Sutter Health Plan

Sutter Health Plan Formulary

Drug List for HMO Members

Effective September 1, 2025

This formulary is the list of prescription drugs available to Sutter Health Plan members for all plans and products Sutter Health Plan offers.

This formulary is subject to change. All past versions of the formulary are no longer in use. Sutter Health Plan last updated the formulary on September 1, 2025. The current formulary is available to members on the CVS Caremark® custom website for Sutter Health Plan members at info.caremark.com/oe/sutterhealthplan. It is also available on the Sutter Health Plan website at sutterhealthplan.org/pharmacy.

Members can find complete information about their prescription drug benefits, including cost sharing amounts in their Evidence of Coverage and Disclosure Form (EOC). The EOCs are available on the Sutter Health Plan Member Portal at shplan.org/memberportal (registration required).

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This document is the Sutter Health Plan Formulary, a list of Food and Drug Administration (FDA)-approved generic and brand name drugs covered by Sutter Health Plan under your outpatient prescription drug benefit. This formulary outlines the preferred drugs covered by your outpatient prescription drug benefit. Drugs that are preferred for certain conditions are listed as Preferred within the description in the Coverage Requirements and Limits column of the drug list portion. The availability of a drug on the formulary does not mean your doctor will prescribe it for your condition. The formulary helps you and your doctor determine the right drug to prescribe to treat your needs. Drugs not listed on the formulary, or "nonformulary drugs," will also be covered if medically necessary. All nonformulary drugs must be prior-authorized.

The CVS Caremark Pharmacy and Therapeutics (P&T) Committee assesses all drugs included in the formulary for clinical appropriateness, process requirements and coverage limitations. When necessary, the Sutter Health Plan P&T Committee reviews, approves and modifies CVS Caremark selections. Doctors and pharmacists make up both P&T Committees. They meet regularly to decide what drugs should be included in the formulary. The P&T Committees choose drugs based on their safety, effectiveness and value.

UPDATES TO THE FORMULARY

CVS Caremark updates the drugs on a monthly basis, and content may change. Changes to the drugs listed in this formulary may include:

- Removing a drug or dosage form of a drug.
- Changing tier placement of a drug that results in a different cost share.
- Adding or changing prior authorization and step therapy requirements for a drug.

During your plan year, any changes to the formulary that benefit you, such as moving a drug to a lower tier for lower cost share, happen right away. Sutter Health Plan notifies you at least 60 days in advance of any changes that increase your cost share or impose new limits or processes on a drug you take.

You can get the most current formulary on the Sutter Health Plan website at sutterhealthplan.org/pharmacy, or the CVS Caremark guest website for Sutter Health Plan members at info.caremark.com/oe/sutterhealthplan.

If you have questions about your pharmacy coverage or the list of drugs covered by Sutter Health Plan, call Customer Service at 855-315-5800. Customer Service is available Monday through Friday, 8 a.m. to 7 p.m. Customer Service can answer questions about your pharmacy benefits, including:

- The process for submitting a prior authorization (PA) request (exception request) for drugs that require PA or a step therapy exception.
- Information about drugs covered under your medical benefit versus your pharmacy benefit.
- Actual dollar amounts of your cost sharing (copays, coinsurance and deductibles).

HOW TO USE THE FORMULARY

Sutter Health Plan organizes the drugs by drug category and class based on the Medi-Span drug classification system. The drugs in each category are in alphabetical order by their generic name or most common brand name.

The formulary lists generic drugs in all ***bold and italicized lowercase*** letters. The formulary lists brand name drugs in all CAPITAL letters followed by the generic name in parentheses in all ***bold and italicized lowercase*** letters.

Example:

Drug Type	How drug will appear in the categorical list
generic drug	***Pravastatin***
brand drug	PRAVACHOL (***pravastatin***)

When a generic equivalent for a brand name drug is available and covered, Sutter Health Plan lists the generic drug separately from the brand name drug in all ***bold and italicized lowercase*** letters.

When a generic equivalent for a brand name drug is not available or not covered, Sutter Health Plan does not list the generic drug separately.

When a manufacturer markets a generic drug under a proprietary, trademark-protected brand name, we list the brand name after the generic drug in parentheses with the first letter of each word capitalized. For example, (Digoxin) DIGITEK.

Members can search the formulary by using the index, either by generic or brand name, and by therapeutic drug category. Brand names usually cost more and are not preferred over generic alternatives. Any drug not found in this list or any updates published by CVS Caremark or Sutter Health Plan requires prior authorization.

Some drugs have certain process requirements or limitations for coverage. We identify these drugs on the formulary by the letters listed and explained below. Your Sutter Health Plan EOC explains the details of the process requirements and limitations and how you or your provider can ask for exceptions.

Abbreviation	Definition	Comments
AG	Age Edit	Drug may not be recommended for some patients based on age
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
PA**	Prior Authorization	Requires prior authorization when step therapy is not met

Abbreviation	Definition	Comments
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
OAC	Oral Anticancer	Orally administered anticancer drugs have a maximum limit on the copayment amount

BENEFIT COVERAGE AND LIMITATIONS

This printed formulary does not provide information regarding the specific benefit coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, cost shares or a lack of coverage, which the formulary does not reflect. For example, drugs for the treatment of infertility may not be covered. Refer to your specific plan documents for more information regarding your specific coverage.

Depending on a member's specific benefit, the following may apply:

1. Generic Substitution

When available, Sutter Health Plan uses the FDA-approved generic drugs in most situations, regardless of the brand name indicated. Members usually have lower cost share when they use generic drugs.

If a member or the member's provider requests a brand name drug instead of an approved generic, the member, based on their coverage, is usually required to pay the additional amount of the difference between the pharmacy's contracted rate for the brand name drug and the allowed prescription drug amount. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. Four-Tier Benefit

The formulary is a four-tier benefit design. Tiers are the different cost levels you pay for a drug. Each tier is assigned a member cost share. This is how much you pay when you fill a prescription. You can refer to your Benefits and Coverage Matrix to determine your cost share for each drug tier. The four tiers are:

- Tier 1 – Most generic drugs and low-cost preferred brand name drugs are covered at the lowest cost share.
- Tier 2 – Preferred brand name drugs, nonpreferred generic drugs and drugs recommended by the Sutter Health Plan P&T Committee based on safety, efficacy and cost are covered at the second-lowest tier cost share.
- Tier 3 – Nonpreferred brand name drugs or drugs that the Sutter Health Plan P&T Committee recommends based on safety, efficacy and cost are covered at

the third-lowest tier cost share. These drugs generally have a preferred and often less costly therapeutic alternative at a lower tier.

- Tier 4 – Drugs that the FDA or drug manufacturer requires be distributed through a specialty pharmacy, drugs that require the member to have special training or clinical monitoring for self-administration, or drugs that cost Sutter Health Plan more than $600 net of rebates for a one-month supply.

Sutter Health Plan also uses the following abbreviations next to some drugs to help members identify certain drug categories.

Abbreviation	Definition	Comments
CM	Contraceptive Management	Drugs used for contraceptive management
DM	Diabetes Management	Drugs used for diabetes management
PC	Preventive Health or Care	Those preventive care drugs with $0 cost share
SP	Specialty	Specialty Drugs are usually injectable, oral or inhaled and require close supervision and therapy monitoring

If your drug is in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor. Member cost sharing for oral anticancer drugs will not exceed $250 per prescription for up to a 30-day supply. If your benefit plan is a high deductible health plan compatible with a health savings account, this does not apply until after you meet your deductible.

It is important to note that drug costs change frequently. If you have a percent-of-cost coinsurance or deductible, you can confirm your cost share by calling CVS Caremark or your pharmacy before picking up your prescription.

3. Preventive Care

All preventive care drug categories have products that Sutter Health Plan covers with $0 cost share. Sutter Health Plan covers these preventive care drugs, including but not limited to contraceptives and smoking cessation products, at $0 when a participating doctor prescribes and you use a network pharmacy. We list preventive care drugs and products in the print formulary as Tier 0 to help differentiate this group of drugs that have a $0 cost share. Refer to your EOC for more information regarding coverage of preventive care drugs and products.

4. Contraceptive Coverage

Sutter Health Plan covers select FDA-approved contraceptive drugs, devices and other products, including over-the-counter, at $0 cost share. If your doctor determines you need a drug, device or product that Sutter Health Plan does not cover at $0 cost share, they can submit a prior authorization for coverage. If CVS Caremark determines the request is medically necessary, Sutter Health Plan covers at $0 cost share.

Sutter Health Plan covers up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives that a provider, pharmacist or location licensed or authorized to dispense drugs or supplies dispenses at one time to a member.

5. Diabetic Drug Coverage
Sutter Health Plan covers diabetes blood testing equipment, blood glucose meters and their supplies, such as test strips, lancets and lancet devices, under the prescription drug benefit. A participating provider must prescribe the equipment and members must pick up at a participating retail or mail order pharmacy.

6. Medical Benefit Drug Coverage
The formulary only applies to outpatient drugs provided to members. It does not apply to drugs used in inpatient settings like the hospital or administered by a provider in a clinic or office setting.

Sutter Health Plan covers drugs that require administration by a doctor or other clinician (such as a home health nurse) as a medical benefit, rather than a prescription drug benefit. These include chemotherapy, home infusion and injectable drugs (other than self-injectables). You can find complete information about the differences between drugs covered under your medical benefit and drugs covered under your prescription drug benefit in your EOC.

7. Prior Authorization
There are a number of drugs listed in the formulary that require prior authorization to ensure appropriate use based on criteria set by the P&T Committees. Examples include drugs used for complex or non-FDA-approved indications (off-label use), specialty drugs and drugs requiring step therapy. Prescription drugs not listed in the formulary (nonformulary) also require prior authorization to determine medical necessity. CVS Caremark reviews each request on an individual patient need basis.

8. Drug Quantity Limits
Some drugs have quantity limits — drugs that Sutter Health Plan and CVS Caremark cover for specific quantities per prescription or time periods. A member's doctor can request prior authorization for quantities that exceed these limits. Some drugs prescribed for sexual dysfunction, such as Cialis, Levitra or Viagra (or their generic equivalents), are limited to a certain number of tablets per time period.

9. Step Therapy
Step therapy requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plan covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to CVS Caremark approving a second-line drug.
Sutter Health Plan and CVS Caremark base step therapy requirements on national treatment guidelines, FDA recommendations and the relative cost of treatment. CVS Caremark reviews prior authorization requests for approving exceptions to step therapy requirements when such exceptions are medically necessary and/or clinically appropriate.

REQUESTING PRIOR AUTHORIZATION

Providers must submit a prior authorization request to CVS Caremark for drugs that require prior authorization, step therapy or exceed the quantity limit. CVS Caremark also reviews requests for medical necessity for nonformulary drugs through this same prior authorization process. Providers can submit a request to CVS Caremark using one of the following methods:

- Fax a completed Prescription Drug Prior Authorization or Step Therapy Exception Request Form to CVS Caremark at 888-836-0730.
- Call CVS Caremark at 844-740-0635 and provide all necessary information requested.
- Online at covermymeds.com (registration required).

CVS Caremark processes and reaches a decision on prior authorization requests within a timeframe appropriate for the patient's condition, not to exceed 72 hours for nonurgent requests and 24 hours for urgent or exigent requests. CVS Caremark notifies the member, or the member's authorized representative, and the prescribing provider of the decision within 24 hours for urgent or exigent requests, and within 72 hours for nonurgent requests. If CVS Caremark does not respond within these timeframes, the prior authorization or step therapy request is considered approved. For nonurgent requests, coverage will be authorized for the duration of the prescription, including refills. For urgent or exigent requests, coverage, including refills, will be authorized for the duration of the exigency.

If CVS Caremark denies the request, the member may file a grievance with Sutter Health Plan. For more information, refer to the Grievances section of your EOC. CVS Caremark may authorize continuation of coverage for a drug previously approved for a member's medical condition, as long as the provider continues to prescribe for the same medical condition and it remains a safe and effective treatment option.

Exigent circumstances exist when one of the following is true:

- A member is suffering from a health condition that may seriously jeopardize their life, health or ability to regain maximum function.
- A member is undergoing a current course of treatment using a nonformulary drug.

An incomplete request may delay the authorization process or result in a denial. Additionally, if the prior authorization request does not meet established guidelines, CVS Caremark may not approve it and may recommend a different drug. Refer to your EOC for more information regarding prior authorization timelines.

LOCATING A RETAIL PHARMACY

Sutter Health Plan does not cover prescription drugs dispensed by non-participating pharmacies, except:

- For emergency or urgent situations, including drugs prescribed for mental health and substance use disorder treatment, or
- When dispensed as part of a Community Assistance, Recovery, and Empowerment (CARE) agreement or CARE plan approved by a court.

You can search for a participating retail pharmacy by clicking the Find a Pharmacy link at info.caremark.com/oe/sutterhealthplan.

You can search for a pharmacy by entering a ZIP code or a city and state.

You can also find a pharmacy by using the CVS Caremark Pharmacy Locator tool on the CVS Caremark member portal at caremark.com (registration required).

MAIL ORDER WITH CVS CAREMARK

CVS Caremark Mail Service Pharmacy is the CVS Caremark mail order pharmacy. Mail order allows you to receive up to a 100-day supply, as your benefit plan allows, of your maintenance drugs.

If you currently receive your maintenance drug from a retail pharmacy, call CVS Caremark Customer Care at 844-740-0635 and a representative can help you transfer your prescription to home delivery.

If you need to fill a new prescription for a maintenance drug, your doctor can complete a FastStart® New Prescription Fax Form and fax it along with a prescription for up to a 100-day supply to 800-378-0323 or send the prescription electronically.

You can also complete the CVS Caremark Mail Service Order Form and mail it along with your hard-copy prescription and required copay to CVS Caremark at P.O. Box 659541, San Antonio, TX 78265-9541.

SPECIALTY PHARMACY SERVICES

Specialty drugs are usually injectable, oral or inhaled and require close supervision and therapy monitoring. The Sutter Health Plan Specialty Pharmacy Program focuses on patient safety, with requirements designed to assure that you:

- Know how to take these drugs correctly.
- Receive safe, effective specialty drugs.
- Have timely and convenient access to the specialty drugs you need.

CVS Caremark contracts with CVS Specialty®. CVS Specialty provides mail order fulfillment of specialty prescription drugs to the member's home or place of business. (Note: Specialty drugs, regardless of tier, are not available through the CVS Caremark Mail Service Pharmacy mail order program.)

CVS Specialty also provides member programs and services, including access to specialty-trained pharmacists and nurses 24 hours a day, seven days a week, and online tools to help members manage their specialty drugs.

