>	1; \$0	
<i>microgestin 1/20 oral tablet</i>	1; \$0	
<i>microgestin fe 1.5/30 oral tablet</i>	1; \$0	
<i>microgestin fe 1/20 oral tablet</i>	1; \$0	
<i>mili oral tablet</i>	1; \$0	
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet)	1; \$0	
<i>mono-lynyah oral tablet</i>	1; \$0	
<i>necon 0.5/35 (28) oral tablet</i>	1; \$0	
NEXTSTELLIS ORAL TABLET (<i>drospirenone-estetrol</i>)	3	
<i>nikki oral tablet</i>	1; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	1; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	1; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1; \$0	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1; \$0	
<i>nortrel 0.5/35 (28) oral tablet</i>	1; \$0	
<i>nortrel 1/35 (21) oral tablet</i>	1; \$0	
<i>nortrel 1/35 (28) oral tablet</i>	1; \$0	
<i>nylia 1/35 oral tablet</i>	1; \$0	
<i>ocella oral tablet</i>	1; \$0	
<i>philith oral tablet</i>	1; \$0	
<i>portia-28 oral tablet</i>	1; \$0	
<i>reclipsen oral tablet</i>	1; \$0	
<i>sprintec 28 oral tablet</i>	1; \$0	
<i>sronyx oral tablet</i>	1; \$0	
<i>syeda oral tablet</i>	1; \$0	
<i>tarina 24 fe oral tablet</i>	1; \$0	
<i>tarina fe 1/20 eq oral tablet</i>	1; \$0	
<i>taysofy oral capsule</i>	1; \$0	
TAYTULLA ORAL CAPSULE (<i>norethin ace-eth estrad-fe</i>)	3	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet)	1; \$0	
TYBLUME ORAL TABLET CHEWABLE (<i>levonorgestrel-ethinyl estrad</i>)	3	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet)	1; \$0	
<i>vestura oral tablet</i>	1; \$0	
<i>vienva oral tablet</i>	1; \$0	
<i>vyfemla oral tablet</i>	1; \$0	
<i>vylibra oral tablet</i>	1; \$0	
<i>wera oral tablet</i>	1; \$0	
<i>wymzya fe oral tablet chewable</i>	1; \$0	
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable)	1; \$0	
YASMIN 28 ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>zovia 1/35 (28) oral tablet</i>	1; \$0	
<i>zumandimine oral tablet</i>	1; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1; \$0	
TWIRLA TRANSDERMAL PATCH WEEKLY (<i>levonorgestrel-eth estradiol</i>)	3	
<i>xulane transdermal patch weekly</i>	1; \$0	
<i>zafemy transdermal patch weekly</i>	1; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eluryng vaginal ring</i>	1; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring)	1; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring)	1; \$0	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>amethyst oral tablet</i>	1; \$0	
<i>dolishale oral tablet</i>	1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1; \$0	
*COPPER CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	3	LD
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	3	LD
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	3; \$0	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>ashlyna oral tablet</i>	1; \$0	
<i>camrese lo oral tablet</i>	1; \$0	
<i>camrese oral tablet</i>	1; \$0	
<i>daysee oral tablet</i>	1; \$0	
<i>iclevia oral tablet</i>	1; \$0	
<i>introvale oral tablet</i>	1; \$0	
<i>jaimiess oral tablet</i>	1; \$0	
<i>jolessa oral tablet</i>	1; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	1; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1; \$0	
<i>lojaimiess oral tablet</i>	1; \$0	
<i>rivelsa oral tablet</i>	1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rosyrah Oral Tablet)	1; \$0	
<i>setlakin oral tablet</i>	1; \$0	
<i>simpesse oral tablet</i>	1; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	3	
*PROGESTIN CONTRACEPTIVES - IMPLANTS*** - BIRTH CONTROL PILLS		
NEXPLANON SUBCUTANEOUS IMPLANT (<i>etonogestrel</i>)	3	LD; SP
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>medroxyprogesterone acetate</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	3; \$0	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1; \$0	
*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>camila oral tablet</i>	1; \$0	
<i>deblitane oral tablet</i>	1; \$0	
<i>norethindrone</i> (Emzahh Oral Tablet)	1; \$0	
<i>errin oral tablet</i>	1; \$0	
<i>heather oral tablet</i>	1; \$0	
<i>incassia oral tablet</i>	1; \$0	
<i>jencycla oral tablet</i>	1; \$0	
<i>lyleq oral tablet</i>	1; \$0	
<i>lyza oral tablet</i>	1; \$0	
<i>norethindrone</i> (Meleya Oral Tablet)	1; \$0	
<i>nora-be oral tablet</i>	1; \$0	
<i>norethindrone oral tablet</i>	1; \$0	
<i>norlyroc oral tablet</i>	1; \$0	
<i>norethindrone</i> (Orquidea Oral Tablet)	1; \$0	
<i>sharobel oral tablet</i>	1; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	3	
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	1; \$0	
<i>aranelle oral tablet</i>	1; \$0	
<i>dasetta 7/7/7 oral tablet</i>	1; \$0	
<i>enpresse-28 oral tablet</i>	1; \$0	
<i>leena oral tablet</i>	1; \$0	
<i>levonest oral tablet</i>	1; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	1; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	1; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortrel 7/7/7 oral tablet</i>	1; \$0	
<i>nylia 7/7/7 oral tablet</i>	1; \$0	
<i>tilia fe oral tablet</i>	1; \$0	
<i>tri-estarylla oral tablet</i>	1; \$0	
<i>tri-legest fe oral tablet</i>	1; \$0	
<i>tri-linyah oral tablet</i>	1; \$0	
<i>tri-lo-estarylla oral tablet</i>	1; \$0	
<i>tri-lo-marzia oral tablet</i>	1; \$0	
<i>tri-lo-mili oral tablet</i>	1; \$0	
<i>tri-lo-sprintec oral tablet</i>	1; \$0	
<i>tri-mili oral tablet</i>	1; \$0	
<i>tri-sprintec oral tablet</i>	1; \$0	
<i>tri-vylibra lo oral tablet</i>	1; \$0	
<i>tri-vylibra oral tablet</i>	1; \$0	
<i>velivet oral tablet</i>	1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet)	1; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (<i>hydrocortisone</i>)	3	PA; LD
<i>budesonide er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	1	QL (3 capsule per 1 day)
DEPO-MEDROL INJECTION SUSPENSION (<i>methylprednisolone acetate</i>)	3	
<i>dexameth sod phos (pf) +rfid injection solution prefilled syringe</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>dexamethasone sod phos +rfid injection solution prefilled syringe</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE	1	
HEMADY ORAL TABLET (<i>dexamethasone</i>)	3	PA; QL (2 tablets per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION (<i>triamcinolone hexacetonide</i>)	3	
<i>hidex 6-day oral tablet therapy pack</i>	1	
<i>hydrocortisone oral tablet</i>	1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENALOG-10 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
KENALOG-40 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
KENALOG-80 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE (<i>prednisone</i>)	3	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (<i>hydrocortisone sod succinate</i>)	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED (<i>methylprednisolone sodium succ</i>)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (<i>methylprednisolone sodium succ</i>)	3	
<i>taperdex 7-day oral tablet therapy pack</i>	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE (<i>budesonide</i>)	3	PA; LD; QL (4 capsules per 1 day)
*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
CELESTONE SOLUSPAN INJECTION SUSPENSION (<i>betamethasone sod phos & acet</i>)	3	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
HYCODAN ORAL SOLUTION (<i>hydrocodone bit-homatrop mbr</i>)	3	AL; QL (150 mL per 5 days)
HYCODAN ORAL TABLET (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (30 tablets per 5 days)
<i>hydrocodone bit-homatrop mbr oral solution</i>	1	AL; QL (150 mL per 5 days)
<i>hydromet oral solution</i>	1	AL; QL (150 mL per 5 days)
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-phenylephrine oral syrup</i>	1	QL (2 fills per 30 days)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	3	
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	1	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution)	1	
<i>sodium chloride inhalation nebulization solution</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	1	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	1	QL (2 fills per 30 days)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>bromphen-pseudoeph-dm oral syrup</i>	1	
<i>pseudoeph-bromphen-dm oral syrup</i>	1	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	1	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	1	AL; QL (100 mL per 5 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>chlorpheniramine-codeine</i>)	3	AL; QL (10 tablets per 5 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindamycin phosphate</i> (Clindacin External Foam)	1	QL (100 grams per 30 days)
<i>clindacin-p external swab</i>	1	QL (2 pads per 1 day)
<i>clindamycin phos (once-daily) external gel</i>	1	QL (75 ml/gm per 30 days)
<i>clindamycin phos (twice-daily) external gel</i>	1	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	1	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	1	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	1	QL (2 pads per 1 day)
<i>dapsone external gel</i>	3	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	1	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	1	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	1	QL (60 mL per 30 days)
<i>sulfacetamide sodium (acne) external lotion</i>	1	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	PA; QL (45 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	1	PA; QL (60 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	1	QL (46.6 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	1	QL (50 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	QL (45 grams per 30 days)
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
ABSORICA LD ORAL CAPSULE (<i>isotretinoin micronized</i>)	3	PA
ABSORICA ORAL CAPSULE 20 MG (<i>isotretinoin</i>)	3	PA
<i>accutane oral capsule</i>	2	PA
<i>adapalene external pad</i>	1	PA; QL (1 swab per 1 day)
AKLIEF EXTERNAL CREAM (<i>trifarotene</i>)	3	ST; QL (1 pump per 30 days)
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isotretinoin</i> (Amnesteem Oral Capsule 30 Mg)	2	PA
ARAZLO EXTERNAL LOTION (<i>tazarotene</i>)	3	ST; QL (45 grams per 30 days)
<i>claravis oral capsule</i>	2	PA
<i>isotretinoin oral capsule</i>	2	PA
<i>tretinoin external cream</i>	1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	1	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	1	PA; QL (50 grams per 30 days)
<i>zenatane oral capsule</i>	2	PA
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN		
VEREGEN EXTERNAL OINTMENT (<i>sinecatechins</i>)	3	ST; QL (30 grams per 28 days)
*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN		
RENOVA PUMP EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	3	PA; QL (60 grams per 30 days)
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
NEO-SYNALAR EXTERNAL CREAM (<i>neomycin-fluocinolone</i>)	3	
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>gentamicin sulfate external cream</i>	1	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	1	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	1	QL (30 grams per 1 fill)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
CLOBEZIN EXTERNAL THERAPY PACK (<i>clotrimazole-betameth & zn ox</i>)	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
<i>miconazole-zinc oxide-petrolat external ointment</i>	1	QL (50 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclopirox external solution</i>	1	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	1	QL (90 grams per 30 days)
<i>nystatin</i> (Klayesta External Powder)	1	QL (60 grams per 30 days)
<i>naftifine hcl external gel</i>	1	ST; QL (60 grams per 30 days)
<i>nyamyc external powder</i>	1	QL (60 grams per 30 days)
<i>nystatin external cream</i>	1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	1	QL (60 grams per 30 days)
<i>nystop external powder</i>	1	QL (60 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 1 %</i>	1	BE; QL (1000 gm per 30 days)
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL (<i>mechlorethamine hcl (topical)</i>)	3	PA; LD; QL (1 tube per 30 days)

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*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream 0.5 %</i>	3	ST; QL (30 gm per 365 days)
<i>fluorouracil external cream 5 %</i>	1	AL; QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1	AL; QL (10 mL per 365 days)
TOLAK EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (40 gm per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (300 grams per 1 year)
*ANTINEOPLASTIC RETINOIDS - TOPICAL*** - DRUGS FOR THE SKIN		
PANRETIN EXTERNAL GEL (<i>alitretinoin</i>)	3	SP
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule 10 mg, 17.5 mg</i>	1	QL (1 capsule per 1 day)
<i>acitretin oral capsule 25 mg</i>	1	QL (2 capsules per 1 day)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (2 pens per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (1 pen per 28 days); SP
<i>methoxsalen rapid oral capsule</i>	1	SP
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ustekinumab-aekn</i>)	3	PA; QL (1 syringe per 84 days); SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>risankizumab-rzaa</i>)	3	PA; QL (1 unit per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	3	PA; QL (1 unit per 12 weeks); SP
SPEVIGO INTRAVENOUS SOLUTION (<i>spesolimab-sbzo</i>)	3	PA; LD; QL (2 vials per 1 year)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	3	PA; LD; QL (2 syringes per 28 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>spesolimab-sbzo</i>)	3	PA; QL (1 syringe per 28 days)
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	3	PA; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	3	PA; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	3	PA; QL (1 syringe per 12 weeks); SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	3	PA; LD; QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ixekizumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	1	QL (120 grams per 30 days)
<i>calcipotriene external foam</i>	3	ST; QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	1	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	1	QL (60 mL per 30 days)
<i>calcitriol external ointment</i>	1	QL (800 grams per 28 days)
<i>tazarotene external cream</i>	1	QL (60 grams per 30 days)
<i>tazarotene external gel</i>	1	QL (100 grams per 30 days)
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	1	QL (120 mL per 30 days)
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	1	PA; QL (5 gm per 30 days)
<i>penciclovir external cream</i>	1	PA; QL (5 gm per 30 days)
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
OPZELURA EXTERNAL CREAM (<i>ruxolitinib phosphate</i>)	3	PA; QL (1 tube per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dupilumab</i>)	3	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dupilumab</i>)	3	PA; SP
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
SILVADENE EXTERNAL CREAM (<i>silver sulfadiazine</i>)	3	
<i>silver sulfadiazine external cream</i>	1	
<i>ssd external cream</i>	1	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ala-cort external cream</i>	1	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	1	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	1	QL (2 grams per 1 day)
<i>amcinonide external cream</i>	3	QL (2 grams per 1 day)
<i>betamethasone dipropionate aug external cream</i>	1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	1	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	1	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	1	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	1	QL (45 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone valerate external cream</i>	1	QL (45 grams per 30 days)
<i>betamethasone valerate external lotion</i>	1	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	1	QL (45 grams per 30 days)
<i>clobetasol propionate e external cream</i>	1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	1	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	1	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	1	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	1	QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	1	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	1	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	1	QL (50 mL per 30 days)
<i>desonide external gel</i>	1	QL (2 grams per 1 day)
<i>desoximetasone external liquid</i>	3	ST; QL (100 mL per 30 days)
<i>fluocinolone acetonide body external oil</i>	1	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	1	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	1	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	1	QL (60 grams per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	1	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	1	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	1	QL (60 mL per 30 days)
<i>fluticasone propionate external cream</i>	1	QL (60 grams per 30 days)
<i>fluticasone propionate external ointment</i>	1	QL (60 grams per 30 days)
<i>halcinonide external cream</i>	3	ST; QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	1	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	1	QL (50 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	3	ST; QL (60 mL per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	1	QL (454 grams per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	1	QL (118 mL per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	1	QL (454 grams per 30 days)
<i>mometasone furoate external cream</i>	1	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	1	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	1	QL (60 mL per 30 days)