Contact CVS Specialty at 800-237-2767 or visit caremark.com.

DEFINITIONS

Sutter Health Plan may use the following words and definitions throughout this formulary.

Brand name drug: A drug that a manufacturer markets under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

Coinsurance: A percentage of the charges that members must pay for covered services after the deductible, if a deductible applies.

Copayment: A specific dollar amount that members must pay for covered services after the deductible if a deductible applies.

Cost sharing: The amount members must pay for covered services, including deductibles, copayments and coinsurance. Cost sharing is also referred to as out-of-pocket cost.

Deductible: The amount a member must pay for covered healthcare benefits before the member's health plan begins paying for all or part of the cost of the healthcare benefit under the terms of the policy.

Drug tier: 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 member's portion of the cost for the drug.

Exception request: A request for coverage of a prescription drug. If a member, their designee or prescribing healthcare provider submits an exception request for coverage of a prescription drug, Sutter Health Plan allows coverage of the prescription drug when the drug is determined to be medically necessary to treat the member's condition.

Exigent circumstances: When a member is suffering from a health condition that may seriously jeopardize the member's life, health or ability to regain maximum function, or when a member is undergoing a current course of treatment using a nonformulary drug.

Formulary: The complete list of self-administered, FDA-approved, outpatient prescription drugs evaluated by the Sutter Health Plan P&T Committee for use and eligible for coverage under the Sutter Health Plan health plan. Formulary is also known as a prescription drug list.

Generic drug: 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 all ***bold and italicized lowercase*** letters.

Member: A subscriber (defined below), or a qualified dependent family member enrolled in a health plan who is entitled to receive covered services.

Nonformulary drug: A self-administered, FDA-approved, outpatient prescription drug that is not listed on the formulary following evaluation by the Sutter Health Plan P&T Committee.

Participating provider: A participating provider group, participating physician, hospital, other licensed health professional, or licensed health facility or other health professional authorized under California law to practice in the State of California, who or which, at the time care is provided to a member, has a contract with Sutter Health Plan to provide covered services to members.

Prescribing provider: A healthcare provider authorized to write a prescription to treat a medical condition for a health plan member.

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

Prescription drug: A drug a member's provider prescribes that requires a prescription under applicable law.

Prior authorization: The requirement that the member's participating provider receive prior authorization for a prescription drug before Sutter Health Plan covers the drug. The health plan must grant a prior authorization when it is medically necessary for the member to obtain the drug.

Step therapy: Requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plan covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to approval of a second-line drug.

Subscriber: A member who is eligible for membership on their own behalf and not by virtue of dependent status, and who meets the eligibility requirements as a subscriber.

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMPHETAMINES		
amphetamine sulfate tab 5 mg	1	QL
amphetamine sulfate tab 10 mg	1	QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL
amphetamine-dextroamphetamine tab 5 mg	1	QL
amphetamine-dextroamphetamine tab 7.5 mg	1	QL
amphetamine-dextroamphetamine tab 10 mg	1	QL
amphetamine-dextroamphetamine tab 12.5 mg	1	QL
amphetamine-dextroamphetamine tab 15 mg	1	QL
amphetamine-dextroamphetamine tab 20 mg	1	QL
amphetamine-dextroamphetamine tab 30 mg	1	QL
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL
(Dextroamphetamine Sulfate Oral Solution 5 mg/5ml) PROCENTRA	1	QL
dextroamphetamine sulfate tab 2.5 mg	1	QL
(Dextroamphetamine Sulfate Tab 2.5 mg) ZENZEDI	1	QL
dextroamphetamine sulfate tab 5 mg	1	QL
(Dextroamphetamine Sulfate Tab 5 mg) ZENZEDI	1	QL
dextroamphetamine sulfate tab 7.5 mg	1	QL
(Dextroamphetamine Sulfate Tab 7.5 mg) ZENZEDI	1	QL
dextroamphetamine sulfate tab 10 mg	1	QL
(Dextroamphetamine Sulfate Tab 10 mg) ZENZEDI	1	QL
dextroamphetamine sulfate tab 15 mg	1	QL
(Dextroamphetamine Sulfate Tab 15 mg) ZENZEDI	1	QL
dextroamphetamine sulfate tab 20 mg	1	QL
(Dextroamphetamine Sulfate Tab 20 mg) ZENZEDI	1	QL
dextroamphetamine sulfate tab 30 mg	1	QL
(Dextroamphetamine Sulfate Tab 30 mg) ZENZEDI	1	QL
lisdexamfetamine dimesylate cap 10 mg	1	QL
lisdexamfetamine dimesylate cap 20 mg	1	QL
lisdexamfetamine dimesylate cap 30 mg	1	QL
lisdexamfetamine dimesylate cap 40 mg	1	QL
lisdexamfetamine dimesylate cap 50 mg	1	QL
lisdexamfetamine dimesylate cap 60 mg	1	QL
lisdexamfetamine dimesylate cap 70 mg	1	QL
lisdexamfetamine dimesylate chew tab 10 mg	1	QL
lisdexamfetamine dimesylate chew tab 20 mg	1	QL
lisdexamfetamine dimesylate chew tab 30 mg	1	QL
lisdexamfetamine dimesylate chew tab 40 mg	1	QL
lisdexamfetamine dimesylate chew tab 50 mg	1	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lisdexamfetamine dimesylate chew tab 60 mg	1	QL
methamphetamine hcl tab 5 mg	1	QL
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tab 50 mg	1	
diethylpropion hcl tab 25 mg	1	
diethylpropion hcl tab er 24hr 75 mg	1	
phendimetrazine tartrate tab 35 mg	1	
phentermine hcl cap 15 mg	1	
phentermine hcl cap 30 mg	1	
phentermine hcl cap 37.5 mg	1	
phentermine hcl tab 37.5 mg	1	
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA
QSYMIA CAP 3.75-23 ***(phentermine hcl-topiramate)***	2	PA
QSYMIA CAP 7.5-46MG ***(phentermine hcl-topiramate)***	2	PA
QSYMIA CAP 11.25-69 ***(phentermine hcl-topiramate)***	2	PA
QSYMIA CAP 15-92MG ***(phentermine hcl-topiramate)***	2	PA
ANTI-OBESITY AGENTS		
orlistat cap 120 mg	1	
SAXENDA INJ 18MG/3ML ***(liraglutide (weight management))***	2	PA
WEGOVY INJ 0.5MG ***(semaglutide (weight management))***	2	PA
WEGOVY INJ 0.25MG ***(semaglutide (weight management))***	2	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WEGOVY INJ 1.7MG ***(semaglutide (weight management))***	2	PA
WEGOVY INJ 1MG ***(semaglutide (weight management))***	2	PA
WEGOVY INJ 2.4MG ***(semaglutide (weight management))***	2	PA
ZEPBOUND INJ 2.5/0.5 ***(tirzepatide (weight management))***	2	PA
ZEPBOUND INJ 5/0.5ML ***(tirzepatide (weight management))***	2	PA
ZEPBOUND INJ 7.5/0.5 ***(tirzepatide (weight management))***	2	PA
ZEPBOUND INJ 10/0.5ML ***(tirzepatide (weight management))***	2	PA
ZEPBOUND INJ 12.5/0.5 ***(tirzepatide (weight management))***	2	PA
ZEPBOUND INJ 15/0.5ML ***(tirzepatide (weight management))***	2	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
atomoxetine hcl cap 10 mg (base equiv)	1	QL
atomoxetine hcl cap 18 mg (base equiv)	1	QL
atomoxetine hcl cap 25 mg (base equiv)	1	QL
atomoxetine hcl cap 40 mg (base equiv)	1	QL
atomoxetine hcl cap 60 mg (base equiv)	1	QL
atomoxetine hcl cap 80 mg (base equiv)	1	QL
atomoxetine hcl cap 100 mg (base equiv)	1	QL
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
QELBREE CAP 100MG ER ***(viloxazine hcl (adhd))***	2	QL
QELBREE CAP 150MG ER ***(viloxazine hcl (adhd))***	2	QL
QELBREE CAP 200MG ER ***(viloxazine hcl (adhd))***	2	QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG ***(solriamfetol hcl)***	2	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUNOSI TAB 150MG ***(solriamfetol hcl)***	2	PA
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG ***(pitolisant hcl)***	4	SP, PA, QL
WAKIX TAB 17.8MG ***(pitolisant hcl)***	4	SP, PA, QL
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
AZSTARYS CAP 26.1-5.2 ***(serdexmethylphenidate chloride-dexmethylphenidate hcl)***	2	QL
AZSTARYS CAP 39.2-7.8 ***(serdexmethylphenidate chloride-dexmethylphenidate hcl)***	2	QL
AZSTARYS CAP 52.3-10. ***(serdexmethylphenidate chloride-dexmethylphenidate hcl)***	2	QL
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL
dexmethylphenidate hcl tab 2.5 mg	1	QL
dexmethylphenidate hcl tab 5 mg	1	QL
dexmethylphenidate hcl tab 10 mg	1	QL
methylphenidate hcl cap er 10 mg (cd)	1	QL
methylphenidate hcl cap er 20 mg (cd)	1	QL
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL
methylphenidate hcl cap er 30 mg (cd)	1	QL
methylphenidate hcl cap er 40 mg (cd)	1	QL
methylphenidate hcl cap er 50 mg (cd)	1	QL
methylphenidate hcl cap er 60 mg (cd)	1	QL
methylphenidate hcl chew tab 2.5 mg	1	QL
methylphenidate hcl chew tab 5 mg	1	QL
methylphenidate hcl chew tab 10 mg	1	QL
methylphenidate hcl soln 5 mg/5ml	1	QL
methylphenidate hcl soln 10 mg/5ml	1	QL
methylphenidate hcl tab 5 mg	1	QL
methylphenidate hcl tab 10 mg	1	QL
methylphenidate hcl tab 20 mg	1	QL
methylphenidate hcl tab er 10 mg	1	QL
methylphenidate hcl tab er 20 mg	1	QL
methylphenidate hcl tab er 24hr 18 mg	1	QL
methylphenidate hcl tab er 24hr 27 mg	1	QL
methylphenidate hcl tab er 24hr 36 mg	1	QL
methylphenidate hcl tab er 24hr 54 mg	1	QL
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL
methylphenidate hcl tab er osmotic release (osm) 72 mg	1	QL
methylphenidate td patch 10 mg/9hr	1	QL
methylphenidate td patch 15 mg/9hr	1	QL
methylphenidate td patch 20 mg/9hr	1	QL
methylphenidate td patch 30 mg/9hr	1	QL
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU ***(timothy grass pollen allergen extract)***	2	PA
ORALAIR SUB 300 IR ***(grass mixed pollens allergen extract)***	2	PA
RAGWITEK SUB ***(short ragweed pollen allergen extract)***	2	PA
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
neomycin sulfate tab 500 mg	1	
tobramycin nebu soln 300 mg/4ml	4	SP, PA, QL
tobramycin nebu soln 300 mg/5ml	4	SP, PA, QL
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 10/0.1ML	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMU-ADAZ INJ 20/0.2ML	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMU-ADAZ INJ 40/0.4ML	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADALIMU-ADAZ INJ 80/0.8ML	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 10/0.1ML ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 20/0.2ML ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 40/0.4ML ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA KIT 40MG/0.8 ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA PEN INJ 40/0.4ML ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ 40MG/0.8 ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ 80/0.8ML ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT CD/UC/HS ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT PS/UV ***(adalimumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYRIMOZ CD/ INJ UC/HS SP ***(adalimumab-adaz)***	4	PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 20/0.2ML ***(adalimumab-adaz)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 40/0.4ML ***(adalimumab-adaz)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SENS INJ 80/0.8ML ***(adalimumab-adaz)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PLAQ INJ PSORIASI ***(adalimumab-adaz)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML ***(upadacitinib)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 15MG ER ***(upadacitinib)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 30MG ER ***(upadacitinib)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 45MG ER ***(upadacitinib)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ SOL 1MG/ML ***(tofacitinib citrate)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 5MG ***(tofacitinib citrate)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 10MG ***(tofacitinib citrate)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XELJANZ XR TAB 11MG ***(tofacitinib citrate)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 22MG ***(tofacitinib citrate)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG ***(methotrexate (antirheumatic))***	4	SP, PA, QL
OTREXUP INJ 12.5/0.4 ***(methotrexate (antirheumatic))***	4	SP, PA, QL
OTREXUP INJ 15MG ***(methotrexate (antirheumatic))***	4	SP, PA, QL
OTREXUP INJ 17.5/0.4 ***(methotrexate (antirheumatic))***	4	SP, PA, QL
OTREXUP INJ 20MG ***(methotrexate (antirheumatic))***	4	SP, PA, QL
OTREXUP INJ 22.5/0.4 ***(methotrexate (antirheumatic))***	4	SP, PA, QL
OTREXUP INJ 25MG ***(methotrexate (antirheumatic))***	4	SP, PA, QL
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14 ***(sarilumab)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis
KEVZARA INJ 200/1.14 ***(sarilumab)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
flurbiprofen tab 50 mg	1	
ibuprofen tab 400 mg	1	
(Ibuprofen Tab 400 mg) IBU	1	
ibuprofen tab 600 mg	1	
(Ibuprofen Tab 600 mg) IBU	1	
ibuprofen tab 800 mg	1	
(Ibuprofen Tab 800 mg) IBU	1	
ibuprofen-famotidine tab 800-26.6 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin suppos 50 mg	1	
indomethacin susp 25 mg/5ml	1	
ketorolac tromethamine tab 10 mg	1	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
(Naproxen Tab Ec 375 mg) EC-NAPROXEN	1	
naproxen tab ec 500 mg	1	
(Naproxen Tab Ec 500 mg) EC-NAPROXEN	1	
oxaprozin cap 300 mg	1	
oxaprozin tab 600 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20 ***(apremilast)***	4	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30 ***(apremilast)***	4	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 20MG ***(apremilast)***	4	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG ***(apremilast)***	4	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML ***(abatacept)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 50/0.4ML ***(abatacept)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 87.5/0.7 ***(abatacept)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 125MG/ML ***(abatacept)***	4	SP, PA, QL; Preferred for Rheumatoid Arthritis
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML ***(etanercept)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL INJ 25MG ***(etanercept)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENBREL INJ 50MG/ML ***(etanercept)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL MINI INJ 50MG/ML ***(etanercept)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL SRCLK INJ 50MG/ML ***(etanercept)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	1	QL
(Butalbital-Acetaminophen Tab 50-325 mg) TENCON	1	QL
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL
(Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg) BAC	1	QL
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL
SALICYLATES		
diflunisal tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
codeine sulfate tab 30 mg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL; PA**
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL; PA**
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL; PA**
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL; PA**
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL; PA**
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL; PA**
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL; PA**
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL; PA**
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL; PA**
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL; PA**
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL; PA**
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL; PA**
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL; PA**
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL; PA**
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL; PA**
hydromorphone hcl liqd 1 mg/ml	1	PA, QL
hydromorphone hcl tab 2 mg	1	PA, QL
hydromorphone hcl tab 4 mg	1	PA, QL
hydromorphone hcl tab 8 mg	1	PA, QL
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL; PA**
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL; PA**
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL; PA**
hydromorphone hcl tab er 24hr 32 mg	1	PA, QL; PA**
meperidine hcl oral soln 50 mg/5ml	1	PA, QL
meperidine hcl tab 50 mg	1	PA, QL
methadone hcl conc 10 mg/ml	1	QL; PA**
(Methadone Hcl Conc 10 mg/ml) METHADONE HYDROCHLORIDE I	1	PA, QL; PA**
methadone hcl soln 5 mg/5ml	1	PA, QL; PA**
methadone hcl soln 10 mg/5ml	1	PA, QL; PA**
methadone hcl tab 5 mg	1	PA, QL; PA**
methadone hcl tab 10 mg	1	PA, QL; PA**
methadone hcl tab for oral susp 40 mg	1	QL
(Methadone Hcl Tab For Oral Susp 40 mg) METHADOSE	1	QL
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL; PA**
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL; PA**
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL; PA**
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL; PA**
morphine sulfate beads cap er 24hr 120 mg	1	PA, QL; PA**
morphine sulfate cap er 24hr 10 mg	1	PA, QL; PA**
morphine sulfate cap er 24hr 20 mg	1	PA, QL; PA**
morphine sulfate cap er 24hr 30 mg	1	PA, QL; PA**
morphine sulfate cap er 24hr 50 mg	1	PA, QL; PA**
morphine sulfate cap er 24hr 60 mg	1	PA, QL; PA**
morphine sulfate cap er 24hr 80 mg	1	PA, QL; PA**
morphine sulfate cap er 24hr 100 mg	1	PA, QL; PA**
morphine sulfate oral soln 10 mg/5ml	1	PA, QL
morphine sulfate oral soln 20 mg/5ml	1	PA, QL
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL
morphine sulfate tab 15 mg	1	PA, QL
morphine sulfate tab 30 mg	1	PA, QL
morphine sulfate tab er 15 mg	1	PA, QL; PA**
morphine sulfate tab er 30 mg	1	PA, QL; PA**
morphine sulfate tab er 60 mg	1	PA, QL; PA**
morphine sulfate tab er 100 mg	1	PA, QL; PA**
morphine sulfate tab er 200 mg	1	PA, QL; PA**
oxycodone hcl cap 5 mg	1	PA, QL
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL
oxycodone hcl soln 5 mg/5ml	1	PA, QL
oxycodone hcl tab 5 mg	1	PA, QL
oxycodone hcl tab 10 mg	1	PA, QL
oxycodone hcl tab 15 mg	1	PA, QL
oxycodone hcl tab 20 mg	1	PA, QL
oxycodone hcl tab 30 mg	1	PA, QL
oxymorphone hcl tab 5 mg	1	PA, QL
oxymorphone hcl tab 10 mg	1	PA, QL
tramadol hcl oral soln 5 mg/ml	1	PA, QL
tramadol hcl tab 50 mg	1	PA, QL
tramadol hcl tab er 24hr 100 mg	1	PA, QL; PA**
tramadol hcl tab er 24hr 200 mg	1	PA, QL; PA**
tramadol hcl tab er 24hr 300 mg	1	PA, QL; PA**
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA, QL; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA, QL; PA**
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA, QL; PA**
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL
acetaminophen w/ codeine tab 300-15 mg	1	QL
acetaminophen w/ codeine tab 300-30 mg	1	QL
acetaminophen w/ codeine tab 300-60 mg	1	QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL
(Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg) TREZIX	1	QL
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL
(Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg) ASCOMP/CODEINE	1	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	QL
hydrocodone-acetaminophen tab 2.5-325 mg	1	QL
hydrocodone-acetaminophen tab 5-300 mg	1	QL
hydrocodone-acetaminophen tab 5-325 mg	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL
hydrocodone-acetaminophen tab 10-300 mg	1	QL
hydrocodone-acetaminophen tab 10-325 mg	1	QL
hydrocodone-ibuprofen tab 5-200 mg	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL
hydrocodone-ibuprofen tab 10-200 mg	1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL
(Oxycodone W/ Acetaminophen Tab 2.5-325 mg) ENDOCET	1	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone w/ acetaminophen tab 5-325 mg	1	QL