<i>tovet external foam</i>	1	QL (100 grams per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	3	ST; QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	1	QL (454 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide external lotion</i>	1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	3	ST; QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	1	QL (30 grams per 30 days)
<i>triamcinolone in absorbase external ointment</i>	3	ST; QL (430 grams per 30 days)
<i>triderm external cream</i>	1	QL (454 grams per 30 days)
*ENZYMES - TOPICAL*** - DRUGS FOR THE SKIN		
NEXOBRID EXTERNAL GEL (<i>anacaulase-bcdb</i>)	3	PA; QL (440 grams per 2 days)
SANTYL EXTERNAL OINTMENT (<i>collagenase</i>)	3	PA; QL (30 grams per 30 days)
*GLABELLAR LINES (FROWN LINES) AGENTS*** - DRUGS FOR THE SKIN		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>onabotulinumtoxinA (cosmetic)</i>)	3	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>daxibotulinumtoxinA-lanm</i>)	3	PA; LD
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>prabotulinumtoxinA-xvfs (cosm)</i>)	3	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>clotrimazole external cream</i>	1	QL (113 grams per 30 days)
<i>econazole nitrate external cream</i>	1	QL (85 grams per 30 days)
<i>ketoconazole external cream</i>	1	QL (120 grams per 30 days)
<i>ketoconazole external shampoo</i>	1	QL (120 mL per 30 days)
<i>ketodan external foam</i>	3	QL (100 grams per 30 days)
<i>sulconazole nitrate external cream</i>	1	ST; QL (60 grams per 30 days)
<i>sulconazole nitrate external solution</i>	1	ST; QL (60 mL per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>imiquimod external cream 3.75 %</i>	1	QL (28 units per 28 days)
<i>imiquimod external cream 5 %</i>	1	QL (48 packet per 365 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external gel</i>	1	QL (7 grams per 28 days)
<i>podofilox external solution</i>	1	QL (7 mL per 28 days)
YCANTH EXTERNAL SOLUTION (<i>cantharidin</i>)	3	PA; LD; QL (8 applicators per 84 days)
*LINIMENTS*** - DRUGS FOR THE SKIN		
TURPENTINE EXTERNAL SPIRIT	3	
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>dyclopro external solution</i>	3	
<i>glydo external prefilled syringe</i>	1	
<i>lidocaine external ointment 5 %</i>	1	QL (5 grams per 1 day)
<i>lidocaine external patch 5 %</i>	1	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external solution</i>	1	QL (10 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl urethral/mucosal external gel</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	
<i>lidocaine</i> (Tridacaine Ii External Patch)	1	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Iii External Patch)	1	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
HYFTOR EXTERNAL GEL (<i>sirolimus</i>)	3	PA; LD; QL (1 tube per 30 days)
<i>pimecrolimus external cream</i>	1	ST; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	1	ST; QL (100 grams per 30 days)
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN		
SCENESSE SUBCUTANEOUS IMPLANT (<i>afamelanotide acetate</i>)	3	PA; LD; QL (1 implant per 2 monthss)
*MICROTUBULE INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
KLISYRI (250 MG) EXTERNAL OINTMENT (<i>tirbanibulin</i>)	3	ST; QL (5 packets per 1 fill)
KLISYRI (350 MG) EXTERNAL OINTMENT (<i>tirbanibulin</i>)	3	ST; QL (5 packets per 1 fill)
*MISC. DERMATOLOGICAL PRODUCTS*** - DRUGS FOR THE SKIN		
ILIDERM EXTERNAL EMULSION	3	
*MISC. TOPICAL*** - DRUGS FOR THE SKIN		
QBREXZA EXTERNAL PAD (<i>glycopyrronium tosylate</i>)	3	PA; QL (1 cloth per 1 day)
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>tavaborole external solution</i>	1	ST; QL (1 bottle per 30 days)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT (<i>crisaborole</i>)	3	ST; QL (100 grams per 30 days)
*PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	3	
*PROSTAGLANDINS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>bimatoprost external solution</i>	1	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	1	QL (50 grams per 30 days)
<i>brimonidine tartrate external gel</i>	1	QL (30 grams per 30 days)
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	2	QL (1.67 grams per 1 day)
<i>ivermectin external cream</i>	1	QL (45 grams per 30 days)
<i>metronidazole external cream</i>	1	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	1	QL (45 grams per 30 days)
<i>metronidazole external lotion</i>	1	QL (59 mL per 30 days)
MIRVASO EXTERNAL GEL (<i>brimonidine tartrate</i>)	3	QL (30 grams per 30 days)
SOOLANTRA EXTERNAL CREAM (<i>ivermectin</i>)	2	QL (45 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZILXI EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	2	QL (1 gram per 1 day)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>crotan external lotion</i>	1	QL (60 grams per 30 days)
ELIMITE EXTERNAL CREAM (<i>permethrin</i>)	3	QL (120 grams per 30 days)
<i>malathion external lotion</i>	1	QL (4 mL per 1 day)
<i>permethrin external cream</i>	1	QL (120 grams per 30 days)
PRURADIK EXTERNAL LOTION (<i>crotamiton</i>)	1	QL (60 grams per 30 days)
<i>spinosad external suspension</i>	1	QL (120 mL per 7 days)
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN		
ESKATA EXTERNAL SOLUTION (<i>hydrogen peroxide</i>)	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
EPIFOAM EXTERNAL FOAM (<i>pramoxine-hc</i>)	3	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
<i>coal tar external solution</i>	1	
*TISSUE REPLACEMENTS*** - DRUGS FOR THE SKIN		
AMNIOTEXT EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
CYGNUS DUAL EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
KARDIAMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
NEOX 100 EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
NEOX CORD 1K EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN FLOW INJECTION INJECTABLE (<i>amniotic memb-fluid allograft</i>)	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN INOVOFLO INJECTION INJECTABLE (<i>amniotic fluid allograft</i>)	3	
PALINGEN MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
VIA MATRIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	1	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	1	QL (1 kit per 30 days)
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
<i>bexarotene external gel</i>	1	PA; QL (60 grams per 30 days); SP
TARGRETIN EXTERNAL GEL (<i>bexarotene</i>)	3	PA; QL (60 grams per 30 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	2	ST; QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	2	ST; QL (420 grams per 28 days)
DUOBRII EXTERNAL LOTION (<i>halobetasol prop-tazarotene</i>)	3	PA; QL (200 grams per 30 days)
*WOUND DRESSINGS*** - DRUGS FOR THE SKIN		
FILSUEVZ EXTERNAL GEL (<i>birch triterpenes</i>)	3	PA; LD; QL (60 tubes per 30 days)
KENDALL HYDROGEL WOUND DRESS EXTERNAL (<i>hydroactive dressings</i>)	3	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST; QL (25 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST; QL (25 capsules per 1 day)
SUCRAID ORAL SOLUTION (<i>sacrosidase</i>)	3	PA; LD; QL (360 mL per 30 days)
VIOKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection solution reconstituted</i>	1	
<i>dichlorphenamide oral tablet</i>	1	PA; QL (4 tablet per 1 day)
<i>methazolamide oral tablet</i>	1	
<i>dichlorphenamide</i> (Ormalvi Oral Tablet)	1	PA; LD; QL (4 tablet per 1 day)
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	1	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
EDECIN ORAL TABLET (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT (<i>furosemide</i>)	3	PA; QL (6 kits per 30 days)
<i>furosemide oral solution</i>	1	
<i>furosemide oral tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>toremide oral tablet</i>	1	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	1	
<i>osmitrol intravenous solution</i>	1	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet</i>	1	
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>triamterene oral capsule</i>	1	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1	
<i>chlorthalidone oral tablet</i>	1	
DIURIL ORAL SUSPENSION (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
<i>metolazone oral tablet</i>	1	
THALITONE ORAL TABLET (<i>chlorthalidone</i>)	3	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
MIFEPREX ORAL TABLET (<i>mifepristone</i>)	3	\$0 for Fully insured members in California
<i>mifepristone oral tablet 200 mg</i>	1	\$0 for Fully insured members in California
*ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>olipudase alfa-rpcp</i>)	3	PA; LD; SP
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
REVCovi INTRAMUSCULAR SOLUTION (<i>elapegademaselvlr</i>)	3	PA; LD
*ALPHA-MANNOSIDOSIS TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>velmanaselalfa-tycv</i>)	3	PA; LD
*ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (<i>diazoxide choline</i>)	3	PA; LD; QL (3 tablets per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>diazoxide choline</i>)	3	PA; LD; QL (21 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (<i>diazoxide choline</i>)	3	PA; LD; QL (7 tablets per 1 day)
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral solution</i>	1	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	2	QL (0.15 tablets per 1 day)
<i>ibandronate sodium intravenous solution</i>	1	
<i>ibandronate sodium oral tablet</i>	1	QL (1 tablet per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1	SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	SP
RECLAST INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	3	PA; QL (100 mL per 375 days); SP
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (0.04 tablets per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 tablets per 28 days)
<i>zoledronic acid intravenous concentrate</i>	1	PA; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	3	PA; SP
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	1	PA; QL (100 mL per 375 days); SP
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	PA; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (<i>etelcalcetide hcl</i>)	3	PA; LD
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal solution</i>	1	QL (0.13 mL per 1 day)
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARNITOR INTRAVENOUS SOLUTION (<i>levocarnitine</i>)	3	
CARNITOR SF ORAL SOLUTION (<i>levocarnitine</i>)	3	
<i>levocarnitine intravenous solution</i>	1	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocarnitine sf oral solution</i>	1	
*CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XPHOZAH ORAL TABLET (<i>tenapanor hcl (ckd)</i>)	3	PA; LD; QL (2 tablets per 1 day)
*CORTICOTROPIN*** - HORMONES		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR (<i>corticotropin</i>)	3	PA; LD; SP
ACTHAR INJECTION GEL (<i>corticotropin</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE (<i>corticotropin</i>)	3	PA; LD; SP
CORTROPHIN INJECTION GEL (<i>corticotropin</i>)	3	PA; LD; SP
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG - HORMONES		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (<i>crinecerfont</i>)	3	PA; LD; QL (2 mL per 1 day)
CRENESSITY ORAL CAPSULE 25 MG (<i>crinecerfont</i>)	3	PA; LD; QL (2 capsules per 1 day)
CRENESSITY ORAL SOLUTION (<i>crinecerfont</i>)	3	PA; LD; QL (4 mL per 1 day)
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET (<i>osilodrostat phosphate</i>)	3	PA; LD; QL (4 tablets per 1 day)
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	1	QL (0.58 tablets per 1 day)
*FABRY DISEASE - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELFABRIO INTRAVENOUS SOLUTION (<i>pegunigalsidase alfa-iwxj</i>)	3	PA; LD; SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>agalsidase beta</i>)	3	PA; LD; SP
GALAFOLD ORAL CAPSULE (<i>migalastat hcl</i>)	3	PA; LD; QL (14 capsules per 30 days)
*GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>alglucosidase alfa</i>)	3	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>avalglucosidase alfa-ngpt</i>)	3	PA; LD; SP
OPFOLDA ORAL CAPSULE (<i>miglustat (gaa deficiency)</i>)	3	PA; LD; QL (8 capsules per 28 days); SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>cipaglucosidase alfa-atga</i>)	3	PA; LD; SP
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
<i>cetrorelix acetate subcutaneous kit</i>	1	PA; SP
CETROTIDE SUBCUTANEOUS KIT (<i>cetrorelix acetate</i>)	3	PA; SP
<i>fyremadel subcutaneous solution prefilled syringe</i>	1	PA; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ORILISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	PA; QL (1 tablet per 1 day)
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (2 tablets per 1 day)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>pegvisomant</i>)	3	PA; LD; QL (1 vial per 1 day); SP
*GROWTH HORMONE RELEASING HORMONES (GHRH)*** - DRUGS FOR GROWTH		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>tesamorelin acetate</i>)	3	PA; LD; QL (1 package per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE (<i>somatropin</i>)	3	PA; QL (1 syringe per 1 day); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE (<i>somatropin</i>)	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG (<i>somatropin</i>)	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 24 MG (<i>somatropin</i>)	3	PA; QL (1 injection per 1 day); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 solution per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	3	PA; LD; QL (8 cartridges per 28 days); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG (<i>lonapegsomatropin-tcgd</i>)	3	PA; LD; QL (4 cartridges per 28 days); SP
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XURIDEN ORAL PACKET (<i>uridine triacetate</i>)	3	PA; LD; QL (4 packets per 1 day)
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; SP
<i>nitisinone oral capsule 20 mg</i>	1	PA
NITYR ORAL TABLET (<i>nitisinone</i>)	3	PA; LD
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	3	PA; LD
ORFADIN ORAL SUSPENSION (<i>nitisinone</i>)	3	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	1	
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>carglumic acid oral tablet soluble</i>	1	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol intravenous solution</i>	1	PA
<i>calcitriol oral capsule</i>	1	PA
<i>calcitriol oral solution</i>	1	PA
<i>doxercalciferol intravenous solution</i>	1	PA
<i>doxercalciferol oral capsule</i>	1	PA
<i>paricalcitol intravenous solution</i>	1	PA
<i>paricalcitol oral capsule</i>	1	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (<i>calcifediol</i>)	3	PA; QL (2 tablets per 1 day)
ZEMPLAR INTRAVENOUS SOLUTION (<i>paricalcitol</i>)	3	PA
*HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>palopecteriparatide</i>)	3	PA; LD; QL (2 prefilled pens per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	3	PA; LD
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - DRUGS FOR THYROID		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (<i>teprotumumab-trbw</i>)	3	PA; LD; QL (8 fills per 168 days)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION (<i>mecasermin</i>)	3	PA; LD
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>metreleptin</i>)	3	PA; LD; QL (1 vial per 1 day)
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; LD; QL (1 kit per 24 weekss); SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 kit per 28 days); SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 syringe kit per 28 days); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 kit per 12 weekss); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 kit per 84 days); SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; QL (1 kit per 24 weekss); SP
SUPPRELIN LA SUBCUTANEOUS KIT (<i>histrelin acetate</i>)	3	PA; LD; QL (1 kit per 365 days); SP
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	3	PA; QL (5 bottle per 30 days); SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>triptorelin pamoate</i>)	3	PA; LD; QL (1 vial per 168 days)
*LIPOPROTEIN LIPASE DEFICIENCY (LPLD) DEFICIENCY - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>olezarsen sodium</i>)	3	PA; LD; QL (1 autoinjector per 1 month)
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KANUMA INTRAVENOUS SOLUTION (<i>sebelipase alfa</i>)	3	PA; LD; SP
*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosdenopterin hydrobromide</i>)	3	PA; LD
*MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION (<i>idursulfase</i>)	3	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VIMIZIM INTRAVENOUS SOLUTION (<i>elosulfase alfa</i>)	3	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NAGLAZYME INTRAVENOUS SOLUTION (<i>galsulfase</i>)	3	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
MEPSEVII INTRAVENOUS SOLUTION (<i>vestronidase alfa-vjbk</i>)	3	PA; LD
*NATRIURETIC PEPTIDES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>vosoritide</i>)	3	PA; LD; QL (1 vial per 1 day); SP
*NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS*** - HORMONES		
VEOZAH ORAL TABLET (<i>fezolinetant</i>)	3	PA; QL (1 tablet per 1 day)
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** - HORMONES		
KERENDIA ORAL TABLET (<i>finerenone</i>)	3	PA; QL (1 tablet per 1 day)
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	3	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML (<i>follitropin alfa</i>)	3	PA
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 900 UNT/1.44ML (<i>follitropin alfa</i>)	3	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	3	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>menotropins</i>)	3	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	2	PA; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>choriogonadotropin alfa</i>)	3	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	3	PA; SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
<i>clomiphene citrate</i> (Clomid Oral Tablet)	1	PA