(Oxycodone W/ Acetaminophen Tab 5-325 mg) ENDOCET	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL
(Oxycodone W/ Acetaminophen Tab 7.5-325 mg) ENDOCET	1	QL
oxycodone w/ acetaminophen tab 10-325 mg	1	QL
(Oxycodone W/ Acetaminophen Tab 10-325 mg) ENDOCET	1	QL
tramadol-acetaminophen tab 37.5-325 mg	1	QL
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG ***(buprenorphine hcl)***	2	PA, QL; PA**
BELBUCA MIS 150MCG ***(buprenorphine hcl)***	2	PA, QL; PA**
BELBUCA MIS 300MCG ***(buprenorphine hcl)***	2	PA, QL; PA**
BELBUCA MIS 450MCG ***(buprenorphine hcl)***	2	PA, QL; PA**
BELBUCA MIS 600MCG ***(buprenorphine hcl)***	2	PA, QL; PA**
BELBUCA MIS 750MCG ***(buprenorphine hcl)***	2	PA, QL; PA**
BELBUCA MIS 900MCG ***(buprenorphine hcl)***	2	PA, QL; PA**
BRIXADI SOL 8/0.16ML ***(buprenorphine)***	0	
BRIXADI SOL 16/0.32 ***(buprenorphine)***	0	
BRIXADI SOL 24/0.48 ***(buprenorphine)***	0	
BRIXADI SOL 32/0.64 ***(buprenorphine)***	0	
BRIXADI SOL 64/0.18 ***(buprenorphine)***	0	
BRIXADI SOL 96/0.27 ***(buprenorphine)***	0	
BRIXADI SOL 128/0.36 ***(buprenorphine)***	0	
buprenorphine hcl sl tab 2 mg (base equiv)	1	QL
buprenorphine hcl sl tab 8 mg (base equiv)	1	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL; PA**
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL; PA**
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL; PA**
buprenorphine td patch weekly 15 mcg/hr	1	PA, QL; PA**
buprenorphine td patch weekly 20 mcg/hr	1	PA, QL; PA**
butorphanol tartrate nasal soln 10 mg/ml	1	QL
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
SUBLOCADE INJ 100/0.5 ***(buprenorphine)***	0	
SUBLOCADE INJ 300/1.5 ***(buprenorphine)***	0	
ZUBSOLV SUB 0.7-0.18 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL
ZUBSOLV SUB 1.4-0.36 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL
ZUBSOLV SUB 2.9-0.71 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL
ZUBSOLV SUB 5.7-1.4 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL
ZUBSOLV SUB 8.6-2.1 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL
ZUBSOLV SUB 11.4-2.9 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES		
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
methyltestosterone cap 10 mg	1	
(Methyltestosterone Oral Tab 10 mg) METHITEST	1	
NATESTO GEL 5.5MG ***(testosterone)***	2	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
(Testosterone Cypionate Im Inj In Oil 100 mg/ml) DEPO-TESTOSTERONE	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
(Testosterone Cypionate Im Inj In Oil 200 mg/ml) DEPO-TESTOSTERONE	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	
CORTIFOAM AER 90MG ***(hydrocortisone acetate (intrarectal))***	2	
hydrocortisone enema 100 mg/60ml	1	
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCTOFOAM AER HC 1% ***(hydrocortisone acetate w/ pramoxine)***	2	
RECTAL STEROIDS		
(Hydrocortisone Acetate Suppos 25 mg) ANUCORT-HC	1	
hydrocortisone perianal cream 2.5%	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTO-MED HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOSOL HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOZONE-HC	1	
VASODILATING AGENTS		
nitroglycerin oint 0.4%	1	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
albendazole tab 200 mg	1	
EMVERM CHW 100MG ***(mebendazole)***	2	
ivermectin tab 3 mg	1	PA
ivermectin tab 6 mg	1	PA
praziquantel tab 600 mg	1	
STROMECTOL TAB 3MG ***(ivermectin)***	3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
pentamidine isethionate for nebulization soln 300 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 550MG ***(rifaximin)***	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
(Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml) SULFATRIM PEDIATRIC	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	1	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
vancomycin hcl cap 125 mg (base equivalent)	1	
vancomycin hcl cap 250 mg (base equivalent)	1	
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	
linezolid tab 600 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
(Alprazolam Tab Er 24hr 0.5 mg) ALPRAZOLAM XR	1	
alprazolam tab er 24hr 1 mg	1	
(Alprazolam Tab Er 24hr 1 mg) ALPRAZOLAM XR	1	
alprazolam tab er 24hr 2 mg	1	
(Alprazolam Tab Er 24hr 2 mg) ALPRAZOLAM XR	1	
alprazolam tab er 24hr 3 mg	1	
(Alprazolam Tab Er 24hr 3 mg) ALPRAZOLAM XR	1	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
(Diazepam Conc 5 mg/ml) DIAZEPAM INTENSOL	1	
diazepam oral soln 1 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
quinidine gluconate tab er 324 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
(Amiodarone Hcl Tab 100 mg) PACERONE	1	
amiodarone hcl tab 200 mg	1	
(Amiodarone Hcl Tab 200 mg) PACERONE	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
MULTAQ TAB 400MG ***(dronedarone hcl)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIKOSYN CAP 125MCG ***(dofetilide)***	4	SP, PA
TIKOSYN CAP 250MCG ***(dofetilide)***	4	SP, PA
TIKOSYN CAP 500MCG ***(dofetilide)***	4	SP, PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5 ***(benralizumab)***	4	SP, PA, QL
FASENRA INJ 30MG/ML ***(benralizumab)***	4	SP, PA, QL
FASENRA PEN INJ 30MG/ML ***(benralizumab)***	4	SP, PA, QL
NUCALA INJ 40MG/0.4 ***(mepolizumab)***	4	SP, PA, QL; Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
NUCALA INJ 100MG/ML ***(mepolizumab)***	4	SP, PA, QL; Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
TEZSPIRE INJ 210MG ***(tezepelumab-ekko)***	4	SP, PA, QL
XOLAIR INJ 75/0.5 ***(omalizumab)***	4	SP, PA, QL; Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR INJ 150MG/ML ***(omalizumab)***	4	SP, PA, QL; Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR INJ 300/2ML ***(omalizumab)***	4	SP, PA, QL; Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
XOLAIR SOL 150MG ***(omalizumab)***	4	SP, PA, QL; Preferred for Chronic Rhinosinusitis with Nasal Polyps, Severe Asthma Agents
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	1	QL
SPIRIVA AER 1.25MCG ***(tiotropium bromide monohydrate)***	2	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPIRIVA CAP HANDIHLR ***(tiotropium bromide monohydrate)***	2	QL
SPIRIVA SPR 2.5MCG ***(tiotropium bromide monohydrate)***	2	QL
YUPELRI SOL ***(revefenacin)***	2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ASMANEX HFA AER 50MCG ***(mometasone furoate (inhalation))***	2	QL
ASMANEX HFA AER 100 MCG ***(mometasone furoate (inhalation))***	2	QL
ASMANEX HFA AER 200 MCG ***(mometasone furoate (inhalation))***	2	QL
budesonide inhalation susp 0.5 mg/2ml	1	QL
budesonide inhalation susp 0.25 mg/2ml	1	QL
budesonide inhalation susp 1 mg/2ml	1	QL
fluticasone furoate aerosol powder breath activ 50 mcg/act	1	QL
fluticasone furoate aerosol powder breath activ 100 mcg/act	1	QL
fluticasone furoate aerosol powder breath activ 200 mcg/act	1	QL
PULMICORT INH 90MCG ***(budesonide (inhalation))***	2	QL
PULMICORT INH 180MCG ***(budesonide (inhalation))***	2	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG ***(albuterol-budesonide)***	2	QL
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPT AER 62.5-25 ***(umeclidinium-vilanterol)***	2	QL
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL
BREO ELLIPTA INH 50-25MCG ***(fluticasone furoate-vilanterol)***	2	QL
BREO ELLIPTA INH 100-25 ***(fluticasone furoate-vilanterol)***	2	QL
BREO ELLIPTA INH 200-25 ***(fluticasone furoate-vilanterol)***	2	QL
BREZTRI AERO AER SPHERE ***(budesonide-glycopyrrolate-formoterol fumarate)***	2	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL
(Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 mcg/act) BREYNA	1	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL
(Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 mcg/act) BREYNA	1	QL
DULERA AER 50-5MCG ***(mometasone furoate-formoterol fumarate dihydrate)***	3	QL
DULERA AER 100-5MCG ***(mometasone furoate-formoterol fumarate dihydrate)***	3	QL
DULERA AER 200-5MCG ***(mometasone furoate-formoterol fumarate dihydrate)***	3	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL
(Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act) WIXELA INHUB	1	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL
(Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act) WIXELA INHUB	1	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL
(Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act) WIXELA INHUB	1	QL
formoterol fumarate soln nebu 20 mcg/2ml	1	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL
SEREVENT DIS AER 50MCG ***(salmeterol xinafoate)***	2	QL
STIOLTO AER 2.5-2.5 ***(tiotropium bromide-olodaterol hcl)***	2	QL
STRIVERDI AER 2.5MCG ***(olodaterol hcl)***	2	QL
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG ***(fluticasone-umeclidinium-vilanterol)***	2	QL
TRELEGY AER 200MCG ***(fluticasone-umeclidinium-vilanterol)***	2	QL
XANTHINES		
theophylline elixir 80 mg/15ml	1	
(Theophylline Elixir 80 mg/15ml) ELIXOPHYLLIN	1	
theophylline soln 80 mg/15ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
(Warfarin Sodium Tab 1 mg) JANTOVEN	1	
warfarin sodium tab 2 mg	1	
(Warfarin Sodium Tab 2 mg) JANTOVEN	1	
warfarin sodium tab 2.5 mg	1	
(Warfarin Sodium Tab 2.5 mg) JANTOVEN	1	
warfarin sodium tab 3 mg	1	
(Warfarin Sodium Tab 3 mg) JANTOVEN	1	
warfarin sodium tab 4 mg	1	
(Warfarin Sodium Tab 4 mg) JANTOVEN	1	
warfarin sodium tab 5 mg	1	
(Warfarin Sodium Tab 5 mg) JANTOVEN	1	
warfarin sodium tab 6 mg	1	
(Warfarin Sodium Tab 6 mg) JANTOVEN	1	
warfarin sodium tab 7.5 mg	1	
(Warfarin Sodium Tab 7.5 mg) JANTOVEN	1	
warfarin sodium tab 10 mg	1	
(Warfarin Sodium Tab 10 mg) JANTOVEN	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG ***(apixaban)***	2	
ELIQUIS TAB 2.5MG ***(apixaban)***	2	
ELIQUIS TAB 5MG ***(apixaban)***	2	
rivaroxaban for susp 1 mg/ml	1	
rivaroxaban tab 2.5 mg	1	
XARELTO STAR TAB 15/20MG ***(rivaroxaban)***	2	
XARELTO TAB 10MG ***(rivaroxaban)***	2	
XARELTO TAB 15MG ***(rivaroxaban)***	2	
XARELTO TAB 20MG ***(rivaroxaban)***	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML ***(perampanel)***	2	
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	
perampanel tab 12 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
NAYZILAM SPR 5MG ***(midazolam (anticonvulsant))***	2	QL
VALTOCO SPR 5MG ***(diazepam (anticonvulsant))***	2	
VALTOCO SPR 10MG ***(diazepam (anticonvulsant))***	2	
VALTOCO SPR 15MG ***(diazepam (anticonvulsant))***	2	
VALTOCO SPR 20MG ***(diazepam (anticonvulsant))***	2	
ANTICONVULSANTS - MISC.		
BRIVIACT SOL 10MG/ML ***(brivaracetam)***	2	
BRIVIACT TAB 10MG ***(brivaracetam)***	2	
BRIVIACT TAB 25MG ***(brivaracetam)***	2	
BRIVIACT TAB 50MG ***(brivaracetam)***	2	
BRIVIACT TAB 75MG ***(brivaracetam)***	2	
BRIVIACT TAB 100MG ***(brivaracetam)***	2	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine chew tab 200 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Carbamazepine Tab 200 mg) EPITOL	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
(Lamotrigine Tab 25 mg) SUBVENITE	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
(Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit) SUBVENITE STARTER KIT/ORA	1	
lamotrigine tab 35 x 25 mg starter kit	1	
(Lamotrigine Tab 35 X 25 mg Starter Kit) SUBVENITE STARTER KIT/BLU	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
(Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit) SUBVENITE STARTER KIT/GRE	1	
lamotrigine tab 100 mg	1	
(Lamotrigine Tab 100 mg) SUBVENITE	1	
lamotrigine tab 150 mg	1	
(Lamotrigine Tab 150 mg) SUBVENITE	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lamotrigine tab 200 mg	1	
(Lamotrigine Tab 200 mg) SUBVENITE	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
(Levetiracetam Tab 500 mg) ROWEEPRA	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
oxcarbazepine tab er 24hr 150 mg	1	
oxcarbazepine tab er 24hr 300 mg	1	
oxcarbazepine tab er 24hr 600 mg	1	
pregabalin cap 25 mg	1	
pregabalin cap 50 mg	1	
pregabalin cap 75 mg	1	
pregabalin cap 100 mg	1	
pregabalin cap 150 mg	1	
pregabalin cap 200 mg	1	
pregabalin cap 225 mg	1	
pregabalin cap 300 mg	1	
pregabalin soln 20 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
primidone tab 50 mg	1	
primidone tab 250 mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
topiramate cap er 24hr 25 mg	1	
topiramate cap er 24hr 50 mg	1	
topiramate cap er 24hr 100 mg	1	
topiramate cap er 24hr 200 mg	1	
topiramate oral soln 25 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate sprinkle cap 50 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
XCOPRI PAK 12.5-25 ***(cenobamate)***	2	
XCOPRI PAK 50-100MG ***(cenobamate)***	2	
XCOPRI PAK 100-150 ***(cenobamate)***	2	
XCOPRI PAK 150-200 ***(cenobamate)***	2	
XCOPRI TAB 25MG ***(cenobamate)***	2	
XCOPRI TAB 50MG ***(cenobamate)***	2	
XCOPRI TAB 100MG ***(cenobamate)***	2	
XCOPRI TAB 150MG ***(cenobamate)***	2	
XCOPRI TAB 200MG ***(cenobamate)***	2	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	4	SP, PA, QL
(Vigabatrin Powd Pack 500 mg) VIGADRONE	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
vigabatrin tab 500 mg	4	SP, PA, QL
(Vigabatrin Tab 500 mg) VIGADRONE	4	SP, PA, QL
HYDANTOINS		
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
(Phenytoin Sodium Extended Cap 200 mg) PHENYTEK	1	
phenytoin sodium extended cap 300 mg	1	
(Phenytoin Sodium Extended Cap 300 mg) PHENYTEK	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
methsuximide cap 300 mg	1	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG ***(zuranolone)***	2	PA, QL
ZURZUVAE CAP 25MG ***(zuranolone)***	2	PA, QL
ZURZUVAE CAP 30MG ***(zuranolone)***	2	PA, QL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
sertraline hcl cap 150 mg	1	
sertraline hcl cap 200 mg	1	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG ***(vortioxetine hbr)***	2	ST
TRINTELLIX TAB 10MG ***(vortioxetine hbr)***	2	ST
TRINTELLIX TAB 20MG ***(vortioxetine hbr)***	2	ST
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS - DRUGS TO TREAT DIABETES		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	DM
acarbose tab 50 mg	1	DM
acarbose tab 100 mg	1	DM
miglitol tab 25 mg	1	DM
miglitol tab 50 mg	1	DM
miglitol tab 100 mg	1	DM
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	DM
glipizide-metformin hcl tab 2.5-500 mg	1	DM
glipizide-metformin hcl tab 5-500 mg	1	DM
glyburide-metformin tab 1.25-250 mg	1	DM
glyburide-metformin tab 2.5-500 mg	1	DM
glyburide-metformin tab 5-500 mg	1	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLYXAMBI TAB 10-5 MG ***(empagliflozin-linagliptin)***	2	DM
GLYXAMBI TAB 25-5 MG ***(empagliflozin-linagliptin)***	2	DM
JANUMET TAB 50-500MG ***(sitagliptin phosphate-metformin hcl)***	2	DM
JANUMET TAB 50-1000 ***(sitagliptin phosphate-metformin hcl)***	2	DM
JANUMET XR TAB 50-500MG ***(sitagliptin phosphate-metformin hcl)***	2	DM
JANUMET XR TAB 50-1000 ***(sitagliptin phosphate-metformin hcl)***	2	DM
JANUMET XR TAB 100-1000 ***(sitagliptin phosphate-metformin hcl)***	2	DM
pioglitazone hcl-glimepiride tab 30-2 mg	1	DM
pioglitazone hcl-glimepiride tab 30-4 mg	1	DM
pioglitazone hcl-metformin hcl tab 15-500 mg	1	DM
pioglitazone hcl-metformin hcl tab 15-850 mg	1	DM
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	DM
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	DM
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	DM
SOLIQUA INJ 100/33 ***(insulin glargine-lixisenatide)***	2	PA; DM
SYNJARDY TAB ***(empagliflozin-metformin hcl)***	2	DM
SYNJARDY TAB 5-500MG ***(empagliflozin-metformin hcl)***	2	DM
SYNJARDY TAB 5-1000MG ***(empagliflozin-metformin hcl)***	2	DM
SYNJARDY TAB 12.5-500 ***(empagliflozin-metformin hcl)***	2	DM
SYNJARDY XR TAB ***(empagliflozin-metformin hcl)***	2	DM
SYNJARDY XR TAB 5-1000MG ***(empagliflozin-metformin hcl)***	2	DM
SYNJARDY XR TAB 10-1000 ***(empagliflozin-metformin hcl)***	2	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNJARDY XR TAB 25-1000 ***(empagliflozin-metformin hcl)***	2	DM
TRIJARDY XR TAB ***(empagliflozin-linagliptin-metformin)***	2	DM
XIGDUO XR TAB 2.5-1000 ***(dapagliflozin propanediol-metformin hcl)***	2	DM
XIGDUO XR TAB 5-500MG ***(dapagliflozin propanediol-metformin hcl)***	2	DM
XIGDUO XR TAB 5-1000MG ***(dapagliflozin propanediol-metformin hcl)***	2	DM
XIGDUO XR TAB 10-500MG ***(dapagliflozin propanediol-metformin hcl)***	2	DM
XIGDUO XR TAB 10-1000 ***(dapagliflozin propanediol-metformin hcl)***	2	DM
XULTOPHY INJ 100/3.6 ***(insulin degludec-liraglutide)***	2	PA; DM
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	DM
metformin hcl tab 500 mg	1	DM
metformin hcl tab 850 mg	1	DM
metformin hcl tab 1000 mg	1	DM
metformin hcl tab er 24hr 500 mg	1	DM
metformin hcl tab er 24hr 750 mg	1	DM
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE ***(glucagon)***	2	DM
BAQSIMI TWO POW 3MG/DOSE ***(glucagon)***	2	DM
diazoxide susp 50 mg/ml	1	DM
glucagon (rdna) for inj kit 1 mg	1	DM
GVOKE HYPO 1 INJ 0.5/.1ML ***(glucagon)***	2	DM
GVOKE HYPO 1 INJ 1/0.2ML ***(glucagon)***	2	DM
GVOKE HYPO 2 INJ 0.5/.1ML ***(glucagon)***	2	DM
GVOKE HYPO 2 INJ 1/0.2ML ***(glucagon)***	2	DM
GVOKE KIT SOL 1/0.2ML ***(glucagon)***	2	DM
GVOKE PFS INJ 1/0.2ML ***(glucagon)***	2	DM
mifepristone tab 300 mg	4	PA, QL
ZEGALOGUE INJ 0.6/0.6 ***(dasiglucagon hcl)***	2	DM
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG ***(sitagliptin phosphate)***	2	DM
JANUVIA TAB 50MG ***(sitagliptin phosphate)***	2	DM
JANUVIA TAB 100MG ***(sitagliptin phosphate)***	2	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
saxagliptin hcl tab 2.5 mg (base equiv)	1	DM
saxagliptin hcl tab 5 mg (base equiv)	1	DM
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	PA; DM
MOUNJARO INJ 2.5/0.5 ***(tirzepatide)***	2	PA; DM
MOUNJARO INJ 5MG/0.5 ***(tirzepatide)***	2	PA; DM
MOUNJARO INJ 7.5/0.5 ***(tirzepatide)***	2	PA; DM
MOUNJARO INJ 10MG/0.5 ***(tirzepatide)***	2	PA; DM
MOUNJARO INJ 12.5/0.5 ***(tirzepatide)***	2	PA; DM
MOUNJARO INJ 15MG/0.5 ***(tirzepatide)***	2	PA; DM
OZEMPIC INJ 2MG/3ML ***(semaglutide)***	2	PA; DM
OZEMPIC INJ 4MG/3ML ***(semaglutide)***	2	PA; DM
OZEMPIC INJ 8MG/3ML ***(semaglutide)***	2	PA; DM
RYBELSUS TAB 3MG ***(semaglutide)***	2	PA; DM
RYBELSUS TAB 7MG ***(semaglutide)***	2	PA; DM
RYBELSUS TAB 14MG ***(semaglutide)***	2	PA; DM
TRULICITY INJ 0.75/0.5 ***(dulaglutide)***	2	PA; DM
TRULICITY INJ 1.5/0.5 ***(dulaglutide)***	2	PA; DM
TRULICITY INJ 3/0.5 ***(dulaglutide)***	2	PA; DM
TRULICITY INJ 4.5/0.5 ***(dulaglutide)***	2	PA; DM
INSULIN		
BASAGLAR INJ 100UNIT ***(insulin glargine)***	2	
FIASP FLEX INJ TOUCH ***(insulin aspart (with niacinamide))***	2	DM
FIASP INJ 100/ML ***(insulin aspart (with niacinamide))***	2	DM
FIASP PENFIL INJ U-100 ***(insulin aspart (with niacinamide))***	2	DM
HUMULIN R INJ U-500 ***(insulin regular (human))***	2	DM
NOVOLIN INJ 70/30 ***(insulin nph isophane & reg (human))***	2	DM
NOVOLIN INJ 70/30 FP ***(insulin nph isophane & reg (human))***	2	DM
NOVOLIN N INJ 100 UNIT ***(insulin nph (human) (isophane))***	2	DM
NOVOLIN N INJ U-100 ***(insulin nph (human) (isophane))***	2	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN R INJ 100 UNIT ***(insulin regular (human))***	2	DM
NOVOLIN R INJ U-100 ***(insulin regular (human))***	2	DM
NOVOLOG INJ 100/ML ***(insulin aspart)***	2	
NOVOLOG INJ FLEXPEN ***(insulin aspart)***	2	
NOVOLOG INJ PENFILL ***(insulin aspart)***	2	
NOVOLOG MIX INJ 70/30 ***(insulin aspart protamine & aspart (human))***	2	DM
NOVOLOG MIX INJ FLEXPEN ***(insulin aspart protamine & aspart (human))***	2	DM
TOUJEO MAX INJ 300/ML ***(insulin glargine)***	2	DM
TOUJEO SOLO INJ 300/ML ***(insulin glargine)***	2	DM
TRESIBA FLEX INJ 100UNIT ***(insulin degludec)***	2	DM
TRESIBA FLEX INJ 200UNIT ***(insulin degludec)***	2	DM
TRESIBA INJ 100UNIT ***(insulin degludec)***	2	DM
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	DM
pioglitazone hcl tab 30 mg (base equiv)	1	DM
pioglitazone hcl tab 45 mg (base equiv)	1	DM
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	DM
nateglinide tab 120 mg	1	DM
repaglinide tab 0.5 mg	1	DM
repaglinide tab 1 mg	1	DM
repaglinide tab 2 mg	1	DM
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG ***(dapagliflozin propanediol)***	2	DM
FARXIGA TAB 10MG ***(dapagliflozin propanediol)***	2	DM
JARDIANCE TAB 10MG ***(empagliflozin)***	2	DM
JARDIANCE TAB 25MG ***(empagliflozin)***	2	DM
SULFONYLUREAS		
glimepiride tab 1 mg	1	DM
glimepiride tab 2 mg	1	DM
glimepiride tab 4 mg	1	DM
glipizide tab 5 mg	1	DM
glipizide tab 10 mg	1	DM
glipizide tab er 24hr 2.5 mg	1	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glipizide tab er 24hr 5 mg	1	DM
glipizide tab er 24hr 10 mg	1	DM
glyburide micronized tab 1.5 mg	1	DM
glyburide micronized tab 3 mg	1	DM
glyburide micronized tab 6 mg	1	DM
glyburide tab 1.25 mg	1	DM
glyburide tab 2.5 mg	1	DM
glyburide tab 5 mg	1	DM
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet 90 mg	4	SP, PA
deferasirox granules packet 180 mg	4	SP, PA
deferasirox granules packet 360 mg	4	SP, PA
deferasirox tab 90 mg	4	SP, PA
deferasirox tab 180 mg	4	SP, PA
deferasirox tab 360 mg	4	SP, PA
deferasirox tab for oral susp 125 mg	4	SP, PA
deferasirox tab for oral susp 250 mg	4	SP, PA
deferasirox tab for oral susp 500 mg	4	SP, PA
deferiprone tab 500 mg	4	SP, PA
deferiprone tab 1000 mg	4	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
VISTOGARD PAK 10GM ***(uridine triacetate (emergency treatment))***	2	QL
OPIOID ANTAGONISTS		
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	QL
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
VIVITROL INJ 380MG ***(naltrexone)***	0	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tab 1 mg	1	QL
ondansetron hcl oral soln 4 mg/5ml	1	QL
ondansetron hcl tab 4 mg	1	QL
ondansetron hcl tab 8 mg	1	QL
ondansetron hcl tab 24 mg	1	QL
ondansetron orally disintegrating tab 4 mg	1	QL
ondansetron orally disintegrating tab 8 mg	1	QL
SANCUSO DIS 3.1MG ***(granisetron)***	2	QL
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	QL
dronabinol cap 5 mg	1	QL
dronabinol cap 10 mg	1	QL
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL
aprepitant capsule 80 mg	1	QL
aprepitant capsule 125 mg	1	QL
aprepitant capsule therapy pack 80 & 125 mg	1	QL
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 165 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
posaconazole susp 40 mg/ml	1	PA
voriconazole for susp 40 mg/ml	1	PA
voriconazole tab 50 mg	1	PA
voriconazole tab 200 mg	1	PA
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate extended release susp 4 mg/5ml	1	
carbinoxamine maleate soln 4 mg/5ml	1	
(Carbinoxamine Maleate Soln 4 mg/5ml) CARBZAH	1	
carbinoxamine maleate tab 4 mg	1	
carbinoxamine maleate tab 6 mg	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
ANTIHISTAMINES - NON-SEDATING		
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg	1	
(Promethazine Hcl Suppos 12.5 mg) PROMETHEGAN	1	
promethazine hcl suppos 25 mg	1	
(Promethazine Hcl Suppos 25 mg) PROMETHEGAN	1	
(Promethazine Hcl Suppos 50 mg) PROMETHEGAN	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG ***(bempedoic acid)***	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG ***(bempedoic acid-ezetimibe)***	2	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM ***(icosapent ethyl)***	2	
VASCEPA CAP 1GM ***(icosapent ethyl)***	2	
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
(Cholestyramine Light Powder 4 gm/dose) PREVALITE	1	
cholestyramine light powder packets 4 gm	1	
(Cholestyramine Light Powder Packets 4 gm) PREVALITE	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
gemfibrozil tab 600 mg	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	1	AGE
atorvastatin calcium tab 20 mg (base equivalent)	1	AGE
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	AGE; PC
fluvastatin sodium cap 40 mg (base equivalent)	0	AGE; PC
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	AGE; PC
lovastatin tab 10 mg	0	AGE; PC
lovastatin tab 20 mg	0	AGE; PC
lovastatin tab 40 mg	0	AGE; PC
pitavastatin calcium tab 1 mg	1	AGE
pitavastatin calcium tab 2 mg	1	AGE
pitavastatin calcium tab 4 mg	1	AGE
pravastatin sodium tab 10 mg	1	AGE
pravastatin sodium tab 20 mg	1	AGE
pravastatin sodium tab 40 mg	1	AGE
pravastatin sodium tab 80 mg	1	AGE
rosuvastatin calcium tab 5 mg	1	AGE
rosuvastatin calcium tab 10 mg	1	AGE
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	AGE; PC
simvastatin tab 10 mg	0	AGE; PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
simvastatin tab 20 mg	0	AGE; PC
simvastatin tab 40 mg	0	AGE; PC
simvastatin tab 80 mg	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML ***(evolocumab)***	2	QL
REPATHA PUSH INJ 420/3.5 ***(evolocumab)***	2	QL
REPATHA SURE INJ 140MG/ML ***(evolocumab)***	2	QL
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACE INHIBITORS		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap 250 mg	4	PA, QL
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan oral soln 4 mg/ml	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine tab er 24hr 0.17 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
VASODILATORS		
hydralazine hcl tab 10 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	QL
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
hydroxychloroquine sulfate tab 300 mg	1	
hydroxychloroquine sulfate tab 400 mg	1	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
pyrimethamine tab 25 mg	1	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
rifampin cap 300 mg	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide cap 25 mg	1	OAC
cyclophosphamide cap 50 mg	1	OAC
temozolomide cap 5 mg	4	SP, PA; OAC
temozolomide cap 20 mg	4	SP, PA; OAC
temozolomide cap 100 mg	4	SP, PA; OAC
temozolomide cap 140 mg	4	SP, PA; OAC
temozolomide cap 180 mg	4	SP, PA; OAC
temozolomide cap 250 mg	4	SP, PA; OAC
ANTIMETABOLITES		
capecitabine tab 150 mg	4	SP, PA; OAC
capecitabine tab 500 mg	4	SP, PA; OAC
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	SP, PA; OAC
mercaptopurine tab 50 mg	1	OAC
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	OAC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG ***(axitinib)***	4	SP, PA, QL; OAC
INLYTA TAB 5MG ***(axitinib)***	4	SP, PA, QL; OAC
LENVIMA CAP 4MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC
LENVIMA CAP 8 MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC
LENVIMA CAP 10 MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC
LENVIMA CAP 12MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC
LENVIMA CAP 14 MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC
LENVIMA CAP 18 MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC
LENVIMA CAP 20 MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC
LENVIMA CAP 24 MG ***(lenvatinib mesylate)***	4	SP, PA, QL; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	4	SP, PA, QL; OAC
erlotinib hcl tab 100 mg (base equivalent)	4	SP, PA, QL; OAC
erlotinib hcl tab 150 mg (base equivalent)	4	SP, PA, QL; OAC
gefitinib tab 250 mg	4	SP, PA, QL; OAC
TAGRISSO TAB 40MG ***(osimertinib mesylate)***	4	SP, PA, QL; OAC
TAGRISSO TAB 80MG ***(osimertinib mesylate)***	4	SP, PA, QL; OAC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG ***(vismodegib)***	4	SP, PA, QL; OAC
ODOMZO CAP 200MG ***(sonidegib phosphate)***	4	SP, PA, QL; OAC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	4	SP, PA, QL; OAC
(Abiraterone Acetate Tab 250 mg) ABIRTEGA	4	SP, PA, QL; OAC
abiraterone acetate tab 500 mg	4	SP, PA, QL; OAC
anastrozole tab 1 mg	0	AGE; OAC, PC
bicalutamide tab 50 mg	1	OAC
ERLEADA TAB 60MG ***(apalutamide)***	4	SP, PA, QL; OAC
ERLEADA TAB 240MG ***(apalutamide)***	4	SP, PA, QL; OAC
exemestane tab 25 mg	0	AGE; OAC, PC
letrozole tab 2.5 mg	1	OAC
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	SP, PA
megestrol acetate susp 40 mg/ml	1	OAC
megestrol acetate tab 20 mg	1	OAC
megestrol acetate tab 40 mg	1	OAC
nilutamide tab 150 mg	1	OAC
NUBEQA TAB 300MG ***(darolutamide)***	4	SP, PA, QL; OAC
tamoxifen citrate tab 10 mg (base equivalent)	0	AGE; OAC, PC
tamoxifen citrate tab 20 mg (base equivalent)	0	AGE; OAC, PC
toremifene citrate tab 60 mg (base equivalent)	1	OAC
XTANDI CAP 40MG ***(enzalutamide)***	4	SP, PA, QL; OAC
XTANDI TAB 40MG ***(enzalutamide)***	4	SP, PA, QL; OAC
XTANDI TAB 80MG ***(enzalutamide)***	4	SP, PA, QL; OAC
YONSA TAB 125MG ***(abiraterone acetate micronized)***	4	SP, PA, QL; OAC
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB 15-6.14 ***(trifluridine-tipiracil)***	4	SP, PA, QL; OAC
LONSURF TAB 20-8.19 ***(trifluridine-tipiracil)***	4	SP, PA, QL; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG ***(alectinib hcl)***	4	SP, PA, QL; OAC
ALUNBRIG PAK ***(brigatinib)***	2	SP, PA, QL; OAC
ALUNBRIG TAB 30MG ***(brigatinib)***	2	SP, PA, QL; OAC
ALUNBRIG TAB 90MG ***(brigatinib)***	2	SP, PA, QL; OAC
ALUNBRIG TAB 180MG ***(brigatinib)***	2	SP, PA, QL; OAC
AUGTYRO CAP 40MG ***(repotrectinib)***	4	SP, PA, QL; OAC
AUGTYRO CAP 160MG ***(repotrectinib)***	4	SP, PA, QL; OAC
BOSULIF CAP 50MG ***(bosutinib)***	4	SP, PA, QL; OAC
BOSULIF CAP 100MG ***(bosutinib)***	4	SP, PA, QL; OAC
BOSULIF TAB 100MG ***(bosutinib)***	4	SP, PA, QL; OAC
BOSULIF TAB 400MG ***(bosutinib)***	4	SP, PA, QL; OAC
BOSULIF TAB 500MG ***(bosutinib)***	4	SP, PA, QL; OAC
BRAFTOVI CAP 75MG ***(encorafenib)***	4	SP, PA, QL; OAC
BRUKINSA CAP 80MG ***(zanubrutinib)***	2	SP, PA, QL; OAC
CABOMETYX TAB 20MG ***(cabozantinib s-malate)***	4	SP, PA, QL; OAC
CABOMETYX TAB 40MG ***(cabozantinib s-malate)***	4	SP, PA, QL; OAC
CABOMETYX TAB 60MG ***(cabozantinib s-malate)***	4	SP, PA, QL; OAC
CALQUENCE TAB 100MG ***(acalabrutinib maleate)***	2	SP, PA, QL; OAC
COPIKTRA CAP 15MG ***(duvelisib)***	4	SP, PA, QL; OAC
COPIKTRA CAP 25MG ***(duvelisib)***	4	SP, PA, QL; OAC
dasatinib tab 20 mg	4	SP, PA, QL; OAC
dasatinib tab 50 mg	4	SP, PA, QL; OAC
dasatinib tab 70 mg	4	SP, PA, QL; OAC
dasatinib tab 80 mg	4	SP, PA, QL; OAC
dasatinib tab 100 mg	4	SP, PA, QL; OAC
dasatinib tab 140 mg	4	SP, PA, QL; OAC
everolimus tab 2.5 mg	4	SP, PA, QL; OAC
everolimus tab 5 mg	4	SP, PA, QL; OAC
everolimus tab 7.5 mg	4	SP, PA, QL; OAC
everolimus tab 10 mg	4	SP, PA, QL; OAC
everolimus tab for oral susp 2 mg	4	SP, PA, QL; OAC
everolimus tab for oral susp 3 mg	4	SP, PA, QL; OAC
everolimus tab for oral susp 5 mg	4	SP, PA, QL; OAC
GAVRETO CAP 100MG ***(pralsetinib)***	4	SP, PA, QL
GOMEKLI CAP 1MG ***(mirdametinib)***	2	PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GOMEKLI CAP 2MG ***(mirdametinib)***	2	PA, QL
GOMEKLI TAB 1MG ***(mirdametinib)***	2	PA, QL
IBRANCE CAP 75MG ***(palbociclib)***	4	SP, PA, QL; OAC
IBRANCE CAP 100MG ***(palbociclib)***	4	SP, PA, QL; OAC
IBRANCE CAP 125MG ***(palbociclib)***	4	SP, PA, QL; OAC
IBRANCE TAB 75MG ***(palbociclib)***	4	SP, PA, QL; OAC
IBRANCE TAB 100MG ***(palbociclib)***	4	SP, PA, QL; OAC
IBRANCE TAB 125MG ***(palbociclib)***	4	SP, PA, QL; OAC
imatinib mesylate tab 100 mg (base equivalent)	4	SP, PA, QL; OAC
imatinib mesylate tab 400 mg (base equivalent)	4	SP, PA, QL; OAC
KISQALI TAB 200DOSE ***(ribociclib succinate)***	4	SP, PA, QL; OAC
KISQALI TAB 400DOSE ***(ribociclib succinate)***	4	SP, PA, QL; OAC
KISQALI TAB 600DOSE ***(ribociclib succinate)***	4	SP, PA, QL; OAC
KOSELUGO CAP 10MG ***(selumetinib sulfate)***	2	SP, PA, QL; OAC
KOSELUGO CAP 25MG ***(selumetinib sulfate)***	2	SP, PA, QL; OAC
KRAZATI TAB 200MG ***(adagrasib)***	2	SP, PA, QL; OAC
lapatinib ditosylate tab 250 mg (base equiv)	4	SP, PA, QL; OAC
LUMAKRAS TAB 120MG ***(sotorasib)***	4	SP, PA, QL; OAC
LUMAKRAS TAB 240MG ***(sotorasib)***	4	SP, PA, QL; OAC
LUMAKRAS TAB 320MG ***(sotorasib)***	4	SP, PA, QL; OAC
LYNPARZA TAB 100MG ***(olaparib)***	4	SP, PA, QL; OAC
LYNPARZA TAB 150MG ***(olaparib)***	4	SP, PA, QL; OAC
MEKINIST SOL 0.05/ML ***(trametinib dimethyl sulfoxide)***	4	SP, PA, QL
MEKINIST TAB 0.5MG ***(trametinib dimethyl sulfoxide)***	4	SP, PA, QL
MEKINIST TAB 2MG ***(trametinib dimethyl sulfoxide)***	4	SP, PA, QL
MEKTOVI TAB 15MG ***(binimetinib)***	4	SP, PA, QL; OAC
nilotinib hcl cap 50 mg (base equivalent)	4	SP, PA, QL
nilotinib hcl cap 150 mg (base equivalent)	4	SP, PA, QL