<i>clomiphene citrate oral tablet</i>	1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>abaloparatide</i>)	3	PA; LD; QL (1 pen per 30 days); SP
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Packet)	1	PA; LD
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	1	PA; LD
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	3	PA; LD; QL (1 syringe per 1 day); SP
<i>sapropterin dihydrochloride oral packet</i>	1	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	1	PA; SP
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	3	PA; QL (1 syringe per 180 days); SP
XGEVA SUBCUTANEOUS SOLUTION (<i>denosumab</i>)	3	PA; QL (1 vial per 28 days); SP
*SCLEROSTIN INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>romosozumab-aqqg</i>)	3	PA; QL (2 syringes per 30 days); SP
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
OSPHENA ORAL TABLET (<i>ospemifene</i>)	3	PA; QL (1 tablet per 1 day)
<i>raloxifene hcl oral tablet</i>	1; \$0	QL (1 tablet per 1 day)
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
<i>tolvaptan oral tablet 15 mg</i>	1	PA; LD; QL (1 tablet per 1 day); SP
<i>tolvaptan oral tablet 30 mg</i>	1	PA; LD; QL (2 tablets per 1 day); SP
<i>tolvaptan oral tablet therapy pack</i>	1	PA; LD; QL (1 carton per 28 days)
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; QL (1 syringe/vial per 28 days); SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (<i>octreotide acetate</i>)	3	PA; LD; QL (4 capsules per 1 day)
<i>octreotide acetate injection solution</i>	1	PA; SP
<i>octreotide acetate intramuscular kit 10 mg, 30 mg</i>	1	PA; QL (1 kit per 28 days); SP
<i>octreotide acetate intramuscular kit 20 mg</i>	1	PA; QL (2 kits per 28 days); SP
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	1	PA; SP
SANDOSTATIN INJECTION SOLUTION (<i>octreotide acetate</i>)	3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<i>octreotide acetate</i>)	3	PA; QL (1 kit per 28 days); SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (<i>octreotide acetate</i>)	3	PA; QL (2 kits per 28 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	3	PA; LD; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (<i>pasireotide diaspertate</i>)	3	PA; LD; QL (2 mL per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (<i>lanreotide acetate</i>)	3	PA; LD; QL (1 syringe/vial per 28 days); SP
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
PHEBURANE ORAL PELLETT (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (8 bottles per 30 days); SP
RAVICTI ORAL LIQUID (<i>glycerol phenylbutyrate</i>)	3	PA; LD; QL (17.5 mL per 1 day); SP
<i>sod benz-sod phenylacet intravenous solution</i>	1	
<i>sodium phenylbutyrate oral powder</i>	1	PA; QL (25 GM per 1 day); SP
<i>sodium phenylbutyrate oral tablet</i>	1	PA; QL (40 tablets per 1 day); SP
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution</i>	1	
<i>desmopressin acetate injection solution</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg</i>	1	QL (12 tablets per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	1	QL (6 tablets per 1 day)
<i>desmopressin acetate pf injection solution</i>	1	
<i>desmopressin acetate spray nasal solution</i>	1	
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>terlipressin acetate</i>)	3	
<i>vasopressin +rfid intravenous solution</i>	1	
<i>vasopressin intravenous solution</i>	1	
<i>vasopressin-sodium chloride intravenous solution</i>	3	
VASOSTRICT INTRAVENOUS SOLUTION (<i>vasopressin</i>)	3	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML (<i>burosumab-twza</i>)	3	PA; LD; QL (2 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML (<i>burosumab-twza</i>)	3	PA; LD; QL (8 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML (<i>burosumab-twza</i>)	3	PA; LD; QL (6 vials per 28 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
<i>estradiol-norethindrone acet</i> (Abigale Lo Oral Tablet)	1	
<i>estradiol-norethindrone acet</i> (Abigale Oral Tablet)	1	
ANGELIQ ORAL TABLET (<i>drospirenone-estradiol</i>)	3	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	2	QL (8 patch per 28 days)
<i>estradiol-norethindrone acet oral tablet</i>	1	
<i>fyavolv oral tablet</i>	1	
<i>jinteli oral tablet</i>	1	
<i>mimvey oral tablet</i>	1	
<i>norethindrone-eth estradiol oral tablet</i>	1	
PREMPHASE ORAL TABLET (<i>conj estrogen-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET (<i>conj estrogen-medroxyprogest ace</i>)	2	
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** - DRUGS FOR WOMAN		
MYFEMBREE ORAL TABLET (<i>relugolix-estradiol-norethind</i>)	3	PA; QL (1 tablet per 1 day)
ORIAHNN ORAL CAPSULE THERAPY PACK (<i>elagolix-estradiol-norethind</i>)	3	PA; QL (1 carton per 28 days)
*ESTROGENS*** - DRUGS FOR WOMEN		
DELESTROGEN INTRAMUSCULAR OIL (<i>estradiol valerate</i>)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL (<i>estradiol cypionate</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	3	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	3	QL (30 packets per 30 days)
<i>dotti transdermal patch twice weekly</i>	1	QL (8 patch per 28 days)
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm</i>	1	QL (1 packet per 1 day)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	QL (37.5 grams per 30 days)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	1	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	1	QL (8 patch per 28 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil</i>	1	
ESTROGEL TRANSDERMAL GEL (<i>estradiol</i>)	3	QL (50 grams per 30 days)
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	2	QL (16.2 mL per 30 days)
<i>lyllana transdermal patch twice weekly</i>	1	QL (8 patch per 28 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - DRUGS FOR WOMEN		
DUAVEE ORAL TABLET (<i>conj estrogens-bazedoxifene</i>)	3	PA; QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>delafloxacin meglumine</i>)	3	
BAXDELA ORAL TABLET (<i>delafloxacin meglumine</i>)	3	PA
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in d5w intravenous solution</i>	1	
<i>levofloxacin in d5w intravenous solution</i>	1	
<i>levofloxacin intravenous solution</i>	1	QL (1 fill per 30 days)
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	1	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
<i>moxifloxacin hcl oral tablet</i>	1	
<i>ofloxacin oral tablet</i>	1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
<i>prucalopride succinate oral tablet</i>	1	QL (1 tablet per 1 day)
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE (<i>cholic acid</i>)	3	PA; LD; QL (4 capsule per 1 day)
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	1	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>lubiprostone oral capsule</i>	1	QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
GIMOTI NASAL SOLUTION (<i>metoclopramide hcl</i>)	3	PA; QL (1 bottle per 4 weekss)
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl oral solution</i>	1	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	1	QL (12 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS*** - DRUGS FOR THE STOMACH		
GATTEX SUBCUTANEOUS KIT (<i>teduglutide (rdna)</i>)	3	PA; LD; SP
*HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS*** - DRUGS FOR THE STOMACH		
REZDIFFRA ORAL TABLET (<i>resmetirom</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	2	QL (1 capsule per 1 day)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
VIBERZI ORAL TABLET (<i>eluxadoline</i>)	3	PA; QL (2 tablets per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	1	PA; QL (2 tablets per 1 day)
*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** - DRUGS FOR THE STOMACH		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	3	PA; LD; QL (30 pellets per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	3	PA; LD; QL (10 pellets per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG (<i>odevixibat</i>)	3	PA; LD; QL (5 capsules per 1 day)
BYLVAY ORAL CAPSULE 400 MCG (<i>odevixibat</i>)	3	PA; LD; QL (15 capsules per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	3	PA; LD; QL (60 mL per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	3	PA; LD; QL (90 mL per 30 days)
LIVMARLI ORAL TABLET 10 MG (<i>maralixibat chloride</i>)	3	PA; LD; QL (4 tablets per 1 day)
LIVMARLI ORAL TABLET 15 MG, 20 MG (<i>maralixibat chloride</i>)	3	PA; LD; QL (2 tablets per 1 day)
LIVMARLI ORAL TABLET 30 MG (<i>maralixibat chloride</i>)	3	PA; LD; QL (1 tablet per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>mesalamine</i>)	3	ST; QL (4 capsule per 1 day)
<i>balsalazide disodium oral capsule</i>	1	QL (9 capsule per 1 day)
DIPENTUM ORAL CAPSULE (<i>olsalazine sodium</i>)	3	ST; QL (4 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	1	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	1	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	QL (4 tablets per 1 day)
<i>mesalamine rectal enema</i>	1	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	1	QL (1 suppository per 1 day)
SFROWASA RECTAL ENEMA (<i>mesalamine</i>)	3	QL (60 mL per 1 day)
<i>sulfasalazine oral tablet</i>	1	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	1	QL (8 tablet per 1 day)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>vedolizumab</i>)	3	PA; LD; QL (1 vial per 56 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
SELARSDI INTRAVENOUS SOLUTION (<i>ustekinumab-aekn (iv)</i>)	3	PA; QL (4 vials per 1 one time fill); SP
SKYRIZI INTRAVENOUS SOLUTION (<i>risankizumab-rzaa</i>)	3	PA; QL (6 vials per 1 one-time fill); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>risankizumab-rzaa</i>)	3	PA; QL (1 kit per 56 days); SP
STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	3	PA; QL (4 vials per 6 months); SP
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>guselkumab</i>)	3	PA; QL (3 packs per 1 one time supply); SP
TREMFYA INTRAVENOUS SOLUTION (<i>guselkumab</i>)	3	PA; QL (3 vials per 6 months); SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	3	PA; QL (1 pen/syringe per 28 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	3	PA; QL (1 pen/syringe per 28 days); SP
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	1	
<i>generlac oral solution</i>	1	
<i>lactulose encephalopathy oral solution</i>	1	
*LIVE FECAL MICROBIOTA (HUMAN)** - DRUGS FOR THE STOMACH		
REBYOTA RECTAL SUSPENSION (<i>fecal microbiota, live-jslm</i>)	3	PA; LD; QL (1 carton per 1 lifetime)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	3	PA; LD; QL (12 capsules per 1 lifetime)
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
<i>alvimopan oral capsule</i>	1	
MOVANTIK ORAL TABLET (<i>naloxegol oxalate</i>)	2	QL (1 tablet per 1 day)
RELISTOR ORAL TABLET (<i>methylnaltrexone bromide</i>)	3	ST; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION (<i>methylnaltrexone bromide</i>)	3	ST; QL (1 syringe per 1 day)
SYMPROIC ORAL TABLET (<i>naldemedine tosylate</i>)	3	ST; QL (1 tablet per 1 day)
*PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
IQIRVO ORAL TABLET (<i>elafibranor</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral capsule</i>	1	QL (12 capsules per 1 day)
<i>calcium acetate oral tablet 667 mg</i>	1	QL (12 tablets per 1 day)
<i>ferric citrate oral tablet</i>	1	QL (9 tablets per 1 day)
FOSRENOL ORAL PACKET (<i>lanthanum carbonate</i>)	3	ST; QL (3 stick packs per 1 day)
<i>lanthanum carbonate oral tablet chewable</i>	1	QL (3 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (9 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELPHORO ORAL TABLET CHEWABLE (<i>sucroferric oxyhydroxide</i>)	3	ST; QL (3 tablets per 1 day)
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR DIARRHEA		
XERMELO ORAL TABLET (<i>telotristat etiprate</i>)	3	PA; LD; QL (3 tablets per 1 day)
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-axxq</i>)	3	PA; LD; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	3	PA; SP
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
AMIDATE INTRAVENOUS SOLUTION (<i>etomidate</i>)	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION (<i>propofol</i>)	3	
<i>etomidate intravenous solution</i>	1	
<i>fresenius propoven intravenous emulsion</i>	1	
KETALAR INJECTION SOLUTION (<i>ketamine hcl</i>)	3	
<i>ketamine hcl injection solution 50 mg/ml</i>	1	
<i>ketamine hcl intravenous solution prefilled syringe 300 mg/30ml</i>	3	
<i>propofol intravenous emulsion</i>	1	
*BARBITURATE ANESTHETICS*** - DRUGS FOR SEDATION		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (<i>methohexital sodium</i>)	3	
<i>methohexital sodium injection solution reconstituted</i>	1	
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	1	
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	3	
<i>isoflurane inhalation solution</i>	1	
<i>sevoflurane inhalation solution</i>	1	
SUPRANE INHALATION SOLUTION (<i>desflurane</i>)	3	
<i>terrell inhalation solution</i>	1	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	3	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride oral capsule</i>	1	QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>silodosin oral capsule</i>	1	QL (1 capsule per 1 day)
<i>tamsulosin hcl oral capsule</i>	1	QL (2 capsules per 1 day)
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release</i>	1	
*CYSTINOSIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
CYSTAGON ORAL CAPSULE (<i>cysteamine bitartrate</i>)	3	PA; LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE (<i>cysteamine bitartrate</i>)	3	PA; LD
PROCYSBI ORAL PACKET (<i>cysteamine bitartrate</i>)	3	PA; LD
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	1	
<i>argyle sterile saline irrigation solution</i>	1	
<i>curity sterile saline irrigation solution</i>	1	
<i>glycine irrigation solution</i>	1	
<i>glycine urologic irrigation solution</i>	1	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>sodium chloride irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
*IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG*** - DRUGS FOR THE URINARY SYSTEM		
FILSPARI ORAL TABLET (<i>sparsentan</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	3	QL (3 capsules per 1 day)
*PHOSPHATES*** - DRUGS FOR INFECTIONS		
K-PHOS NO 2 ORAL TABLET (<i>pot & sod ac phosphates</i>)	3	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
JALYN ORAL CAPSULE (<i>dutasteride-tamsulosin hcl</i>)	3	QL (1 capsule per 1 day)
*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** - DRUGS FOR THE URINARY SYSTEM		
OXLUMO SUBCUTANEOUS SOLUTION (<i>lumasiran sodium</i>)	3	PA; LD
RIVFLOZA SUBCUTANEOUS SOLUTION (<i>nedosiran sodium</i>)	3	PA; LD; QL (2 syringes per 30 days); SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>nedosiran sodium</i>)	3	PA; LD; QL (1 syringe per 30 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
LITHOSTAT ORAL TABLET (<i>acetohydroxamic acid</i>)	3	
<i>tiopronin oral tablet</i>	1	PA; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release 100 mg</i>	1	PA; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release 300 mg</i>	1	PA; LD; QL (10 tablet per 1 day)
<i>tiopronin</i> (Venxxiva Oral Tablet Delayed Release 100 Mg)	1	PA; LD; QL (3 tablet per 1 day)
<i>tiopronin</i> (Venxxiva Oral Tablet Delayed Release 300 Mg)	1	PA; LD; QL (10 tablet per 1 day)
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	1	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg</i>	1	QL (8 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1	QL (2 tablets per 1 day)
<i>allopurinol sodium intravenous solution reconstituted</i>	1	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>allopurinol sodium</i>)	3	
<i>colchicine oral tablet</i>	2	QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	1	ST; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION (<i>colchicine</i>)	3	ST; QL (300 mL per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION (<i>pegloticase</i>)	3	PA; LD; QL (0.08 mL per 1 day); SP
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA - DRUGS FOR THE BLOOD		
<i>adzynma intravenous kit</i>	3	PA; LD
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE BLOOD		
GIVLAARI SUBCUTANEOUS SOLUTION (<i>givosiran sodium</i>)	3	PA; LD
*ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA*** - DRUGS TO PREVENT BLEEDING		
QFITLIA SUBCUTANEOUS SOLUTION (<i>fitusiran sodium</i>)	3	PA; LD
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fitusiran sodium</i>)	3	PA; LD
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>concizumab-mtci</i>)	3	PA; LD; SP
HEMLIBRA SUBCUTANEOUS SOLUTION (<i>emicizumab-kxwh</i>)	3	PA; LD; SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>marstacimab-hncq</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	3	PA; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
AFSTYLA INTRAVENOUS KIT (<i>antihemophil fact single chain</i>)	3	PA; LD; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	3	PA; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	3	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rfixfc)</i>)	3	PA; LD; SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact fc-vwf-xten-eh1l</i>)	3	PA; LD; SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>prothrombin complex human-lans</i>)	3	
BENEFIX INTRAVENOUS KIT (<i>coagulation factor ix (recomb)</i>)	3	PA; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor x (human)</i>)	3	PA; LD; SP