nilotinib hcl cap 200 mg (base equivalent)	4	SP, PA, QL
NINLARO CAP 2.3MG ***(ixazomib citrate)***	4	SP, PA, QL; OAC
NINLARO CAP 3MG ***(ixazomib citrate)***	4	SP, PA, QL; OAC
NINLARO CAP 4MG ***(ixazomib citrate)***	4	SP, PA, QL; OAC
pazopanib hcl tab 200 mg (base equiv)	4	SP, PA, QL; OAC
PIQRAY 200MG TAB DOSE ***(alpelisib)***	4	SP, PA, QL
PIQRAY 250MG TAB DOSE ***(alpelisib)***	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PIQRAY 300MG TAB DOSE ***(alpelisib)***	4	SP, PA, QL
RETEVMO TAB 40MG ***(selpercatinib)***	4	SP, PA, QL; OAC
RETEVMO TAB 80MG ***(selpercatinib)***	4	SP, PA, QL; OAC
RETEVMO TAB 120MG ***(selpercatinib)***	4	SP, PA, QL; OAC
RETEVMO TAB 160MG ***(selpercatinib)***	4	SP, PA, QL; OAC
ROZLYTREK CAP 100MG ***(entrectinib)***	4	SP, PA, QL; OAC
ROZLYTREK CAP 200MG ***(entrectinib)***	4	SP, PA, QL; OAC
ROZLYTREK PAK 50MG ***(entrectinib)***	4	SP, PA, QL; OAC
RYDAPT CAP 25MG ***(midostaurin)***	4	SP, PA, QL; OAC
SCEMBLIX TAB 20MG ***(asciminib hcl)***	4	SP, PA, QL; OAC
SCEMBLIX TAB 40MG ***(asciminib hcl)***	4	SP, PA, QL; OAC
SCEMBLIX TAB 100MG ***(asciminib hcl)***	4	SP, PA, QL; OAC
sorafenib tosylate tab 200 mg (base equivalent)	4	SP, PA, QL; OAC
STIVARGA TAB 40MG ***(regorafenib)***	2	SP, PA, QL; OAC
sunitinib malate cap 12.5 mg (base equivalent)	4	SP, PA, QL; OAC
sunitinib malate cap 25 mg (base equivalent)	4	SP, PA, QL; OAC
sunitinib malate cap 37.5 mg (base equivalent)	4	SP, PA, QL; OAC
sunitinib malate cap 50 mg (base equivalent)	4	SP, PA, QL; OAC
TAFINLAR CAP 50MG ***(dabrafenib mesylate)***	4	SP, PA, QL
TAFINLAR CAP 75MG ***(dabrafenib mesylate)***	4	SP, PA, QL
TAFINLAR TAB 10MG ***(dabrafenib mesylate)***	4	SP, PA, QL
TRUQAP PAK 160MG ***(capivasertib)***	4	SP, PA, QL
TRUQAP PAK 200MG ***(capivasertib)***	4	SP, PA, QL
TRUQAP TAB 200MG ***(capivasertib)***	4	SP, PA, QL
VITRAKVI CAP 25MG ***(larotrectinib sulfate)***	4	SP, PA, QL; OAC
VITRAKVI CAP 100MG ***(larotrectinib sulfate)***	4	SP, PA, QL; OAC
VITRAKVI SOL 20MG/ML ***(larotrectinib sulfate)***	4	SP, PA, QL; OAC
XOSPATA TAB 40MG ***(gilteritinib fumarate)***	4	SP, PA, QL; OAC
ZEJULA TAB 100MG ***(niraparib tosylate)***	4	SP, PA, QL; OAC
ZEJULA TAB 200MG ***(niraparib tosylate)***	4	SP, PA, QL; OAC
ZEJULA TAB 300MG ***(niraparib tosylate)***	4	SP, PA, QL; OAC
ZYDELIG TAB 100MG ***(idelalisib)***	4	SP, PA, QL; OAC
ZYDELIG TAB 150MG ***(idelalisib)***	4	SP, PA, QL; OAC
ZYKADIA TAB 150MG ***(ceritinib)***	4	SP, PA, QL; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTICS MISC.		
BESREMI SOL 500MCG ***(ropeginterferon alfa-2b-njft)***	2	SP, PA, QL
bexarotene cap 75 mg	4	SP, PA; OAC
hydroxyurea cap 500 mg	1	OAC
tretinoin cap 10 mg	1	OAC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	1	OAC
leucovorin calcium tab 10 mg	1	OAC
leucovorin calcium tab 15 mg	1	OAC
leucovorin calcium tab 25 mg	1	OAC
mesna tab 400 mg	1	OAC
MITOTIC INHIBITORS		
etoposide cap 50 mg	1	OAC
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	1	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
apomorphine hcl soln cartridge 30 mg/3ml	4	SP, PA, QL
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CREXONT CAP 35-140MG ***(carbidopa-levodopa)***	2	
CREXONT CAP 52.5-210 ***(carbidopa-levodopa)***	2	
CREXONT CAP 70-280MG ***(carbidopa-levodopa)***	2	
CREXONT CAP 87.5-350 ***(carbidopa-levodopa)***	2	
DHIVY TAB 25-100MG ***(carbidopa-levodopa)***	3	
INBRIJA CAP 42MG ***(levodopa)***	2	PA, QL
NEUPRO DIS 1MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 2MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 3MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 4MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 6MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 8MG/24HR ***(rotigotine)***	2	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG ***(carbidopa-levodopa)***	2	
RYTARY CAP 145MG ***(carbidopa-levodopa)***	2	
RYTARY CAP 195MG ***(carbidopa-levodopa)***	2	
RYTARY CAP 245MG ***(carbidopa-levodopa)***	2	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
selegiline hcl tab 5 mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
VRAYLAR CAP 1.5MG ***(cariprazine hcl)***	2	ST
VRAYLAR CAP 3MG ***(cariprazine hcl)***	2	ST
VRAYLAR CAP 4.5MG ***(cariprazine hcl)***	2	ST
VRAYLAR CAP 6MG ***(cariprazine hcl)***	2	ST
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
BENZISOXAZOLES		
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG ***(risperidone)***	0	PA
PERSERIS INJ 120MG ***(risperidone)***	0	PA
risperidone microspheres for im extended rel susp 12.5 mg	0	PA
risperidone microspheres for im extended rel susp 25 mg	0	PA
risperidone microspheres for im extended rel susp 37.5 mg	0	PA
risperidone microspheres for im extended rel susp 50 mg	0	PA
risperidone orally disintegrating tab 0.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
BUTYROPHENONES		
haloperidol decanoate im soln 50 mg/ml	0	PA
haloperidol decanoate im soln 100 mg/ml	0	PA
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine orally disintegrating tab 5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 150 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	0	PA
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
(Prochlorperazine Suppos 25 mg) COMPRO	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIM INJ 720MG ***(aripiprazole)***	2	PA
ABILIFY ASIM INJ 960MG ***(aripiprazole)***	2	PA
ABILIFY MAIN INJ 300MG ***(aripiprazole)***	0	PA
ABILIFY MAIN INJ 400MG ***(aripiprazole)***	0	PA
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
formaldehyde solution 10%	1	
hydrogen peroxide soln 30%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	SP, QL
abacavir sulfate tab 300 mg (base equiv)	1	SP, QL
abacavir sulfate-lamivudine tab 600-300 mg	1	SP, QL
atazanavir sulfate cap 150 mg (base equiv)	1	SP, QL
atazanavir sulfate cap 200 mg (base equiv)	1	SP, QL
atazanavir sulfate cap 300 mg (base equiv)	1	SP, QL
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	2	SP, QL
CIMDUO TAB 300-300 ***(lamivudine-tenofovir disoproxil fumarate)***	2	SP, QL
darunavir tab 600 mg	1	SP, ST, PA, QL; PA**
darunavir tab 800 mg	1	SP, ST, PA, QL; PA**
DESCOVY TAB 120-15MG ***(emtricitabine-tenofovir alafenamide fumarate)***	0	SP, QL; PC
DESCOVY TAB 200/25MG ***(emtricitabine-tenofovir alafenamide fumarate)***	0	SP, QL; PC
DOVATO TAB 50-300MG ***(dolutegravir sodium-lamivudine)***	2	SP, QL
efavirenz tab 600 mg	1	SP, QL
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	SP, QL
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	SP, QL
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	SP, QL
emtricitabine caps 200 mg	1	SP, QL
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	SP, QL; PC
etravirine tab 100 mg	1	SP, QL
etravirine tab 200 mg	1	SP, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fosamprenavir calcium tab 700 mg (base equiv)	1	SP, QL
GENVOYA TAB ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	2	SP, QL
ISENTRESS CHW 25MG ***(raltegravir potassium)***	2	SP, QL
ISENTRESS CHW 100MG ***(raltegravir potassium)***	2	SP, QL
ISENTRESS HD TAB 600MG ***(raltegravir potassium)***	2	SP, QL
ISENTRESS POW 100MG ***(raltegravir potassium)***	2	SP, QL
ISENTRESS TAB 400MG ***(raltegravir potassium)***	2	SP, QL
lamivudine oral soln 10 mg/ml	1	SP, QL
lamivudine tab 150 mg	1	SP, QL
lamivudine tab 300 mg	1	SP, QL
lamivudine-zidovudine tab 150-300 mg	1	SP, QL
lopinavir-ritonavir tab 100-25 mg	1	SP, QL
lopinavir-ritonavir tab 200-50 mg	1	SP, QL
maraviroc tab 150 mg	1	SP, QL
maraviroc tab 300 mg	1	SP, QL
nevirapine susp 50 mg/5ml	1	SP, QL
nevirapine tab 200 mg	1	SP, QL
nevirapine tab er 24hr 400 mg	1	SP, QL
ODEFSEY TAB ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	2	SP, QL
ritonavir tab 100 mg	1	SP, QL
SYMTUZA TAB ***(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)***	2	SP, QL
tenofovir disoproxil fumarate tab 300 mg	1	SP, QL
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	2	SP, QL
TIVICAY TAB 50MG ***(dolutegravir sodium)***	2	SP, QL
TRIUMEQ PD TAB ***(abacavir-dolutegravir-lamivudine)***	2	SP, QL
TRIUMEQ TAB ***(abacavir-dolutegravir-lamivudine)***	2	SP, QL
zidovudine cap 100 mg	1	SP, QL
zidovudine syrup 10 mg/ml	1	SP, QL
zidovudine tab 300 mg	1	SP, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK ***(nirmatrelvir-ritonavir)***	2	SP
PAXLOVID TAB 150-100 ***(nirmatrelvir-ritonavir)***	2	SP
PAXLOVID TAB 300-100 ***(nirmatrelvir-ritonavir)***	2	SP
CMV AGENTS		
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL
valganciclovir hcl tab 450 mg (base equivalent)	1	QL
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	SP
entecavir tab 0.5 mg	1	SP, QL
entecavir tab 1 mg	1	SP, QL
EPCLUSA PAK 150-37.5 ***(sofosbuvir-velpatasvir)***	4	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG ***(sofosbuvir-velpatasvir)***	4	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG ***(sofosbuvir-velpatasvir)***	4	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100 ***(sofosbuvir-velpatasvir)***	4	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL; For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL; For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL; For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL; For genotypes 1, 4, 5, 6
lamivudine tab 100 mg (hbv)	1	SP
ribavirin cap 200 mg	1	SP, PA
ribavirin tab 200 mg	1	SP, PA
VEMLIDY TAB 25MG ***(tenofovir alafenamide fumarate)***	2	SP, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VOSEVI TAB ***(sofosbuvir-velpatasvir-voxilaprevir)***	4	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL
oseltamivir phosphate cap 45 mg (base equiv)	1	QL
oseltamivir phosphate cap 75 mg (base equiv)	1	QL
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL
RELENZA MIS DISKHALE ***(zanamivir)***	2	QL
rimantadine hydrochloride tab 100 mg	1	
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	QL
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	QL
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
(Diltiazem Hcl Cap Er 24hr 120 mg) DILT-XR	1	
diltiazem hcl cap er 24hr 180 mg	1	
(Diltiazem Hcl Cap Er 24hr 180 mg) DILT-XR	1	
diltiazem hcl cap er 24hr 240 mg	1	
(Diltiazem Hcl Cap Er 24hr 240 mg) DILT-XR	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg) CARTIA XT	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl coated beads cap er 24hr 180 mg	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg) CARTIA XT	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg) CARTIA XT	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg) CARTIA XT	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TIADYLT ER	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TIADYLT ER	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TIADYLT ER	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TIADYLT ER	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TIADYLT ER	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg) TIADYLT ER	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nimodipine oral soln 60 mg/20ml (3 mg/ml)	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
ENTRESTO CAP 6-6MG ***(sacubitril-valsartan)***	2	
ENTRESTO CAP 15-16MG ***(sacubitril-valsartan)***	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
OPSYNVI TAB 10-20MG ***(macitentan-tadalafil)***	4	SP, PA, QL
OPSYNVI TAB 10-40MG ***(macitentan-tadalafil)***	4	SP, PA, QL
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sacubitril-valsartan tab 97-103 mg	1	
IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION		
avanafil tab 50 mg	1	QL
avanafil tab 100 mg	1	QL
avanafil tab 200 mg	1	QL
sildenafil citrate tab 25 mg	1	QL
sildenafil citrate tab 50 mg	1	QL
sildenafil citrate tab 100 mg	1	QL
tadalafil tab 2.5 mg	1	ST, PA, QL; PA**
tadalafil tab 5 mg	1	ST, PA, QL; PA**
tadalafil tab 10 mg	1	QL
tadalafil tab 20 mg	1	QL
vardenafil hcl orally disintegrating tab 10 mg	1	QL
vardenafil hcl tab 2.5 mg	1	QL
vardenafil hcl tab 5 mg	1	QL
vardenafil hcl tab 10 mg	1	QL
vardenafil hcl tab 20 mg	1	QL
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB 0.125MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB 1MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB 2.5MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB 5MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB MONTH 1 ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB MONTH 2 ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB MONTH 3 ***(treprostinil diolamine)***	4	SP, PA
TYVASO DPI POW 16-32-48 ***(treprostinil)***	2	SP, PA, QL
TYVASO DPI POW 16MCG ***(treprostinil)***	2	SP, PA, QL
TYVASO DPI POW 32MCG ***(treprostinil)***	2	SP, PA, QL
TYVASO DPI POW 48MCG ***(treprostinil)***	2	SP, PA, QL
TYVASO DPI POW 64MCG ***(treprostinil)***	2	SP, PA, QL
TYVASO RF KT SOL 0.6MG/ML ***(treprostinil)***	2	SP, PA, QL
TYVASO SOL 0.6MG/ML ***(treprostinil)***	2	SP, PA, QL
TYVASO ST KT SOL 0.6MG/ML ***(treprostinil)***	2	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	4	SP, PA, QL
ambrisentan tab 10 mg	4	SP, PA, QL
bosentan tab 62.5 mg	4	SP, PA, QL
bosentan tab 125 mg	4	SP, PA, QL
OPSUMIT TAB 10MG ***(macitentan)***	4	SP, PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	4	SP, PA, QL
sildenafil citrate tab 20 mg	4	SP, PA, QL
tadalafil tab 20 mg (pah)	4	SP, PA, QL
(Tadalafil Tab 20 mg (Pah)) ALYQ	4	SP, PA, QL
TADLIQ SUS 20MG/5ML ***(tadalafil (pulmonary hypertension))***	2	SP, PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800 ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 200MCG ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 400MCG ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 600MCG ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 800MCG ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 1000MCG ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 1200MCG ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 1400MCG ***(selexipag)***	4	SP, PA, QL
UPTRAVI TAB 1600MCG ***(selexipag)***	4	SP, PA, QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG ***(riociguat)***	4	SP, PA, QL
ADEMPAS TAB 1.5MG ***(riociguat)***	4	SP, PA, QL
ADEMPAS TAB 1MG ***(riociguat)***	4	SP, PA, QL
ADEMPAS TAB 2.5MG ***(riociguat)***	4	SP, PA, QL
ADEMPAS TAB 2MG ***(riociguat)***	4	SP, PA, QL
SINUS NODE INHIBITORS		
ivabradine hcl tab 5 mg (base equiv)	1	
ivabradine hcl tab 7.5 mg (base equiv)	1	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG ***(vericiguat)***	2	
VERQUVO TAB 5MG ***(vericiguat)***	2	
VERQUVO TAB 10MG ***(vericiguat)***	2	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 250 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) AZURETTE	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) KARIVA	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) PIMTREA	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) SIMLIYA	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VIORELE	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VOLNEA	0	CM, PC
(Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg) VELIVET	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) APRI	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED EQ	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ENSKYCE	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ISIBLOOM	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) JULEBER	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KALLIGA	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) RECLIPSEN	0	CM, PC
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	CM, PC
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	CM, PC
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LO-ZUMANDIMINE	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LORYNA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) NIKKI	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) VESTURA	0	CM, PC
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) OCELLA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) SYEDA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) ZUMANDIMINE	0	CM, PC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	CM, PC