CORIFACT INTRAVENOUS KIT (<i>factor xiii concentrate human</i>)	3	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviiiic)</i>)	3	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemoph fact rcmb gpeg-exei</i>)	3	PA; LD; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant cmplx</i>)	3	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	3	PA; LD; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	3	PA; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rix-fp)</i>)	3	PA; LD; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (recomb)</i>)	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>ahf (bdd-rfviii peg-aucl)</i>)	3	PA; LD; SP
KCENTRA INTRAVENOUS KIT (<i>prothrombin complex conc human</i>)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	3	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	3	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT (<i>antihem factor recomb (rfviii)</i>)	3	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil fact bd truncated</i>)	3	PA; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia recomb</i>)	3	PA; LD; SP
NUWIQ INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	PA; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviii,sim)</i>)	3	PA; LD; SP
<i>obizur intravenous solution reconstituted</i>	3	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>factor ix complex</i>)	3	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix glycopeg</i>)	3	PA; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem factor recomb (rfviii)</i>)	3	PA; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	PA; LD; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia-jncw</i>)	3	PA; LD; SP
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor xiii a-sub</i>)	3	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (<i>von willebrand factor (recomb)</i>)	3	PA; LD; SP
WILATE INTRAVENOUS KIT (<i>antihemophilic factor-vwf</i>)	3	PA; LD; SP
XYNTHA INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	PA; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	PA; LD; SP
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT (<i>caplacizumab-yhdp</i>)	3	PA; LD
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	1	PA; QL (18 syringes per 30 days); SP
<i>sajazir subcutaneous solution prefilled syringe</i>	1	PA; LD; QL (18 syringes per 30 days)
*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (24 kits per 30 days); SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (20 vials per 30 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (24 vials per 28 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (16 vials per 28 days); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	3	PA; LD; QL (16 vials per 30 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*COMPLEMENT C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
ENJAYMO INTRAVENOUS SOLUTION (<i>sutimlimab-jome</i>)	3	PA; LD; QL (6 vials per 2 weeks); SP
*COMPLEMENT C3 INHIBITORS*** - DRUGS FOR THE BLOOD		
EMPAVELI SUBCUTANEOUS SOLUTION (<i>pegcetacoplan</i>)	3	PA; LD; QL (200 mL per 30 days)
*COMPLEMENT C5 INHIBITORS*** - DRUGS FOR THE BLOOD		
PIASKY INJECTION SOLUTION (<i>crovalimab-akkz</i>)	3	PA; LD; QL (3 vials per 28 days); SP
SOLIRIS INTRAVENOUS SOLUTION (<i>eculizumab</i>)	3	PA; LD; QL (8 vials per 28 days); SP
ULTOMIRIS INTRAVENOUS SOLUTION (<i>ravulizumab-cwvz</i>)	3	PA; LD; QL (12 vials per 56 days); SP
VEOPOZ INJECTION SOLUTION (<i>pozelimab-bbfg</i>)	3	PA; LD; QL (2 vials per 1 week)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>zilucoplan sodium</i>)	3	PA; LD; QL (1 syringe per 1 day)
*COMPLEMENT C5A INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>gohibic intravenous solution</i>	3	
*COMPLEMENT C5A RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVNEOS ORAL CAPSULE (<i>avacopan</i>)	3	PA; LD; QL (6 capsules per 1 day)
*COMPLEMENT FACTOR B INHIBITORS*** - DRUGS FOR THE BLOOD		
FABHALTA ORAL CAPSULE (<i>iptacopan hcl</i>)	3	PA; LD; QL (2 capsules per 1 day)
*COMPLEMENT FACTOR D INHIBITORS*** - DRUGS FOR THE BLOOD		
VOYDEYA ORAL TABLET (<i>danicopan</i>)	3	PA; LD; QL (6 tablets per 1 day)
VOYDEYA ORAL TABLET THERAPY PACK (<i>danicopan</i>)	3	PA; LD; QL (6 tablets per 1 day)
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (<i>cangrelor tetrasodium</i>)	3	
<i>ticagrelor oral tablet</i>	1	QL (2 tablets per 1 day)
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
AGGRASTAT INTRAVENOUS CONCENTRATE (<i>tirofiban hcl</i>)	3	
AGGRASTAT INTRAVENOUS SOLUTION (<i>tirofiban hcl in nacl</i>)	3	
<i>eptifibatide intravenous solution</i>	1	
<i>tirofiban hcl in nacl intravenous solution</i>	1	
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	1	
*HEMIN*** - DRUGS FOR THE BLOOD		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>hemin</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HUMAN PROTEIN C*** - DRUGS FOR THE BLOOD		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>protein c concentrate (human)</i>)	3	LD; SP
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	1	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
<i>hetastarch-nacl intravenous solution</i>	1	
HEXTEND INTRAVENOUS SOLUTION (<i>hetastarch-electrolytes</i>)	3	
<i>lmd in d5w intravenous solution</i>	1	
<i>lmd in nacl intravenous solution</i>	1	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	3	PA; LD; QL (1 vial per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>lanadelumab-flyo</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	3	PA; LD; QL (36 vials per 30 days); SP
ORLADEYO ORAL CAPSULE (<i>berotralstat hcl</i>)	3	PA; LD; QL (1 capsule per 1 day)
*PLASMA PROTEINS*** - DRUGS FOR THE BLOOD		
ALBUKED 25 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
ALBUKED 5 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION (<i>albumin human-kjda</i>)	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
FLEXBUMIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>plasminogen human-tvmh</i>)	3	PA; LD; SP
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED (<i>antithrombin iii (human)</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	QL (2 capsules per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	1	
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	1	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET (<i>vorapaxar sulfate</i>)	3	PA; QL (1 tablet per 1 day)
*PYRUVATE KINASE ACTIVATORS*** - DRUGS FOR THE BLOOD		
PYRUKYND ORAL TABLET (<i>mitapivat sulfate</i>)	3	PA; LD; QL (2 tablets per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK (<i>mitapivat sulfate</i>)	3	PA; LD; QL (1 pack per 28 days)
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule 0.5 mg</i>	1	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	1	QL (10 capsules per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET (<i>fostamatinib disodium</i>)	3	PA; LD; QL (2 tablets per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet</i>	1	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet</i>	1	QL (1 tablet per 1 day)
*THROMBOLYTIC AGENT - MISC*** - DRUGS FOR THE BLOOD		
DEFITELIO INTRAVENOUS SOLUTION (<i>defibrotide sodium</i>)	3	LD
*TISSUE PLASMINOGEN ACTIVATORS*** - DRUGS FOR THE BLOOD		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	3	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
CERDELGA ORAL CAPSULE (<i>eliglustat tartrate</i>)	2	PA; LD; QL (2 capsules per 1 day); SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>imiglucerase</i>)	3	PA; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (<i>taliglucerase alfa</i>)	3	PA; LD; SP
<i>miglustat oral capsule</i>	1	PA; QL (3 capsules per 1 day); SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>velaglucerase alfa</i>)	3	PA; LD; SP
<i>miglustat</i> (Yargesa Oral Capsule)	1	PA; LD; QL (3 capsules per 1 day); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
<i>l-glutamine oral packet</i>	1	PA; SP
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>hydroxocobalamin acetate intramuscular solution</i>	1	
*CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>motixafortide acetate</i>)	3	PA; LD
MOZOBIL SUBCUTANEOUS SOLUTION (<i>plerixafor</i>)	3	PA; LD; SP
<i>plerixafor subcutaneous solution</i>	1	PA; SP
XOLREMDI ORAL CAPSULE (<i>mavorixafor</i>)	3	PA; LD; QL (4 capsules per 1 day)
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	2	
SIKLOS ORAL TABLET (<i>hydroxyurea</i>)	3	PA; SP
XROMI ORAL SOLUTION (<i>hydroxyurea</i>)	3	PA
*ERYTHROID MATURATION AGENTS*** - DRUGS FOR NUTRITION		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>luspatercept-aamt</i>)	3	PA; LD; SP
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	3	PA; QL (4 vials per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	3	PA; QL (4 syringes per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	3	PA; QL (4 syringes per 30 days); SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	3	PA; LD; QL (2 syringes per 28 days)
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	3	PA; QL (12 mL per 28 days); SP
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>folia-b complex oral tablet</i>	3	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>folic acid injection solution</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
GRANIX SUBCUTANEOUS SOLUTION (<i>tbo-filgrastim</i>)	3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tbo-filgrastim</i>)	3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>pegfilgrastim</i>)	3	PA; QL (2 injectors/kits per 28 days); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	3	PA; QL (2 syringes per 28 days); SP
NEUPOGEN INJECTION SOLUTION (<i>filgrastim</i>)	3	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim</i>)	3	PA; SP
NIVESTYM INJECTION SOLUTION (<i>filgrastim-aafi</i>)	3	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-aafi</i>)	3	PA; SP
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-txid</i>)	3	PA; SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>eflapgrastim-xnst</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-cbqv</i>)	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>pegfilgrastim-cbqv</i>)	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-cbqv</i>)	3	PA; QL (2 syringes per 28 days); SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-sndz</i>)	3	PA; SP
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED (<i>sargramostim</i>)	3	PA; SP
*IRON*** - DRUGS FOR NUTRITION		
FERAHEME INTRAVENOUS SOLUTION (<i>ferumoxytol</i>)	3	PA; QL (2 vials per 6 days); SP
FERRLECIT INTRAVENOUS SOLUTION (<i>na ferric gluc cplx in sucrose</i>)	3	PA; QL (16 vials per 8 weekss); SP
<i>ferumoxytol intravenous solution</i>	3	PA; QL (2 vials per 6 days); SP
INFED INJECTION SOLUTION (<i>iron dextran</i>)	3	PA; SP
<i>na ferric gluc cplx in sucrose intravenous solution</i>	1	PA; QL (16 vials per 8 weekss); SP
VENOFER INTRAVENOUS SOLUTION (<i>iron sucrose</i>)	3	PA; QL (15 mL per 84 days); SP
*SELECTIN BLOCKERS*** - DRUGS FOR NUTRITION		
ADAKVEO INTRAVENOUS SOLUTION (<i>crizanlizumab-tmca</i>)	3	PA; SP
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
DOPTelet ORAL TABLET (<i>avatrombopag maleate</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
<i>eltrombopag olamine oral packet 12.5 mg</i>	1	PA; SP
<i>eltrombopag olamine oral packet 25 mg</i>	1	PA; QL (3 dose-packs per 1 day); SP
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP
<i>eltrombopag olamine oral tablet 50 mg</i>	1	PA; QL (3 tablets per 1 day); SP
<i>eltrombopag olamine oral tablet 75 mg</i>	1	PA; QL (1 tablet per 1 day); SP
MULPLETA ORAL TABLET (<i>lusutrombopag</i>)	3	PA; QL (1 tablet per 1 day); SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>romiplostim</i>)	3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATIC COMBINATIONS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ARTISS EXTERNAL KIT (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL KIT (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
VISTASEAL EXTERNAL PREFILLED SYRINGE KIT (<i>fibrinogen-thrombin</i>)	3	
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	1	QL (120 mL per 1 day)
<i>aminocaproic acid oral tablet 1000 mg</i>	1	
<i>aminocaproic acid oral tablet 500 mg</i>	1	QL (60 tablets per 1 day)
CYKLOKAPRON INTRAVENOUS SOLUTION (<i>tranexamic acid</i>)	3	
<i>tranexamic acid intravenous solution</i>	1	
<i>tranexamic acid oral tablet</i>	1	QL (6 tablets per 1 day)
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
*HEMOSTATICS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
AVITENE EXTERNAL PAD (<i>microfibrillar coll hemostat</i>)	3	
AVITENE FLOUR EXTERNAL POWDER (<i>microfibrillar coll hemostat</i>)	3	
ENDO AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
GELFILM EXTERNAL FILM (<i>gelatin absorbable</i>)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (<i>gelatin absorbable</i>)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM MOUTH/THROAT POWDER (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 200 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (<i>gelatin absorbable</i>)	3	
INSTAT EXTERNAL PAD (<i>absorbable collagen hemostat</i>)	3	
INTERCEED (TC7) EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
INTERCEED EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	3	
SURGICEL FIBRILLAR EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL NU-KNIT EXTERNAL PAD (<i>oxidized cellulose</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGICEL SNOW 1"X2" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SYRINGE AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>pentobarbital sodium injection solution</i>	1	
<i>phenobarbital oral elixir</i>	1	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg</i>	1	
<i>phenobarbital sodium injection solution</i>	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED (<i>phenobarbital sodium</i>)	3	
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED (<i>remimazolam besylate</i>)	3	
<i>estazolam oral tablet</i>	1	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	1	QL (1 capsule per 1 day)
<i>midazolam hcl (pf) +rfid injection solution</i>	1	
<i>midazolam hcl (pf) injection solution</i>	1	
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	1	
<i>midazolam hcl oral syrup</i>	1	QL (10 mL per 1 fill)
<i>midazolam-sodium chloride (pf) intravenous solution</i>	1	
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	1	ST; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
<i>eszopiclone oral tablet</i>	1	QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	1	QL (1 capsule per 1 day)
<i>zolpidem tartrate oral tablet</i>	1	QL (1 tablet per 1 day)
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INSOMNIA		
QUVIVIQ ORAL TABLET (<i>daridorexant hcl</i>)	3	ST; QL (1 tablet per 1 day)
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	1	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
IGALMI SUBLINGUAL FILM (<i>dexmedetomidine hcl</i>)	3	PA; QL (1 film per 1 day)
PRECEDEX INTRAVENOUS SOLUTION (<i>dexmedetomidine hcl</i>)	3	
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
HETLIOZ LQ ORAL SUSPENSION (<i>tasimelteon</i>)	3	PA; LD; QL (5 mL per 1 day)
<i>ramelteon oral tablet</i>	1	QL (1 tablet per 1 day)
<i>tasimelteon oral capsule</i>	1	PA; QL (1 capsule per 1 day)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
CLENPIQ ORAL SOLUTION (<i>sod picosulfate-mag ox-cit acd</i>)	3	QL (350 mL per 30 days)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1; \$0	QL (1 bottle per 30 days)
<i>gavilyte-g oral solution reconstituted</i>	1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1; \$0	QL (4000 grams per 30 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	QL (4000 grams per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (1 gram per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1; \$0	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1; \$0	QL (1 gram per 30 days)
PEG-PREP ORAL KIT (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	3	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (1 gram per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUTAB ORAL TABLET (<i>sodium sulfate-mag sulfate-kcl</i>)	2	QL (24 tablets per 30 days)
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>constulose oral solution</i>	1	QL (60 mL per 1 day)
<i>lactulose oral packet 20 gm</i>	1	ST; QL (2 packets per 1 day)
<i>lactulose oral solution</i>	1	QL (60 mL per 1 day)
*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>mineral oil heavy oral oil</i>	1	
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>articadent dental injection solution cartridge</i>	3	
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000</i>	1	
MARCAINE/EPINEPHRINE INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	3	
ORABLOC INJECTION SOLUTION CARTRIDGE (<i>articaine-epinephrine</i>)	3	
<i>sensorcaine/epinephrine injection solution</i>	1	
<i>sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000</i>	1	
<i>sensorcaine-mpf/epinephrine injection solution 0.5% -1:200000</i>	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	3	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
<i>bupivacaine hcl (pf) injection solution</i>	1	
<i>lidocaine hcl (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution 0.5 %</i>	1	
MARCAINE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT (<i>lidocaine hcl</i>)	3	
NAROPIN INJECTION SOLUTION (<i>ropivacaine hcl</i>)	3	
<i>polocaine injection solution</i>	1	
<i>polocaine-mpf injection solution</i>	1	
POSIMIR INJECTION SOLUTION (<i>bupivacaine</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	1	
ROPIVACAINE HCL INJECTION SOLUTION 2 MG/ML	1	
<i>sensorcaine injection solution</i>	1	
<i>sensorcaine-mpf injection solution</i>	1	
XARACOLL IMPLANT IMPLANT (<i>bupivacaine hcl</i>)	3	
XYLOCAINE INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
XYLOCAINE MPF +RFID INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
XYLOCAINE-MPF +RFID INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
XYLOCAINE-MPF INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chloroprocaine hcl (pf) injection solution</i>	1	
NESACAINE INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	3	
NESACAINE-MPF INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	3	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin intravenous solution reconstituted</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET (<i>azithromycin</i>)	3	
ZITHROMAX Z-PAK ORAL TABLET (<i>azithromycin</i>)	3	
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin oral suspension reconstituted</i>	1	
<i>clarithromycin oral tablet</i>	1	
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>e.e.s. 400 oral tablet</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>erythromycin lactobionate</i>)	3	
<i>erythromycin base oral capsule delayed release particles</i>	1	
<i>erythromycin base oral tablet</i>	1	
<i>erythromycin base oral tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	1	
<i>erythromycin oral tablet delayed release</i>	1	
*FIDAXOMICIN*** - ANTIBIOTICS		
DIFICID ORAL SUSPENSION RECONSTITUTED (<i>fidaxomicin</i>)	3	QL (1 bottle per 30 days)
<i>fidaxomicin oral tablet</i>	1	QL (20 tablets per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	2; \$0	
*DENTAL DESENSITIZING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
REMESENSE DENTAL (<i>dental desensitizing product</i>)	3	
*DENTIFRICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	3	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	3	
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	2; \$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	3; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
BD MICROTAINER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	2	PA; QL (1 unit per 90 days)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (3 sensors per 30 days)
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per 30 days)
EVERSENSE 365 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	3	QL (1 sensor per 1 year)
EVERSENSE 365 SMART TRANSMIT (<i>continuous glucose transmitter</i>)	3	PA; QL (1 transmitter per 1 year)
EVERSENSE SENSOR/HOLDER (<i>continuous glucose sensor</i>)	3	PA; QL (2 sensors per 1 year)
EVERSENSE SMART TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 unit per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 kits per 30 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 1 year)
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per 30 days)
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 unit per 1 year)
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 transmitter per 1 year)
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 unit per 365 days)
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per 30 days)
GUARDIAN SENSOR 3	3	PA; QL (5 sensors per 30 days)
MINILINK REAL-TIME TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA
MINIMED 630G GUARDIAN PRESS (<i>continuous glucose transmitter</i>)	3	PA
PARADIGM REAL-TIME TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA
SIMPLERA SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per 30 days)
SIMPLERA SYNC SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per 30 days)
SIMPLERA SYSTEM (<i>continuous glucose sensor</i>)	3	PA; QL (1 kit per 1 year)
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 Personal Diabetes Manager per 4 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
TWIST REFILL KIT KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 30 days)
TWIST REFILL KIT/INFUSION SET KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 30 days)
TWIST STARTER KIT KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 1 one-time fill)
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>aq insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>aqinject pen needle</i>	3	ST; QL (200 needles per 30 days)
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	2	QL (200 syringes per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 needles per 30 days)
EMBECTA INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	2	QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml</i>	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PEN NEEDLES 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL (200 needles per 30 days)
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM	3	ST; QL (200 needles per 30 days)
<i>sure comfort pen needles 31g x 6 mm</i>	3	ST; QL (200 needles per 30 days)
SURE COMFORT PEN NEEDLES 32G X 4 MM	3	ST; QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR MIGRAINE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE (<i>rimegepant sulfate</i>)	2	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET (<i>atogepant</i>)	2	PA; QL (1 tablet per 1 day)
UBRELVY ORAL TABLET (<i>ubrogepant</i>)	2	ST; QL (16 tablets per 30 days)
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 28 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 syringe per 28 days)
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	1	
<i>migergot rectal suppository</i>	1	
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate injection solution</i>	1	PA; QL (24 mL per 28 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>naratriptan hcl oral tablet</i>	1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (6 cartridges per 30 days)
<i>zolmitriptan nasal solution</i>	1	ST; QL (6 nasal inhalers per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1	QL (9 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
<i>sodium acetate intravenous solution 4 meq/ml</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	1	
THAM INTRAVENOUS SOLUTION (<i>tromethamine</i>)	3	
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
<i>dextrose in lactated ringers intravenous solution</i>	1	
<i>dextrose-nacl intravenous solution</i>	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 5-0.225 %, 5-0.3 %	3	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %</i>	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	3	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	1	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	3	
<i>potassium cl in dextrose 5% intravenous solution</i>	1	
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	3	
KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%	1	
<i>kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%</i>	1	
KCL (0.298%) IN NACL INTRAVENOUS SOLUTION	1	
<i>lactated ringers intravenous solution</i>	1	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1	
NORMOSOL-R INTRAVENOUS SOLUTION (<i>electrolyte-r</i>)	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (<i>electrolyte-148</i>)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	3	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%</i>	3	
<i>ringers intravenous solution</i>	1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (<i>parenteral electrolytes</i>)	3	
*FLUORIDE COMBINATIONS*** - DRUGS FOR NUTRITION		
FLORIVA ORAL LIQUID (<i>sodium fluoride-vitamin d</i>)	3	ST
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>sodium fluoride oral solution</i>	1; \$0	
<i>sodium fluoride oral tablet</i>	1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral tablet chewable</i>	1; \$0	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE INJECTION SOLUTION	1	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION	3	
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	1	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
GLYCOPHOS INTRAVENOUS SOLUTION (<i>sodium glycerophosphate</i>)	3	
K-PHOS ORAL TABLET (<i>potassium phosphate monobasic</i>)	2	
K-PHOS-NEUTRAL ORAL TABLET (<i>k phos mono-sod phos di & mono</i>)	3	
<i>phospha 250 neutral oral tablet</i>	1	
<i>phosphorous oral tablet</i>	1	
<i>phospho-trin 250 neutral oral tablet</i>	1	
<i>phospho-trin k500 oral tablet</i>	1	
POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML	3	
<i>potassium phosphates intravenous solution 45 mmole/15ml</i>	1	
<i>potassium phosphates(66 meq k) intravenous solution</i>	3	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
<i>potassium phosphates-nacl intravenous solution 15 mmol/100ml, 30 mmol/500ml</i>	3	
<i>sodium phosphates intravenous solution</i>	1	
<i>wes-phos 250 neutral oral tablet</i>	1	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet extended release</i>	1	
<i>klor-con m15 oral tablet extended release</i>	1	
<i>klor-con m20 oral tablet extended release</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con oral tablet extended release</i>	1	
POTASSIUM ACETATE INTRAVENOUS SOLUTION	3	
<i>potassium chloride crys er oral tablet extended release</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er oral tablet extended release</i>	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral solution</i>	1	
*SODIUM*** - DRUGS FOR NUTRITION		
<i>aquastat intravenous solution</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium chloride flush</i> (Aquastat Sfr Intravenous Solution)	1	
<i>bd posiflush intravenous solution</i>	1	
<i>sodium chloride flush</i> (Bd Posiflush Safescrub Intravenous Solution)	1	
<i>monoject flush syringe intravenous solution</i>	1	
<i>monoject sodium chloride flush intravenous solution</i>	1	
<i>normal saline flush intravenous solution</i>	1	
<i>saline flush intravenous solution</i>	1	
<i>sodium chloride (pf) injection solution</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	1	
*TRACE MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
MULTRY'S INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT (<i>trace minerals cr-cu-mn-se-zn</i>)	3	
TRALEMENT INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	3	
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
<i>chromic chloride intravenous solution</i>	3	
<i>cupric chloride intravenous solution</i>	3	
SELENIUM ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	3	
SELENIUM ACID INTRAVENOUS SOLUTION 40 MCG/ML	1	
*ZINC*** - DRUGS FOR NUTRITION		
GALZIN ORAL CAPSULE (<i>zinc acetate (oral)</i>)	3	
<i>zinc chloride intravenous solution</i>	3	
<i>zinc sulfate intravenous solution 3 mg/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT*** - VITAMINS AND MINERALS		
JOENJA ORAL TABLET (<i>leniolisib phosphate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
*ANTILEPTOTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE (<i>thalidomide</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS*** - VITAMINS AND MINERALS		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>belimumab</i>)	3	PA; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>belimumab</i>)	3	PA; LD; QL (4 autoinjectors per 28 days); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>belimumab</i>)	3	PA; LD; QL (4 pens per 28 days); SP
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
DEPEN TITRATABS ORAL TABLET (<i>penicillamine</i>)	3	PA; QL (8 tablets per 1 day); SP
<i>penicillamine oral tablet</i>	1	PA; QL (8 tablets per 1 day); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trientine hcl oral capsule 250 mg</i>	1	PA; QL (8 capsules per 1 day); SP
*COLONY STIMULATING FACTOR-1 RECEPTOR (CSF-1R) ANTIBODIES** - VITAMINS AND MINERALS		
NIKTIMVO INTRAVENOUS SOLUTION (<i>axatilimab-csfr</i>)	3	PA; LD
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** - VITAMINS AND MINERALS		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-ca (crrt)</i>)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-mg (crrt)</i>)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION (<i>bicarb-mg (crrt)</i>)	3	
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule</i>	1	
<i>cyclosporine modified oral solution</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>gengraf oral capsule</i>	1	
<i>gengraf oral solution</i>	1	
LUPKYNIS ORAL CAPSULE (<i>voclosporin</i>)	3	PA; LD; QL (6 capsules per 1 day)
NEORAL ORAL SOLUTION (<i>cyclosporine modified</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION (<i>cyclosporine</i>)	3	SP
*ENZYMES*** - VITAMINS AND MINERALS		
AMPHADASE INJECTION SOLUTION (<i>hyaluronidase bovine</i>)	3	
HYLENEX INJECTION SOLUTION (<i>hyaluronidase human</i>)	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED (<i>collagenase clostrid histolyt</i>)	3	PA; LD; SP
*FARNESYLTRANSFERASE INHIBITORS*** - VITAMINS AND MINERALS		
ZOKINVY ORAL CAPSULE (<i>lonafarnib</i>)	3	PA; QL (4 capsules per 1 day)
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ATGAM INTRAVENOUS SOLUTION (<i>lymphocyte,anti-thymo imm glob</i>)	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>anti-thymocyte glob (rabbit)</i>)	3	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*IMMUNOMODULATORS - COMBINATIONS*** - VITAMINS AND MINERALS		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION (<i>efgartigimod alfa-hyalur-qvfc</i>)	3	PA; LD; QL (4 vials per 28 days); SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>efgartigimod alfa-hyalur-qvfc</i>)	3	PA; LD; QL (4 syringes per 28 days); SP
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule</i>	1; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (<i>mycophenolate mofetil hcl</i>)	3	SP
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	1	SP
<i>mycophenolate mofetil intravenous solution reconstituted</i>	1	SP
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium oral tablet delayed release</i>	1	
<i>mycophenolic acid oral tablet delayed release</i>	1	
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>mycophenolate sodium</i>)	3	
MYHIBBIN ORAL SUSPENSION (<i>mycophenolate mofetil</i>)	3	ST
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - VITAMINS AND MINERALS		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>siltuximab</i>)	3	PA; LD; SP
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>argyle sterile water irrigation solution</i>	1	
<i>lactated ringers irrigation solution</i>	1	
<i>physiolyte irrigation solution</i>	1	
<i>physiosol irrigation irrigation solution</i>	1	
<i>ringers irrigation irrigation solution</i>	3	
<i>sterile water for irrigation irrigation solution</i>	1	
<i>water for irrigation, sterile irrigation solution</i>	1	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>)	2	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGRAF ORAL PACKET (<i>tacrolimus</i>)	3	
<i>sirolimus oral solution</i>	1	
<i>sirolimus oral tablet</i>	1	
<i>tacrolimus oral capsule</i>	1	
ZORTRESS ORAL TABLET (<i>everolimus</i>)	3	
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>satralizumab-mwge</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
GAMIFANT INTRAVENOUS SOLUTION (<i>emapalumab-lzsg</i>)	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>basiliximab</i>)	3	
UPLIZNA INTRAVENOUS SOLUTION (<i>inebilizumab-cdon</i>)	3	PA; LD; QL (30 mL per 180 days)
*NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS*** - VITAMINS AND MINERALS		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	3	PA; LD; QL (18 vials per 63 days); SP
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (<i>rozanolixizumab-noli</i>)	3	PA; LD; QL (6 vials per 63 days); SP
VYVGART INTRAVENOUS SOLUTION (<i>efgartigimod alfa-fcab</i>)	3	PA; LD; QL (12 vials per 50 days); SP
*PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB*** - VITAMINS AND MINERALS		
VIJOICE ORAL PACKET (<i>alpelisib</i>)	3	PA; LD; QL (1 packet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (<i>alpelisib</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET 10 GM (<i>sodium zirconium cyclosilicate</i>)	3	QL (34 packets per 30 days)
LOKELMA ORAL PACKET 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	QL (3 packets per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf) rectal suspension</i>	1	
VELTASSA ORAL PACKET 1 GM (<i>patiromer sorbitex calcium</i>)	3	QL (8 packets per 1 day)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM (<i>patiromer sorbitex calcium</i>)	3	QL (1 packet per 1 day)
VELTASSA ORAL PACKET 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	QL (3 packets per 1 day)
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azasan oral tablet</i>	1	
<i>azathioprine oral tablet</i>	1	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
*ROCK INHIBITORS*** - VITAMINS AND MINERALS		
REZUROCK ORAL TABLET (<i>belumosudil mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
ASCLERA INTRAVENOUS SOLUTION (<i>polidocanol</i>)	3	
ETHAMOLIN INTRAVENOUS SOLUTION (<i>ethanolamine oleate</i>)	3	
<i>sodium tetradecyl sulfate intravenous solution</i>	1	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (<i>sodium tetradecyl sulfate</i>)	1	
<i>sotradecol intravenous solution 3 %</i>	1	
VARITHENA INTRAVENOUS FOAM (<i>polidocanol</i>)	3	LD
*SELECTIVE T-CELL COSTIMULATION BLOCKERS*** - VITAMINS AND MINERALS		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>belatacept</i>)	3	PA
*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** - VITAMINS AND MINERALS		
SAPHNELO INTRAVENOUS SOLUTION (<i>anifrolumab-fnia</i>)	3	PA; LD; QL (1 vial per 28 days); SP
*UREMIC PRURITUS AGENTS*** - VITAMINS AND MINERALS		
KORSUVA INTRAVENOUS SOLUTION (<i>difelikefalin acetate</i>)	3	PA
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	1	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1	QL (10 mL per 1 day)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	1	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	3	QL (24 mL per 1 day)
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	1	QL (480 mL per 30 days)
PERIDEX MOUTH/THROAT SOLUTION (<i>chlorhexidine gluconate</i>)	3	QL (480 mL per 30 days)