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) KELNOR 1/35	0	CM, PC
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) ZOVIA 1/35	0	CM, PC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	CM, PC
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg) KELNOR 1/50	0	CM, PC
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg) VALTYA 1/50	0	CM, PC
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	CM, PC
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg &eth Est 0.01 mg) RIVELSA	0	CM, PC
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg &eth Est 0.01 mg) ROSYRAH	0	CM, PC
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	CM, PC
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE LO	0	CM, PC
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) LOJAIMIESS	0	CM, PC
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) ASHLYNA	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) DAYSEE	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) JAIMIESS	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) SIMPESSE	0	CM, PC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) ICLEVIA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) INTROVALE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) JOLESSA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) SETLAKIN	0	CM, PC
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AFIRMELLE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AUBRA EQ	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AVIANE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) DELYLA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) FALMINA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LESSINA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LUTERA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) SRONYX	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) VIENVA	0	CM, PC
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ALTAVERA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) AYUNA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL EQ	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KURVELO	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) LEVORA 0.15/30-28	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) MARLISSA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) PORTIA-28	0	CM, PC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	CM, PC
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) ENPRESSE-28	0	CM, PC
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) LEVONEST	0	CM, PC
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) AMETHYST	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) DOLISHALE	0	CM, PC
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)) JOYEAUX	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)) MINZOYA	0	CM, PC
LO LOESTRIN TAB 1-10-10 ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	0	CM, PC
NATAZIA TAB ***(estradiol valerate-dienogest)***	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BALZIVA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BRIELLYN	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) PHILITH	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) VYFEMLA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NECON 0.5/35-28	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NORTREL 0.5/35 (28)	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) WERA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) ALYACEN 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) DASETTA 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NORTREL 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NYLIA 1/35	0	CM, PC
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg) WYMZYA FE	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg) XELRIA FE	0	CM, PC
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) GALBRIELA	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) KAITLIB FE	0	CM, PC
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	CM, PC
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TILIA FE	0	CM, PC
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TRI-LEGEST FE	0	CM, PC
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) XARAH FE	0	CM, PC
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) AUROVELA 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) JUNEL 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LARIN 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LOESTRIN 1/20-21	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) MICROGESTIN 1/20	0	CM, PC
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) AUROVELA 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) HAILEY 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) JUNEL 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LARIN 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LOESTRIN 1.5/30-21	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) MICROGESTIN 1.5/30	0	CM, PC
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) AUROVELA FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) BLISOVI FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) FEIRZA 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) HAILEY FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) JUNEL FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LARIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LOESTRIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) MICROGESTIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) TARINA FE 1/20 EQ	0	CM, PC
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) AUROVELA FE 1.5/30	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) BLISOVI FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) FEIRZA 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) HAILEY FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) JUNEL FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LARIN FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LOESTRIN FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) MICROGESTIN FE 1.5/30	0	CM, PC
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) CHARLOTTE 24 FE	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) FINZALA	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) MIBELAS 24 FE	0	CM, PC
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) GEMMILY	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) MERZEE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) TAYSOFY	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) AUROVELA 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) BLISOVI 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) HAILEY 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) JUNEL FE 24	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) LARIN 24 FE	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) TARINA 24 FE	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) ALYACEN 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) DASETTA 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NORTREL 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NYLIA 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) ARANELLE	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) LEENA	0	CM, PC
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) ESTARYLLA	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MILI	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MONO-LINYAH	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) SPRINTEC 28	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) VYLIBRA	0	CM, PC
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-ESTARYLLA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MARZIA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MILI	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-SPRINTEC	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-VYLIBRA LO	0	CM, PC
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-ESTARYLLA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-LINYAH	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-MILI	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-SPRINTEC	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-VYLIBRA	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) CRYSELLE-28	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) ELINEST	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) LOW-OGESTREL	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) TURQOZ	0	CM, PC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	CM, PC
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) XULANE	0	CM, PC
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) ZAFEMY	0	CM, PC
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS ***(segesterone acetate-ethinyl estradiol)***	0	QL; CM, PC
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL; CM, PC
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) ELURYNG	0	QL; CM, PC
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) ENILLORING	0	QL; CM, PC
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) HALOETTE	0	QL; CM, PC
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG ***(ulipristal acetate)***	0	CM, PC
levonorgestrel tab 1.5 mg	0	CM, PC
(Levonorgestrel Tab 1.5 mg) AFTERA	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorgestrel Tab 1.5 mg) AFTERPILL	0	CM, PC
(Levonorgestrel Tab 1.5 mg) ECONTRA EZ	0	CM, PC
(Levonorgestrel Tab 1.5 mg) ECONTRA ONE-STEP	0	CM, PC
(Levonorgestrel Tab 1.5 mg) MY CHOICE	0	CM, PC
(Levonorgestrel Tab 1.5 mg) MY WAY	0	CM, PC
(Levonorgestrel Tab 1.5 mg) NEW DAY	0	CM, PC
(Levonorgestrel Tab 1.5 mg) OPCICON ONE-STEP	0	CM, PC
(Levonorgestrel Tab 1.5 mg) OPTION 2	0	CM, PC
(Levonorgestrel Tab 1.5 mg) REACT	0	CM, PC
(Levonorgestrel Tab 1.5 mg) TAKE ACTION	0	CM, PC
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	CM, PC
(Norethindrone Tab 0.35 mg) CAMILA	0	CM, PC
(Norethindrone Tab 0.35 mg) DEBLITANE	0	CM, PC
(Norethindrone Tab 0.35 mg) EMZAHH	0	CM, PC
(Norethindrone Tab 0.35 mg) ERRIN	0	CM, PC
(Norethindrone Tab 0.35 mg) HEATHER	0	CM, PC
(Norethindrone Tab 0.35 mg) INCASSIA	0	CM, PC
(Norethindrone Tab 0.35 mg) JENCYCLA	0	CM, PC
(Norethindrone Tab 0.35 mg) LYLEQ	0	CM, PC
(Norethindrone Tab 0.35 mg) LYZA	0	CM, PC
(Norethindrone Tab 0.35 mg) MELEYA	1	CM, PC
(Norethindrone Tab 0.35 mg) NORA-BE	0	CM, PC
(Norethindrone Tab 0.35 mg) NORLYROC	0	CM, PC
(Norethindrone Tab 0.35 mg) ORQUIDEA	0	CM, PC
(Norethindrone Tab 0.35 mg) SHAROBEL	0	CM, PC
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
deflazacort susp 22.75 mg/ml	1	PA, QL
deflazacort tab 6 mg	4	PA, QL
deflazacort tab 18 mg	4	PA, QL
deflazacort tab 30 mg	4	PA, QL
deflazacort tab 36 mg	4	PA, QL
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
(Dexamethasone Tab Therapy Pack 1.5 mg (21)) HIDEX 6-DAY	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG ***(methylprednisolone)***	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	QL
prednisolone tab 5 mg	1	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
UCERIS TAB 9MG ***(budesonide)***	1	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS		
ANTITUSSIVES - DRUGS TO TREAT COUGH		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL
(Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 mg/5ml) HYDROMET	1	QL
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
EXPECTORANTS - DRUGS TO TREAT COUGH		
potassium iodide oral soln 1 gm/ml	1	
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
(Sodium Chloride Soln Nebu 3%) NEBUSAL	1	
sodium chloride soln nebu 7%	1	
(Sodium Chloride Soln Nebu 7%) PULMOSAL	1	
sodium chloride soln nebu 10%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MUCOLYTICS - DRUGS TO TREAT COUGH		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
adapalene cream 0.1%	1	
adapalene gel 0.3%	1	
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
AKLIEF CRE 0.005% ***(trifarotene)***	2	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
(Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%) NEUAC	1	
clindamycin phosphate foam 1%	1	
(Clindamycin Phosphate Foam 1%) CLINDACIN	1	
clindamycin phosphate gel 1% (twice-daily)	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN ETZ PLEDGETS	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN-P	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	AGE
dapsone gel 5%	1	
dapsone gel 7.5%	1	
erythromycin gel 2%	1	
(Erythromycin Pads 2%) ERY	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
erythromycin soln 2%	1	
isotretinoin cap 10 mg	1	
(Isotretinoin Cap 10 mg) ACCUTANE	1	
(Isotretinoin Cap 10 mg) AMNESTEEM	1	
(Isotretinoin Cap 10 mg) CLARAVIS	1	
(Isotretinoin Cap 10 mg) ZENATANE	1	
isotretinoin cap 20 mg	1	
(Isotretinoin Cap 20 mg) ACCUTANE	1	
(Isotretinoin Cap 20 mg) AMNESTEEM	1	
(Isotretinoin Cap 20 mg) CLARAVIS	1	
(Isotretinoin Cap 20 mg) ZENATANE	1	
isotretinoin cap 30 mg	1	
(Isotretinoin Cap 30 mg) ACCUTANE	1	
(Isotretinoin Cap 30 mg) AMNESTEEM	1	
(Isotretinoin Cap 30 mg) CLARAVIS	1	
(Isotretinoin Cap 30 mg) ZENATANE	1	
isotretinoin cap 40 mg	1	
(Isotretinoin Cap 40 mg) ACCUTANE	1	
(Isotretinoin Cap 40 mg) AMNESTEEM	1	
(Isotretinoin Cap 40 mg) CLARAVIS	1	
(Isotretinoin Cap 40 mg) ZENATANE	1	
sulfacetamide sodium lotion 10% (acne)	1	
(Sulfacetamide Sodium W/ Sulfur Emulsion 10-1%) SULFAMEZ WASH	1	
(Sulfacetamide Sodium W/ Sulfur Foam 10-5%) SSS 10-5	1	
tretinoin cream 0.1%	1	AGE
tretinoin cream 0.05%	1	AGE
tretinoin cream 0.025%	1	AGE
tretinoin gel 0.01%	1	AGE
tretinoin gel 0.05%	1	AGE
tretinoin gel 0.025%	1	AGE
tretinoin microsphere gel 0.1%	1	AGE
tretinoin microsphere gel 0.04%	1	AGE
tretinoin microsphere gel 0.08%	1	AGE
WINLEVI CRE 1% ***(clascoterone)***	2	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	PA
(Ciclopirox Solution 8%) CICLODAN	1	PA
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle Cream 1-1.9%) IODOQUIMEZ-HC	1	
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	
naftifine hcl cream 1%	1	
naftifine hcl cream 2%	1	
naftifine hcl gel 2%	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
(Nystatin Topical Powder 100000 unit/gm) KLAYESTA	1	
(Nystatin Topical Powder 100000 unit/gm) NYAMYC	1	
(Nystatin Topical Powder 100000 unit/gm) NYSTOP	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	1	
sulconazole nitrate cream 1%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sulconazole nitrate solution 1%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	4	SP, PA
diclofenac sodium (actinic keratoses) gel 3%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene oint 0.005%	1	
(Calcipotriene Oint 0.005%) CALCITRENE	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
COSENTYX INJ 75MG/0.5 ***(secukinumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX INJ 150MG/ML ***(secukinumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX INJ 300DOSE ***(secukinumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML ***(secukinumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COSENTYX PEN INJ 300DOSE ***(secukinumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML ***(secukinumab)***	4	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
methoxsalen rapid cap 10 mg	1	
PYZCHIVA INJ 45/0.5ML ***(ustekinumab-ttwe)***	4	SP, PA; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
PYZCHIVA INJ 90MG/ML ***(ustekinumab-ttwe)***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SKYRIZI INJ 150MG/ML ***(risankizumab-rzaa)***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML ***(risankizumab-rzaa)***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SOTYKTU TAB 6MG ***(deucravacitinib)***	4	SP, PA, QL
STELARA INJ 45/0.5ML ***(ustekinumab)***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA INJ 90MG/ML ***(ustekinumab)***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
tazarotene cream 0.1%	1	AGE
tazarotene cream 0.05%	1	AGE
tazarotene gel 0.1%	1	AGE