<i>periogard mouth/throat solution</i>	1	QL (480 mL per 30 days)
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>denta 5000 plus sensitive dental gel</i>	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
<i>sodium fluoride 5000 enamel dental gel</i>	1	
<i>sodium fluoride 5000 sensitive dental gel</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clinpro 5000 dental paste</i>	1	QL (3.77 grams per 1 day)
<i>denta 5000 plus dental cream</i>	1	QL (3.4 grams per 1 day)
<i>dentagel dental gel</i>	1	QL (100 grams per 30 days)
<i>easygel dental gel</i>	1	
<i>fluoridex daily renewal mouth/throat concentrate</i>	1	
<i>fluoridex dental paste</i>	1	QL (3.77 grams per 1 day)
<i>fluoridex enhanced whitening dental paste</i>	1	QL (3.77 grams per 1 day)
<i>fluorimax 5000 dental paste</i>	1	
<i>fraiche 5000 dental dental gel</i>	1	QL (100 grams per 30 days)
<i>just right 5000 dental paste</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (<i>sodium fluoride</i>)	3	QL (100 grams per 30 days)
PREVIDENT 5000 KIDS DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.7 grams per 1 day)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM (<i>sodium fluoride</i>)	3	QL (3.4 grams per 1 day)
PREVIDENT DENTAL GEL (<i>sodium fluoride</i>)	3	QL (100 grams per 30 days)
PREVIDENT MOUTH/THROAT SOLUTION (<i>sodium fluoride</i>)	3	
<i>sf 5000 plus dental cream</i>	1	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental gel</i>	1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 ppm dental paste</i>	1	QL (3.77 grams per 1 day)
<i>sodium fluoride dental cream</i>	1	QL (3.4 grams per 1 day)
<i>sodium fluoride mouth/throat solution</i>	1	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	1	
<i>pilocarpine hcl oral tablet</i>	1	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Kourzeq Mouth/Throat Paste)	1	
<i>oralone mouth/throat paste</i>	1	
<i>triamcinolone acetonide mouth/throat paste</i>	1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b-plex oral tablet</i>	1; \$0	
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET (<i>multiple vit-min-calcium-fa</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
FLORRAXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
*MULTIVITAMINS*** - DRUGS FOR NUTRITION		
INFUVITE ADULT INTRAVENOUS SOLUTION (<i>multiple vitamin</i>)	3	
<i>mincora oral tablet</i>	3	
<i>novite oral capsule</i>	1	
VITLIPID N ADULT INTRAVENOUS EMULSION (<i>multiple vitamin</i>)	3	
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride/iron oral solution</i>	1	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	3	ST
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	ST
FLORIVA PLUS ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	ST
FLOTREX ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	ST
<i>multivitamin w/fluoride oral tablet chewable</i>	1; \$0	
<i>multi-vitamin/fluoride oral solution</i>	1; \$0	
<i>multivitamin/fluoride oral suspension</i>	3	ST
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 1 mg</i>	2; \$0	
<i>multivitamin/fluoride oral tablet chewable 0.5 mg</i>	2	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	ST
POLY-VI-FLOR ORAL SUSPENSION (<i>pediatric multivitamins-fl</i>)	3	ST
POLY-VI-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	ST
QUFLORA PEDIATRIC ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	ST
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	ST
TRI-VI-FLOR ORAL SUSPENSION (<i>pediatric multivitamins-fl</i>)	3	ST
<i>tri-vitamin with fluoride oral suspension</i>	3	ST
*PED VITAMINS ACD & FA W/ FLUORIDE*** - DRUGS FOR NUTRITION		
TRI-VI-FLORO ORAL SUSPENSION	3	ST
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>tri-vite/fluoride oral solution</i>	1; \$0	
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA ORAL TABLET CHEWABLE (<i>ped multiple vit-minerals-fl</i>)	3	ST
*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	3	
VITALIPID N INFANT INTRAVENOUS EMULSION (<i>pediatric multiple vitamins</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITLIPID N INFANT INTRAVENOUS EMULSION (<i>pediatric multiple vitamins</i>)	3	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	2	QL (1 tablet per 1 day)
AZESCO ORAL TABLET	3	ST; QL (2 tablets per 1 day)
C-NATE DHA ORAL CAPSULE	2	QL (1 capsule per 1 day)
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
DERMACINRX PRETRATE ORAL TABLET (<i>prenatal multivit-min-fe-fa</i>)	3	
<i>elite-ob oral tablet</i>	1	QL (1 tablet per 1 day)
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
<i>inatal gt oral tablet</i>	1	QL (1 tablet per 1 day)
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
MATERNACEL ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	3	ST; QL (1 tablet per 1 day)
M-NATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
<i>natal pnv oral tablet</i>	3	ST; QL (2 tablets per 1 day)
<i>neomaterna oral tablet</i>	3	ST; QL (1 tablet per 1 day)
NEONATAL COMPLETE ORAL TABLET	3	ST; QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
ONE VITE WOMENS PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
<i>pnv 27-ca/fe/fa oral tablet</i>	2	ST; QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	2	QL (2 units per 1 day)
PNV TABS 20-1 ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PNV-OMEGA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
<i>pnv-select oral tablet</i>	1	ST; QL (1 tablet per 1 day)
PREGENNA ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	1	QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-0.8 MG	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-1 MG	2	QL (1 tablet per 1 day)
PRENATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	2	QL (1 capsule per 1 day)
PRENATRIX ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
PRENATRYL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
RELNATE DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	3	ST; QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
<i>trinate oral tablet</i>	1	QL (1 tablet per 1 day)
VINATE DHA RF ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	3	ST; QL (1 capsule per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	2	QL (3 gummies per 1 day)
<i>vitalara oral tablet</i>	3	ST; QL (1 tablet per 1 day)
VITATHELY WITH GINGER ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
VIVA DHA ORAL CAPSULE (<i>prenatal vit-fe fum-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
WESTAB PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
ZALVIT ORAL TABLET	3	ST; QL (2 tablets per 1 day)
ZIPHEX ORAL TABLET	3	ST; QL (2 tablets per 1 day)
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
COMPLETE NATAL DHA ORAL	2	QL (2 units per 1 day)
<i>wesnatal dha complete oral</i>	2	QL (2 units per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
CITRANATAL HARMONY ORAL CAPSULE (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
CITRANATAL MEDLEY ORAL CAPSULE (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
<i>pnv-dha oral capsule</i>	1	QL (1 capsule per 1 day)
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PREGEN DHA ORAL CAPSULE	3	ST; QL (1 tablet per 1 day)
<i>prena 1 true oral</i>	2	
VITAFOL FE+ ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	3	ST; QL (2 capsules per 1 day)
WESTGEL DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
PREMESISRX ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	ST; QL (1 tablet per 1 day)
<i>prena1 oral tablet chewable</i>	3	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>baclofen oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	1	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	1	QL (6 tablets per 1 day)
<i>methocarbamol injection solution</i>	1	
<i>methocarbamol oral tablet 500 mg</i>	1	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	1	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1	QL (2 tablets per 1 day)
<i>orphenadrine citrate injection solution</i>	1	
ROBAXIN INJECTION SOLUTION (<i>methocarbamol</i>)	3	
<i>tizanidine hcl oral tablet 2 mg</i>	1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1	QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (<i>dantrolene sodium</i>)	3	
<i>dantrolene sodium intravenous solution reconstituted</i>	1	
<i>dantrolene sodium oral capsule</i>	1	
<i>revonto intravenous solution reconstituted</i>	1	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (<i>dantrolene sodium</i>)	3	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
NORGESIC FORTE ORAL TABLET	1	ST; QL (4 tablets per 1 day)
<i>norgesic oral tablet</i>	1	ST; QL (8 tablets per 1 day)
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET	1	ST; QL (8 tablets per 1 day)
<i>orphengesic forte oral tablet</i>	1	ST; QL (4 tablets per 1 day)
*RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
SOHONOS ORAL CAPSULE 1 MG (<i>palovarotene</i>)	3	PA; LD; QL (4 capsules per 1 day); SP
SOHONOS ORAL CAPSULE 1.5 MG (<i>palovarotene</i>)	3	PA; LD; QL (2 capsules per 1 day); SP
SOHONOS ORAL CAPSULE 10 MG (<i>palovarotene</i>)	3	PA; LD; QL (14 capsules per 365 days); SP
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG (<i>palovarotene</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTIHIISTAMINE-STERIOD*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	3	QL (1 bottle per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NASAL ANESTHETICS*** - ALLERGY		
COCAINE HCL NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION (<i>cocaine hcl (nasal anesthetic)</i>)	3	
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution 0.03 %</i>	1	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	QL (1 mL per 1 day)
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution</i>	1	QL (1 package per 25 days)
*NASAL STEROIDS*** - ALLERGY		
<i>flunisolide nasal solution</i>	3	ST; QL (3 inhalers per 30 days)
PROPEL MINI SDS NASAL IMPLANT (<i>mometasone furoate</i>)	3	
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
RADICAVA ORS ORAL SUSPENSION (<i>edaravone</i>)	3	PA; LD; QL (1 kit per 28 days); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION (<i>edaravone</i>)	3	PA; LD; QL (1 starter kit per 1 lifetime); SP
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole oral tablet</i>	1	PA; QL (4 tablets per 1 day); SP
TEGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	3	PA; LD; QL (40 mL per 1 day)
TIGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	3	PA; LD; QL (40 mL per 1 day)
*DEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
ANECTINE INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
QUELICIN INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
<i>succinylcholine cl +rfd injection solution prefilled syringe</i>	3	
*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR NERVES AND MUSCLES		
SKYCLARYS ORAL CAPSULE (<i>omaveloxolone</i>)	3	PA; LD; QL (3 capsules per 1 day)
*MUSCULAR DYSTROPHY - GENE THERAPY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA; LD
EXONDYS 51 INTRAVENOUS SOLUTION (<i>eteplirsen</i>)	3	PA; LD
VILTEPSO INTRAVENOUS SOLUTION (<i>viltolarsen</i>)	3	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION (<i>golodirsen</i>)	3	PA; LD
*MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** - DRUGS FOR NERVES AND MUSCLES		
DUVYZAT ORAL SUSPENSION (<i>givinostat hcl</i>)	3	PA; LD; QL (12 mL per 1 day)
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED (<i>onabotulinumtoxinA</i>)	3	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>abobotulinumtoxinA</i>)	3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYOBLOC INTRAMUSCULAR SOLUTION (<i>rimabotulinumtoxinb</i>)	3	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>incobotulinumtoxina</i>)	3	PA; LD; SP
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	1	
<i>cisatracurium besylate (pf) intravenous solution</i>	1	
<i>cisatracurium besylate intravenous solution</i>	1	
<i>rocuronium bromide intravenous solution</i>	1	
<i>vecuronium bromide intravenous solution reconstituted</i>	1	
*RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS*** - DRUGS FOR NERVES AND MUSCLES		
DAYBUE ORAL SOLUTION (<i>trofinetide</i>)	3	PA; LD; QL (120 mL per 1 day)
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** - DRUGS FOR NERVES AND MUSCLES		
EVRYSDI ORAL SOLUTION RECONSTITUTED (<i>risdiplam</i>)	3	PA; LD; QL (5 mg per 1 day)
EVRYSDI ORAL TABLET (<i>risdiplam</i>)	3	PA; LD; QL (1 tablet per 1 day)
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	3	
<i>aminosyn ii intravenous solution 15 %</i>	1	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
AMINOSYN-PF INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d15w</i>)	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d20w</i>)	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino acid infusion in d10w</i>)	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino acid infusion in d5w</i>)	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino acid infusion in d15w</i>)	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino acid infusion in d20w</i>)	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
<i>clinisol sf intravenous solution</i>	1	
<i>plenamine intravenous solution</i>	1	
PREMASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
PROSOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TRAVASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TROPHAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
*AMINO ACIDS-SINGLE*** - DRUGS FOR NUTRITION		
ELCYS INTRAVENOUS SOLUTION (<i>cysteine hcl</i>)	3	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dextrose intravenous solution 10 %</i>	1	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
<i>dextrose intravenous solution 5 %</i>	3	
<i>glucose (dextrose) intravenous solution</i>	3	
*LIPIDS*** - DRUGS FOR NUTRITION		
CLINOLIPID INTRAVENOUS EMULSION (<i>fat emuls plant base(soy/oliv)</i>)	3	
DOJOLVI ORAL LIQUID (<i>triheptanoin</i>)	3	PA; LD; QL (2 bottles per 30 days); SP
INTRALIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	3	
NUTRILIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	3	
OMEGAVEN INTRAVENOUS EMULSION (<i>fish oil triglyceride based</i>)	3	
SMOFLIPID INTRAVENOUS EMULSION (<i>fat emul fish oil/plant based</i>)	3	
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** - DRUGS FOR NUTRITION		
KABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	
PERIKABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	2	QL (8 mL per 30 days)
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1	QL (15 mL per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1	QL (60 units per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	1	QL (0.5 mL per 1 day)
BETIMOL OPHTHALMIC SOLUTION (<i>timolol hemihydrate</i>)	3	QL (15 mL per 30 days)
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	1	
<i>levobunolol hcl ophthalmic solution</i>	1	
<i>timolol hemihydrate ophthalmic solution</i>	1	QL (15 mL per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate (once-daily) ophthalmic solution</i>	1	QL (5 mL per 30 days)
<i>timolol maleate ocudose ophthalmic solution</i>	1	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	1	QL (20 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	1	QL (18 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	QL (20 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	3	QL (18 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3	QL (20 mL per 30 days)
*CYCLOPLEGIC MYDRIATIC COMBINATIONS*** - DRUGS FOR THE EYE		
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE (<i>tropicamide-phenylephrine</i>)	3	
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	QL (20 mL per 30 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	3	
<i>cyclopentolate hcl ophthalmic solution</i>	1	QL (15 mL per 30 days)
<i>phenylephrine hcl ophthalmic solution 10 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	3	
<i>tropicamide ophthalmic solution</i>	1	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	2	PA; QL (2 vial per 1 day)
*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (<i>echothiophate iodide</i>)	3	LD; QL (5 mL per 30 days)
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (<i>acetylcholine chloride</i>)	3	
MIOSTAT INTRAOCULAR SOLUTION (<i>carbachol</i>)	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** - DRUGS FOR THE EYE		
VABYSMO INTRAVITREAL SOLUTION (<i>faricimab-svoa</i>)	3	PA; LD; SP
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>faricimab-svoa</i>)	3	PA; LD; SP
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
<i>azelastine hcl ophthalmic solution</i>	1	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	1	QL (2 bottles per 30 days)
<i>epinastine hcl ophthalmic solution</i>	1	QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	1	ST; QL (1 bottle per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment</i>	1	QL (7 grams per 30 days)
CILOXAN OPHTHALMIC OINTMENT (<i>ciprofloxacin hcl</i>)	3	QL (3.5 grams per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>erythromycin ophthalmic ointment</i>	3	QL (3.5 grams per 30 days)
<i>gatifloxacin ophthalmic solution</i>	1	QL (2.5 mL per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	1	QL (5 mL per 30 days)
<i>mitomycin intraocular solution prefilled syringe</i>	3	
MITOSOL OPHTHALMIC KIT (<i>mitomycin</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	1	QL (3 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	1	QL (20 mL per 30 days)
TOBREX OPHTHALMIC OINTMENT (<i>tobramycin</i>)	3	QL (3.5 grams per 30 days)
*OPHTHALMIC ANTIFUNGAL*** - DRUGS FOR THE EYE		
NATACYN OPHTHALMIC SUSPENSION (<i>natamycin</i>)	3	QL (15 mL per 30 days)
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>neo-polycin ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>polycin ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	QL (10 mL per 30 days)
*OPHTHALMIC ANTISEPTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (<i>povidone-iodine</i>)	3	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	1	QL (7.5 mL per 30 days)
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	3	QL (5 gram per 7 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<i>brinzolamide ophthalmic suspension</i>	1	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	1	QL (10 mL per 30 days)
*OPHTHALMIC COMPLEMENT C3 INHIBITORS*** - DRUGS FOR THE EYE		
SYFOVRE INTRAVITREAL SOLUTION (<i>pegcetacoplan (ophthalmic)</i>)	3	PA; LD
*OPHTHALMIC COMPLEMENT C5 INHIBITORS*** - DRUGS FOR THE EYE		
IZERVAY INTRAVITREAL SOLUTION (<i>avacincaptad pegol</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>ak-fluor intravenous solution</i>	1	
<i>altafluor benox ophthalmic solution</i>	1	
<i>fluorescein intravenous solution</i>	1	
<i>fluorescein sodium intravenous solution</i>	1	
FLUORESCIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
<i>fluorescein-benoxinate ophthalmic solution</i>	1	
FLUORESCITE INTRAVENOUS SOLUTION (<i>fluorescein sodium</i>)	3	
FLURA-SAFE OPHTHALMIC SOLUTION (<i>fluorexon-benoxinate</i>)	3	
*OPHTHALMIC ECTOPARASITICIDE** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XDEMVIY OPHTHALMIC SOLUTION (<i>lotilaner</i>)	3	PA; LD; QL (1 bottle per 1 fill)
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>cyclosporine ophthalmic emulsion</i>	1	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (2 vials per 1 day)
VERKAZIA OPHTHALMIC EMULSION (<i>cyclosporine</i>)	3	PA; QL (120 vials per 30 days)
*OPHTHALMIC IRRIGATION SOLUTIONS*** - DRUGS FOR THE EYE		
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR GLAUCOMA		
ROCKLATAN OPHTHALMIC SOLUTION (<i>netarsudil-latanoprost</i>)	3	QL (2.5 mL per 30 days)
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
AKTEN OPHTHALMIC GEL (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION (<i>proparacaine hcl</i>)	3	
IHEEZO OPHTHALMIC GEL (<i>chloroprocaine hcl</i>)	3	
<i>proparacaine hcl ophthalmic solution</i>	1	
<i>tetracaine hcl ophthalmic solution</i>	1	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION (<i>cenegermin-bkbj</i>)	3	PA; LD; QL (2 vials per 1 day)
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1	QL (1.7 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	QL (3 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	1	QL (5 mL per 30 days)
BROMSITE OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	3	QL (5 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	1	QL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution</i>	1	QL (2.5 mL per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	2	QL (3 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1	QL (10 mL per 30 days)
*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS*** - DRUGS FOR THE EYE		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (<i>verteporfin</i>)	3	LD; QL (1 fill per 30 days); SP
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflav5 & riboflav5-dextran</i>)	3	LD
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
RHOPRESSA OPHTHALMIC SOLUTION (<i>netarsudil dimesylate</i>)	3	QL (2.5 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	3	QL (30 mL per 30 days)
<i>apraclonidine hcl ophthalmic solution</i>	1	
<i>brimonidine tartrate ophthalmic solution</i>	1	QL (30 mL per 30 days)
IOPIDINE OPHTHALMIC SOLUTION (<i>apraclonidine hcl</i>)	3	
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC OINTMENT (<i>neomycin-polymyxin-dexameth</i>)	3	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC SUSPENSION (<i>neomycin-polymyxin-dexameth</i>)	3	QL (20 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	1	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1	
<i>neo-polycin hc ophthalmic ointment</i>	1	QL (7 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	2	QL (20 mL per 30 days)
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
DEXTENZA OPHTHALMIC INSERT (<i>dexamethasone</i>)	3	
DEXYCU INTRAOCULAR SUSPENSION (<i>dexamethasone</i>)	3	
<i>difluprednate ophthalmic emulsion</i>	1	QL (10 mL per 30 days)
DUREZOL OPHTHALMIC EMULSION (<i>difluprednate</i>)	3	QL (10 mL per 30 days)
FLAREX OPHTHALMIC SUSPENSION (<i>fluorometholone acetate</i>)	3	
<i>fluorometholone ophthalmic suspension</i>	1	
FML FORTE OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	3	
ILUVIEN INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVELTYS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	QL (5.6 mL per 30 days)
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	3	QL (10 grams per 30 days)
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	3	QL (7 grams per 30 days)
LOTEMAX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	QL (30 mL per 30 days)
LOTEMAX SM OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	3	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	1	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	QL (30 mL per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION (<i>dexamethasone</i>)	3	
OZURDEX INTRAVITREAL IMPLANT (<i>dexamethasone</i>)	3	PA; LD; SP
PRED MILD OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension</i>	1	QL (20 mL per 30 days)
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL (20 mL per 30 days)
RETISERT INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	3	
XIPERE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	3	PA; LD
YUTIQ INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; LD; SP
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	1	QL (15 mL per 30 days)
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** - DRUGS FOR THE EYE		
DISCOVISC INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML (<i>na hyalur & na chond-na hyalur</i>)	3	
OMIDRIA INTRAOCULAR SOLUTION (<i>phenylephrine-ketorolac</i>)	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>na chondroit sulf-na hyaluron</i>)	3	
*OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
CELLUGEL INTRAOCULAR SOLUTION (<i>hypromellose</i>)	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>brilliant blue g</i>)	3	
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>trypan blue</i>)	3	
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS** - DRUGS FOR THE EYE		
UPNEEQ OPHTHALMIC SOLUTION (<i>oxymetazoline hcl</i>)	3	PA; QL (30 containers per 30 days)
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTADROPS OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	3	PA; LD; QL (4 bottles per 28 days)
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	3	PA; LD; QL (60 mL per 28 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	1	
DURYSTA INTRAOCULAR IMPLANT (<i>bimatoprost</i>)	3	PA; LD; QL (2 applicators per 1 lifetime); SP
IYUZEH OPHTHALMIC SOLUTION (<i>latanoprost</i>)	3	QL (30 units per 30 days)
<i>latanoprost ophthalmic solution</i>	1	QL (5 mL per 30 days)
<i>tafluprost (pf) ophthalmic solution</i>	1	QL (9 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	1	QL (10 mL per 30 days)
XELPROS OPHTHALMIC EMULSION (<i>latanoprost</i>)	3	QL (5 mL per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (<i>tafluprost</i>)	3	QL (9 mL per 30 days)
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** - DRUGS FOR THE EYE		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>brolocizumab-dbll</i>)	3	PA; LD; SP
BYOOVIZ INTRAVITREAL SOLUTION (<i>ranibizumab-nuna</i>)	3	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION (<i>ranibizumab-eqrn</i>)	3	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION (<i>aflibercept</i>)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	3	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	3	PA; LD; SP
PAVBLU INTRAVITREAL SOLUTION (<i>aflibercept-ayyh</i>)	3	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept-ayyh</i>)	3	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	3	LD; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	3	LD; SP
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
PRAMOTIC OTIC LIQUID (<i>pramoxine-chloroxylenol</i>)	3	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution</i>	1	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	1	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ciprofloxacin-dexamethasone otic suspension</i>	1	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1	QL (28 vials per 1 fill)
CORTISPORIN-TC OTIC SUSPENSION (<i>neomycin-colist-hc-thonzonium</i>)	3	
<i>neomycin-polymyxin-hc otic solution</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	QL (15 mL per 30 days)
OTOVEL OTIC SOLUTION (<i>ciprofloxacin-fluocinolone</i>)	3	QL (28 vials per 1 fill)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>fluocinolone acetonide otic oil</i>	1	
<i>hydrocortisone-acetic acid otic solution</i>	1	QL (10 mL per 1 fill)
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
<i>carboprost tromethamine intramuscular solution</i>	1	
<i>carboprost tromethamine intramuscular solution prefilled syringe</i>	3	
CERVIDIL VAGINAL INSERT (<i>dinoprostone</i>)	3	
HEMABATE INTRAMUSCULAR SOLUTION (<i>carboprost tromethamine</i>)	3	
PREPIDIL VAGINAL GEL (<i>dinoprostone</i>)	3	
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methergine oral tablet</i>	1	
<i>methylergonovine maleate injection solution</i>	1	
<i>methylergonovine maleate oral tablet</i>	1	
<i>oxytocin injection solution</i>	1	
PITOCIN INJECTION SOLUTION (<i>oxytocin</i>)	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>nirsevimab-alip</i>)	3; \$0	PA; QL (2 syringe per 180 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>nirsevimab-alip</i>)	3; \$0	PA; QL (1 syringe per 1 lifetime)
PEMGARDA INTRAVENOUS SOLUTION (<i>pemivibart</i>)	3	
SYNAGIS INTRAMUSCULAR SOLUTION (<i>palivizumab</i>)	3	PA; LD; SP
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
ZINPLAVA INTRAVENOUS SOLUTION (<i>bezlotoxumab</i>)	3	PA
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED (<i>botulism immune globulin human</i>)	3	
CNJ-016 INTRAVENOUS SOLUTION (<i>vaccinia immune globulin human</i>)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-hipp</i>)	3	PA; LD; SP
CYTOGAM INTRAVENOUS SOLUTION (<i>cytomegalovirus immune glob</i>)	3	SP
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION (<i>immune globulin (human)</i>)	3	PA; LD; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	3	SP
HIZENTRA SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>immune globulin (human)</i>)	3	PA; LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	3	LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b immune globulin</i>)	3	LD; SP
HYPERRAB INJECTION SOLUTION (<i>rabies immune globulin</i>)	3	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; QL (2 fills per 365 days); SP
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>tetanus immune globulin</i>)	3	
IMOGAM RABIES-HT INJECTION SOLUTION (<i>rabies immune globulin</i>)	3	SP
KEDRAB INJECTION SOLUTION	3	SP
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	3	LD; SP
OCTAGAM INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	3	PA; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	QL (2 fills per 365 days); SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; QL (2 fills per 365 days); SP
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	3	
WINRHO SDF INJECTION SOLUTION (<i>rho d immune globulin</i>)	3	QL (2 fills per 365 days); SP
XEMBIFY SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-klhw</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium injection solution reconstituted</i>	1	
<i>ampicillin sodium intravenous solution reconstituted</i>	1	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>penicillin g benzathine</i>)	3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>penicillin g benzathine</i>)	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>penicillin g benzathine</i>)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>penicillin g potassium injection solution reconstituted</i>	1	
<i>penicillin g sodium injection solution reconstituted</i>	1	
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen injection solution reconstituted</i>	1	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	1	
UNASYN INJECTION SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
ZOSYN INTRAVENOUS SOLUTION (<i>piperacillin-tazobactam in dex</i>)	3	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>nafcillin sodium injection solution reconstituted</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naftillin sodium intravenous solution reconstituted</i>	1	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>oxacillin sodium injection solution reconstituted</i>	1	
<i>oxacillin sodium intravenous solution reconstituted</i>	1	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>norethindrone acetate</i> (Gallifrey Oral Tablet)	1	
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	
<i>norethindrone acetate oral tablet</i>	1	
<i>progesterone intramuscular oil</i>	1	
<i>progesterone oral capsule</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>lofexidine hcl oral tablet</i>	1	QL (16 tablets per 1 day)
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	1	QL (6 tablet per 1 day)
<i>disulfiram oral tablet</i>	1	
*ANTI-CATALECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
<i>sodium oxybate oral solution</i>	3	PA; LD; QL (18 mL per 1 day)
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	1	QL (1 capsule per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 capsule per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>eplontersen sodium</i>)	3	PA; LD; QL (1 autoinjector per 28 days)
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	1	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible</i>	1	QL (1 tablet per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	1	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>galantamine hydrobromide oral solution</i>	1	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	1	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	1	
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	1	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>	1	QL (1 patch per 1 day)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	1	QL (1 gram per 1 day)
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET (<i>milnacipran hcl</i>)	2	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	2	QL (1 pack per 365 days)
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>bremelanotide acetate</i>)	3	PA; LD; QL (4 autoinjectors per 30 days)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	3	PA; QL (4 tablets per 1 day); SP
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	3	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>deutetrabenazine</i>)	3	PA; QL (1 tablet per 1 day); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>deutetrabenazine</i>)	3	PA; QL (1 kit per 1 one-time fill); SP
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	3	PA; LD; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	3	PA; LD; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 pack per 1 one-time fill); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (8 tablets per 1 day); SP
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (4 tablets per 1 day); SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>teriflunomide oral tablet</i>	1	PA; QL (1 tablet per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	3	PA; QL (4 kits per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	3	PA; QL (4 kits per 28 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	3	PA; QL (12 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	3	PA; QL (4.2 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; QL (12 syringes per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; QL (1 pack per 1 fill); SP
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ofatumumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
LEMTRADA INTRAVENOUS SOLUTION (<i>alemtuzumab</i>)	3	PA; LD; QL (3 vials per 365 days); SP
TYSABRI INTRAVENOUS CONCENTRATE (<i>natalizumab</i>)	3	PA; LD; QL (1 vial per 28 days); SP
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (14 capsules per 365 days); SP
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (2 capsules per 1 day); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	1	PA; QL (1 kit per 365 days); SP
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	3	PA; LD; QL (4 capsules per 1 day); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>dalfampridine</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
<i>dalfampridine er oral tablet extended release 12 hour</i>	1	PA; QL (2 tablets per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	3	PA; QL (12 syringe per 28 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (1 syringe per 1 day); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 syringe per 28 days); SP
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (1 syringe per 1 day); SP
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 syringe per 28 days); SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl oral solution</i>	1	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	1	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	QL (1 tablet per 6 months)
<i>memantine hcl oral tablet 5 mg</i>	1	
NAMENDA TITRATION PAK ORAL TABLET (<i>memantine hcl</i>)	3	QL (1 tablet per 6 months)
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	1	AL
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>gabapentin (once-daily) oral tablet</i>	1	PA
GRALISE ORAL TABLET 450 MG (<i>gabapentin (once-daily)</i>)	2	PA
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	2	PA; QL (2 tablets per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1	PA
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1	PA; QL (2 tablets per 1 day)
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
NUEDEXTA ORAL CAPSULE (<i>dextromethorphan-quinidine</i>)	3	PA; QL (2 capsules per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
AQNEURSA ORAL PACKET (<i>levacetyleucine</i>)	3	PA; LD; QL (4 packets per 1 day)
MIPLYFFA ORAL CAPSULE (<i>arimoclomol citrate</i>)	3	PA; LD; QL (3 capsules per 1 day)
<i>pimozide oral tablet 1 mg</i>	1	AL; QL (10 tablets per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	AL; QL (5 tablets per 1 day)
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
ADDYI ORAL TABLET (<i>flibanserin</i>)	3	PA; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>vutrisiran sodium</i>)	3	PA; LD; QL (1 syringe per 90 days); SP
ONPATTRO INTRAVENOUS SOLUTION (<i>patisiran sodium</i>)	3	PA; LD; QL (0.72 mL per 1 day); SP
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1; \$0	PA; QL (2 tablets per 1 day)
NICOTROL INHALATION INHALER (<i>nicotine</i>)	3; \$0	PA; QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	3; \$0	PA; QL (4 mL per 1 day)
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	1; \$0	QL (53 dose pack per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg</i>	1; \$0	PA; QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	1; \$0	PA; QL (2 tablet per 1 day)
<i>varenicline tartrate(continue) oral tablet</i>	1; \$0	PA; QL (2 tablet per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule</i>	1	PA; QL (1 capsule per 1 day); SP
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3	PA; QL (1 capsule per 1 day); SP
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (4 tablets per 1 day); SP
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (1 pack per 1 one time fill); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (1 pack per 1 fill); SP
PONVORY ORAL TABLET (<i>ponesimod</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK (<i>ponesimod</i>)	3	PA; LD; QL (1 pack per 1 one time fill); SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA ORAL CAPSULE (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 pack per 1 fill); SP
*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
LYBALVI ORAL TABLET (<i>olanzapine-samidorphan</i>)	3	ST; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	AL; QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	AL
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	3	PA; LD; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLASSIA INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	3	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	3	PA; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	3	PA; LD; SP
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET (<i>ivacaftor</i>)	3	PA; LD; QL (2 packets per 1 day); SP
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	3	PA; LD; QL (2 tablets per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	3	PA; LD; QL (3 tablets per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; LD; QL (2 packets per 1 day); SP
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; LD; QL (2 units per 1 day); SP
ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	3	PA; LD; QL (4 tablet per 1 day); SP
SYMDEKO ORAL TABLET THERAPY PACK (<i>tezacaftor-ivacaftor</i>)	3	PA; LD; QL (1 carton per 28 days); SP
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; LD; QL (1 carton per 28 days); SP
TRIKAFTA ORAL THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; LD; QL (1 carton per 28 days); SP
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** - DRUGS FOR CYSTIC FIBROSIS		
BRONCHITOL INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	3	PA; LD; QL (560 tablets per 28 days); SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	3	PA; LD; QL (1 test per 1 fill); SP
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	3	PA; LD; QL (150 mL per 30 days); SP
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	3	PA; LD; QL (2 capsules per 1 day); SP
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
<i>pirfenidone oral capsule</i>	1	PA; QL (9 capsule per 1 day); SP
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (9 tablets per 1 day); SP
<i>pirfenidone oral tablet 534 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (3 tablets per 1 day); SP
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TETRACYCLINES - DRUGS FOR INFECTIONS		
*AMINOMETHYLCYCLINES*** - ANTIBIOTICS		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>omadacycline tosylate</i>)	3	LD
NUZYRA ORAL TABLET (<i>omadacycline tosylate</i>)	3	PA; LD; QL (30 tablets per 30 days)
*FLUOROCYCLINES*** - ANTIBIOTICS		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>eravacycline dihydrochloride</i>)	3	
*GLYCYLCYCLINES*** - ANTIBIOTICS		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>tigecycline</i>)	3	
*TETRACYCLINES*** - ANTIBIOTICS		
<i>doxy 100 intravenous solution reconstituted</i>	1	QL (2 vials per 1 day)
<i>doxycycline hyclate intravenous solution reconstituted</i>	1	QL (2 vials per 1 day)
<i>doxycycline hyclate oral capsule</i>	1	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	QL (2 tablets per 1 day)
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>minocycline hcl</i>)	3	
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	1	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	1	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg</i>	1	QL (2 tablets per 1 day)
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS - RADIOPHARMACEUTICALS*** - DRUGS FOR THYROID		
SODIUM IODIDE I-131 ORAL SOLUTION	3	
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	1	
*THYROID HORMONES*** - DRUGS FOR THYROID		
<i>levo-t oral tablet</i>	1	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML	3	
<i>levothyroxine sodium intravenous solution 100 mcg/ml</i>	3	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>levothyroxine sodium oral capsule</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl oral tablet</i>	1	
<i>liothyronine sodium intravenous solution</i>	1	
<i>liothyronine sodium oral tablet</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYQUIDITY ORAL SOLUTION (<i>levothyroxine sodium</i>)	3	
<i>unithroid oral tablet</i>	1	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tetanus-diphth-acell pertussis</i>)	3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	3; \$0	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
<i>dicyclomine hcl intramuscular solution</i>	1	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
ATROPINE SULFATE INJECTION SOLUTION	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine (pf) intravenous solution</i>	1	
<i>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>famotidine premixed intravenous solution</i>	1	
<i>nizatidine oral capsule</i>	1	
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral packet</i>	1	
<i>esomeprazole sodium intravenous solution reconstituted</i>	1	
<i>omeprazole oral capsule delayed release</i>	1	
<i>pantoprazole sodium intravenous solution reconstituted</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	
<i>pantoprazole sodium-nacl intravenous solution</i>	3	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>pantoprazole sodium</i>)	3	
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
CUVPOSA ORAL SOLUTION (<i>glycopyrrolate</i>)	3	
GLYCATO ORAL TABLET (<i>glycopyrrolate</i>)	3	PA
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
<i>glycopyrrolate pf +rfid injection solution prefilled syringe</i>	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	3	
GLYRX-PF INJECTION SOLUTION (<i>glycopyrrolate</i>)	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE (<i>glycopyrrolate</i>)	3	
<i>methscopolamine bromide oral tablet</i>	1	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>bis subcit-metronid-tetracyc oral capsule</i>	1	ST; QL (1 pack per 1 fill)
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	1	ST; QL (1 pack per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYLERA ORAL CAPSULE (<i>bis subcit-metronid-tetracyc</i>)	3	ST; QL (1 pack per 1 fill)
*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	1	ST; QL (1 pack per 1 fill)
OMECLAMOX-PAK ORAL (<i>amoxicill-clarithro-omeprazole</i>)	3	ST; QL (1 pack per 1 fill)
TALICIA ORAL CAPSULE DELAYED RELEASE (<i>amoxicill-rifabutin-omeprazole</i>)	3	ST; QL (1 pack per 1 fill)
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet</i>	1	\$0 for Fully insured members in California
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral solution</i>	1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (3 tablets per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet</i>	1	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	1	QL (2 tablets per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour</i>	1	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet</i>	1	QL (2 tablets per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>mirabegron er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (<i>mirabegron</i>)	3	PA; QL (3 bottles per 30 days)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	1	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	3; \$0	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	3; \$0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>pneumococcal 21-valent conjuga</i>)	3; \$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	3; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	3; \$0	
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	3; \$0	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	3; \$0	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE (<i>pneumococcal vac polyvalent</i>)	2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 20-val conj vacc</i>)	2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	3; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>typhoid vi polysaccharide vacc</i>)	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 15-val conj vacc</i>)	2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3; \$0	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	3; \$0	
*VIRAL VACCINES*** - VACCINES		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>rsv pre-fusion f a&b vac rcmb</i>)	3; \$0	QL (1 injection per 1 lifetime)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	3; \$0	
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rsvpref3 vac recomb adjuvanted</i>)	3; \$0	PA; AL; QL (1 injection per 1 lifetime)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUDENZ INTRAMUSCULAR EMULSION (<i>influenza a (h5n1) subunit adj</i>)	2; \$0	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza a (h5n1) subunit adj</i>)	2; \$0	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	3	
ENGRIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	3; \$0	
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	3; \$0	
ERVEBO INTRAMUSCULAR SUSPENSION (<i>ebola zaire virus vaccine live</i>)	3	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recombinant ha</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split high-dose</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	3; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a vaccine</i>)	3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	3; \$0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies virus vaccine, hdc</i>)	3	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	3; \$0	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chikungunya virus vaccine live</i>)	3	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JYNNEOS SUBCUTANEOUS SUSPENSION (<i>smallpox & monkeypox vac, live</i>)	3; \$0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>rsv mrna pre-f virus vaccine</i>)	3; \$0	AL; QL (1 syringe per 1 lifetime)
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	2; \$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	2; \$0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	3	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	3; \$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	3; \$0	
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	3; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	3; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	3; \$0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tick-borne encephalitis vacc</i>)	3	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	3; \$0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (<i>varicella virus vaccine live</i>)	3; \$0	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>chikungunya virus vac rcmb vlp</i>)	3	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	3	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>miconazole 3 vaginal suppository</i>	1	
<i>terconazole vaginal cream 0.4 %</i>	1	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	1	QL (6 suppositories per 30 days)
*MISCELLANEOUS VAGINAL PRODUCTS*** - DRUGS FOR WOMEN		
INTRAROSA VAGINAL INSERT (<i>prasterone</i>)	3	ST; QL (1 insert per 1 day)
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL CREAM (<i>clindamycin phosphate</i>)	3	
CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>)	2	
<i>clindamycin phosphate vaginal cream</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINDESSE VAGINAL CREAM (<i>clindamycin phosphate (1 dose)</i>)	3	
<i>metronidazole vaginal gel</i>	1	
NUVESSA VAGINAL GEL (<i>metronidazole</i>)	3	
VANDAZOLE VAGINAL GEL (<i>metronidazole</i>)	1	
XACIATO VAGINAL GEL (<i>clindamycin phosphate</i>)	3	PA; QL (1 applicator per 1 fill)
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXXI VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	3	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol vaginal cream</i>	1	QL (42.5 grams per 30 days)
<i>estradiol vaginal tablet</i>	1	QL (18 tablet per 28 days)
ESTRING VAGINAL RING (<i>estradiol</i>)	3	QL (1 ring per 90 days)
FEMRING VAGINAL RING (<i>estradiol acetate</i>)	3	QL (0.02 EA per 1 day)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	3	QL (18 packs per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	3	QL (18 inserts per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	3	QL (18 packs per 28 days)
<i>yuvaferm vaginal tablet</i>	1	QL (18 tablet per 28 days)
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	3	SP
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	3	PA; QL (1 applicator per 1 day); SP
ENDOMETRIN VAGINAL INSERT (<i>progesterone</i>)	3	PA
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN INJECTION SOLUTION (<i>epinephrine</i>)	3	
<i>epinephrine (anaphylaxis) injection solution</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	1	QL (2 pens per 1 fill)
EPINEPHRINESNAP INJECTION KIT (<i>epinephrine</i>)	3	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>droxidopa oral capsule 100 mg</i>	1	PA; QL (3 capsules per 1 day); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; QL (6 capsules per 1 day); SP
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN INTRAVENOUS SOLUTION 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-% (<i>epinephrine-nacl</i>)	3	
ADRENALIN-NACL INTRAVENOUS SOLUTION (<i>epinephrine-nacl</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>ephedrine sulfate (pressors)</i>)	3	
BIORPHEN INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMERPHED INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>ephedrine sulfate (pressors)</i>)	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	
<i>epinephrine bitartrate-nacl intravenous solution</i>	3	
<i>epinephrine injection solution 10 mg/10ml</i>	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION (<i>angiotensin ii acetate</i>)	3	
IMMPHENTIV INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
LEVOPHED INTRAVENOUS SOLUTION (<i>norepinephrine bitartrate</i>)	3	
<i>midodrine hcl oral tablet</i>	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML	3	
REZIPRES INTRAVENOUS SOLUTION (<i>ephedrine hcl</i>)	3	
VAZCULEP INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
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<i>terbutaline sulfate</i>	28	TOBREX	158	<i>trifluridine</i>	158
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XPOVIO (40 MG ONCE WEEKLY)	67	<i>zinc chloride</i>	144		
XPOVIO (40 MG TWICE WEEKLY)	68	<i>zinc sulfate</i>	144		
XPOVIO (60 MG ONCE WEEKLY)	68	ZINPLAVA	164		
XPOVIO (60 MG TWICE WEEKLY)	68	ZIOPTAN	162		
XPOVIO (80 MG ONCE WEEKLY)	68	ZIPHEX	152		
XPOVIO (80 MG TWICE WEEKLY)	68	<i>ziprasidone hcl</i>	78		
XROMI	131	<i>ziprasidone mesylate</i>	78		
XTANDI	57	ZIRGAN	158		
<i>xulane</i>	97	ZITHROMAX	137		
XULTOPHY	40	ZITHROMAX TRI-PAK	137		
XURIDEN	114	ZITHROMAX Z-PAK	137		
XYLOCAINE	137	ZOKINVY	145		
XYLOCAINE MPF +RFID	137	ZOLADEX	72		
XYLOCAINE/EPINEPHRINE	136	<i>zoledronic acid</i>	112		
XYLOCAINE-MPF	137	ZOLEDRONIC ACID	112		
XYLOCAINE-MPF +RFID	137	ZOLINZA	64		
XYLOCAINE-MPF/EPINEPHRINE	136	<i>zolmitriptan</i>	141		
XYNTHA	127	<i>zolpidem tartrate</i>	135		

**For information about your pharmacy benefit, log in at
www.anthem.com/ca/caltech/.**

If you still have questions, we're here. Just call Pharmacy Member Services at 1-833-261-2467
(For HMO & Other PPO) 1-833-261-2460 or (For HSA Plans).



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