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tazarotene gel 0.05%	1	AGE
TREMFYA INJ 100MG/ML ***(guselkumab)***	4	SP, PA, QL; Preferred for Chron's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
TREMFYA INJ 200/2ML ***(guselkumab (gastrointestinal))***	4	SP, PA, QL; Preferred for Chron's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
VTAMA CRE 1% ***(tapinarof)***	2	
YESINTEK INJ 45/0.5ML ***(ustekinumab-kfce)***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
YESINTEK INJ 90MG/ML ***(ustekinumab-kfce)***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
penciclovir cream 1%	1	
BURN PRODUCTS		
silver sulfadiazine cream 1%	1	
(Silver Sulfadiazine Cream 1%) SSD	1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone valerate aerosol foam 0.12%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
BRYHALI LOT 0.01% ***(halobetasol propionate)***	2	
clobetasol propionate cream 0.05%	1	
clobetasol propionate cream 0.025%	1	
clobetasol propionate emollient base cream 0.05%	1	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate lotion 0.05%	1	
clobetasol propionate oint 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
(Clobetasol Propionate Shampoo 0.05%) CLODAN	1	
clobetasol propionate soln 0.05%	1	
desonide cream 0.05%	1	
desonide lotion 0.05%	1	
desonide oint 0.05%	1	
desoximetasone cream 0.05%	1	
desoximetasone cream 0.25%	1	
desoximetasone gel 0.05%	1	
desoximetasone oint 0.25%	1	
desoximetasone spray 0.25%	1	
ENSTILAR AER ***(calcipotriene-betamethasone dipropionate)***	2	
fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide cream 0.025%	1	
fluocinolone acetonide oil 0.01% (body oil)	1	
fluocinolone acetonide oil 0.01% (scalp oil)	1	
fluocinolone acetonide oint 0.025%	1	
fluocinolone acetonide soln 0.01%	1	
fluocinonide cream 0.05%	1	
fluocinonide emulsified base cream 0.05%	1	
fluocinonide gel 0.05%	1	
fluocinonide oint 0.05%	1	
fluocinonide soln 0.05%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	1	
fluticasone propionate oint 0.005%	1	
halcinonide soln 0.1%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 2.5%	1	
(Hydrocortisone Soln 2.5%) TEXACORT	1	
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	1	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.5%	1	
(Triamcinolone Acetonide Cream 0.5%) TRIDERM	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triamcinolone acetonide oint 0.025%	1	
ECZEMA AGENTS		
ADBRY INJ 150MG/ML ***(tralokinumab-ldrm)***	4	SP, PA, QL
ADBRY INJ 300/2ML ***(tralokinumab-ldrm)***	4	SP, PA, QL
CIBINQO TAB 50MG ***(abrocitinib)***	4	SP, PA, QL
CIBINQO TAB 100MG ***(abrocitinib)***	4	SP, PA, QL
CIBINQO TAB 200MG ***(abrocitinib)***	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUPIXENT INJ 200/1.14 ***(dupilumab)***	4	SP, PA, QL; Preferred for Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, Chronic Obstructive Pulmonary Disease, Eosinophilic Esophagitis, Prurigo Nodularis, Severe Asthma Agents
DUPIXENT INJ 200MG ***(dupilumab)***	4	SP, PA, QL; Preferred for Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, Chronic Obstructive Pulmonary Disease, Eosinophilic Esophagitis, Prurigo Nodularis, Severe Asthma Agents
DUPIXENT INJ 300/2ML ***(dupilumab)***	4	SP, PA, QL; Preferred for Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, Chronic Obstructive Pulmonary Disease, Eosinophilic Esophagitis, Prurigo Nodularis, Severe Asthma Agents
EBGLYSS INJ 250/2ML ***(lebrikizumab-lbkz)***	4	SP, PA, QL
OPZELURA CRE 1.5% ***(ruxolitinib phosphate (topical))***	2	
EMOLLIENT/KERATOLYTIC AGENTS		
(Urea Cream 39%) UREDEB	1	
urea cream 47%	1	
HAIR GROWTH AGENTS		
LITFULO CAP 50MG ***(ritlecitinib tosylate)***	4	SP, PA, QL
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG ***(nemolizumab-ilto)***	2	PA, QL
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	
imiquimod cream 5%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST, PA; PA**
tacrolimus oint 0.1%	1	ST, PA; PA**
tacrolimus oint 0.03%	1	ST, PA; PA**
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
salicylic acid foam 6%	1	
LOCAL ANESTHETICS - TOPICAL		
ethyl chloride aerosol spray	1	
lidocaine hcl soln 4%	1	QL
lidocaine hcl urethral/mucosal gel 2%	1	QL
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL
(Lidocaine Hcl Urethral/mucosal Gel Prefilled Syringe 2%) GLYDO	1	QL
lidocaine oint 5%	1	QL
lidocaine patch 5%	1	
(Lidocaine Patch 5%) LIDOCAN	1	
(Lidocaine Patch 5%) TRIDACAINE II	1	
lidocaine-prilocaine cream 2.5-2.5%	1	QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% ***(crisaborole)***	2	
ZORYVE CRE 0.3% ***(roflumilast (topical))***	2	
ZORYVE CRE 0.15% ***(roflumilast (topical))***	2	
ZORYVE MIS 0.3% ***(roflumilast (topical))***	2	
ROSACEA AGENTS		
azelaic acid gel 15%	1	
brimonidine tartrate gel 0.33% (base equivalent)	1	
FINACEA AER 15% ***(azelaic acid)***	2	
ivermectin cream 1%	1	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
ORACEA CAP 40MG ***(doxycycline (rosacea))***	2	
SCABICIDES & PEDICULICIDES		
(Crotamiton Lotion 10%) CROTAN	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Crotamiton Lotion 10%) PRURADIK	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
TAR PRODUCTS		
coal tar soln 20%	1	
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL ***(glucose blood)***	1	QL; DM
ACCU-CHEK TES GUIDE ***(glucose blood)***	1	QL; DM
ACCU-CHEK TES GUIDE ***(glucose blood)***	1	QL; QL; DM
ACCU-CHEK TES SMART ***(glucose blood)***	1	QL; DM
DXTERITY TES KIT COVID-19 ***(covid-19 home collection test)***	0	
HOME ACCESS KIT HIV-1 ***(hiv-1 test)***	0	PC
ORAQUICK KIT ***(hiv 1/2 test)***	0	PC
PIXEL COVID KIT HOME TES ***(covid-19 home collection test)***	0	
RELION TRUE TES METRIX ***(glucose blood)***	1	QL
SIMPLICITY KIT COVID-19 ***(covid-19 home collection test)***	0	
TRUE METRIX TES GLUCOSE ***(glucose blood)***	1	QL
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	
CREON CAP 6000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	
CREON CAP 12000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
CREON CAP 24000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
CREON CAP 36000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
VIOKACE TAB 10440 ***(pancrelipase (lipase-protease-amylase))***	2	
VIOKACE TAB 20880 ***(pancrelipase (lipase-protease-amylase))***	2	
ZENPEP CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZENPEP CAP 5000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	
ZENPEP CAP 10000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
ZENPEP CAP 15000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
ZENPEP CAP 20000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
ZENPEP CAP 25000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
ZENPEP CAP 40000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
ZENPEP CAP 60000UNT ***(pancrelipase (lipase-protease-amylase))***	2	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	4	SP, PA, QL
(Dichlorphenamide Tab 50 mg) ORMALVI	4	SP, PA, QL
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
teriparatide soln pen-inj 560 mcg/2.24ml	4	SP, PA, QL
TYMLOS INJ ***(abaloparatide)***	4	SP, PA, QL
FERTILITY REGULATORS		
clomiphene citrate tab 50 mg	1	
(Clomiphene Citrate Tab 50 mg) CLOMID	1	
FOLLISTIM AQ INJ 300UNIT ***(follitropin beta)***	4	SP, PA, QL
FOLLISTIM AQ INJ 600UNIT ***(follitropin beta)***	4	SP, PA, QL
FOLLISTIM AQ INJ 900UNIT ***(follitropin beta)***	4	SP, PA, QL
MENOPUR INJ 75UNIT ***(menotropins)***	4	SP, PA
PREGNYL INJ 10000UNT ***(chorionic gonadotropin)***	4	SP, PA
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	4	SP, PA
GANIRELIX AC INJ 250/0.5	4	SP, PA
ORILISSA TAB 150MG ***(elagolix sodium)***	2	
ORILISSA TAB 200MG ***(elagolix sodium)***	2	
GROWTH HORMONES		
HUMATROPE INJ 6MG ***(somatropin)***	4	SP, PA
HUMATROPE INJ 12MG ***(somatropin)***	4	SP, PA
HUMATROPE INJ 24MG ***(somatropin)***	4	SP, PA
NORDITROPIN INJ 5/1.5ML ***(somatropin)***	4	SP, PA
NORDITROPIN INJ 10/1.5ML ***(somatropin)***	4	SP, PA
NORDITROPIN INJ 15/1.5ML ***(somatropin)***	4	SP, PA
NORDITROPIN INJ 30/3ML ***(somatropin)***	4	SP, PA
SOGROYA INJ 5MG/1.5 ***(somapacitan-beco)***	4	SP, PA, QL
SOGROYA INJ 10MG/1.5 ***(somapacitan-beco)***	4	SP, PA, QL
SOGROYA INJ 15MG/1.5 ***(somapacitan-beco)***	4	SP, PA, QL
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
raloxifene hcl tab 60 mg	0	AGE; PC
METABOLIC MODIFIERS		
betaine powder for oral solution	4	SP, PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	4	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cinacalcet hcl tab 30 mg (base equiv)	4	SP, PA, QL
cinacalcet hcl tab 60 mg (base equiv)	4	SP, PA, QL
cinacalcet hcl tab 90 mg (base equiv)	4	SP, PA, QL
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG ***(migalastat hcl)***	2	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
nitisinone cap 2 mg	4	SP, PA
nitisinone cap 5 mg	4	SP, PA
nitisinone cap 10 mg	4	SP, PA
nitisinone cap 20 mg	4	SP, PA
ORFADIN CAP 2MG ***(nitisinone)***	2	SP, PA
ORFADIN CAP 5MG ***(nitisinone)***	2	SP, PA
ORFADIN CAP 10MG ***(nitisinone)***	2	SP, PA
ORFADIN CAP 20MG ***(nitisinone)***	2	SP, PA
ORFADIN SUS 4MG/ML ***(nitisinone)***	2	SP, PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM ***(sodium phenylbutyrate)***	4	SP, PA, QL
sapropterin dihydrochloride powder packet 100 mg	4	SP, PA
(Sapropterin Dihydrochloride Powder Packet 100 mg) JAVYGTOR	4	SP, PA
sapropterin dihydrochloride powder packet 500 mg	4	SP, PA
(Sapropterin Dihydrochloride Powder Packet 500 mg) JAVYGTOR	4	SP, PA
sapropterin dihydrochloride tab 100 mg	4	SP, PA
(Sapropterin Dihydrochloride Tab 100 mg) JAVYGTOR	4	SP, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	SP, PA, QL
sodium phenylbutyrate tab 500 mg	4	SP, PA, QL
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG ***(finerenone)***	2	
KERENDIA TAB 20MG ***(finerenone)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KERENDIA TAB 40MG ***(finerenone)***	2	
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	1	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate for im inj kit 10 mg	4	SP, PA, QL
octreotide acetate for im inj kit 20 mg	4	SP, PA, QL
octreotide acetate for im inj kit 30 mg	4	SP, PA, QL
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	SP, PA, QL
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	SP, PA, QL
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	SP, PA, QL
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	SP, PA, QL
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	SP, PA, QL
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	SP, PA, QL
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	SP, PA, QL
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	SP, PA, QL
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab 15 mg	4	SP, PA
tolvaptan tab 30 mg	4	SP, PA
tolvaptan tab therapy pack 15 mg	4	SP, PA, QL
tolvaptan tab therapy pack 30 & 15 mg	4	SP, PA, QL
tolvaptan tab therapy pack 45 & 15 mg	4	SP, PA, QL
tolvaptan tab therapy pack 60 & 30 mg	4	SP, PA, QL
tolvaptan tab therapy pack 90 & 30 mg	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
COMBIPATCH DIS ***(estradiol & norethindrone acetate)***	2	
DUAVEE TAB 0.45-20 ***(conjugated estrogens-bazedoxifene)***	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
(Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg) ABIGALE LO	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
(Estradiol & Norethindrone Acetate Tab 1-0.5 mg) ABIGALE	1	
(Estradiol & Norethindrone Acetate Tab 1-0.5 mg) MIMVEY	1	
MYFEMBREE TAB ***(relugolix-estradiol-norethindrone acetate)***	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
(Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg) FYAVOLV	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
(Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg) FYAVOLV	1	
(Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg) JINTELI	1	
ORIAHNN CAP ***(elagolix sodium-estradiol-norethindrone acetate)***	2	
PREMPHASE TAB ***(conjugated estrogens-medroxyprogesterone acetate)***	2	
PREMPRO TAB ***(conjugated estrogens-medroxyprogesterone acetate)***	2	
PREMPRO TAB 0.3-1.5 ***(conjugated estrogens-medroxyprogesterone acetate)***	2	
PREMPRO TAB 0.45-1.5 ***(conjugated estrogens-medroxyprogesterone acetate)***	2	
PREMPRO TAB 0.625-5 ***(conjugated estrogens-medroxyprogesterone acetate)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) LYLLANA	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) LYLLANA	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) LYLLANA	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) LYLLANA	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) LYLLANA	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO (5%) SUS 250MG/5 ***(ciprofloxacin)***	3	
CIPRO (10%) SUS 500MG/5 ***(ciprofloxacin)***	3	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab 1 mg (base equivalent)	1	PA
prucalopride succinate tab 2 mg (base equivalent)	1	PA
GALLSTONE SOLUBILIZING AGENTS		
(Chenodiol Tab 250 mg) CHENODAL	1	PA
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	PA
lubiprostone cap 24 mcg	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium cap 750 mg	1	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
SKYRIZI INJ 180/1.2 ***(risankizumab-rzaa (crohn's))***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SKYRIZI INJ 360/2.4 ***(risankizumab-rzaa (crohn's))***	4	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	QL
TREMFYA CROH INJ 200/2ML ***(guselkumab (gastrointestinal))***	4	SP, PA, QL; Preferred for Chron's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
VELSIPITY TAB 2MG ***(etrasimod arginine)***	4	SP, PA, QL; Preferred for Ulcerative Colitis
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
(Lactulose (Encephalopathy) Solution 10 gm/15ml) ENULOSE	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Lactulose (Encephalopathy) Solution 10 gm/15ml) GENERLAC	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	PA
alosetron hcl tab 1 mg (base equiv)	1	PA
LINZESS CAP 72MCG ***(linaclotide)***	2	
LINZESS CAP 145MCG ***(linaclotide)***	2	
LINZESS CAP 290MCG ***(linaclotide)***	2	
VIBERZI TAB 75MG ***(eluxadoline)***	2	
VIBERZI TAB 100MG ***(eluxadoline)***	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
MOVANTIK TAB 12.5MG ***(naloxegol oxalate)***	2	
MOVANTIK TAB 25MG ***(naloxegol oxalate)***	2	
SYMPROIC TAB 0.2MG ***(naldemedine tosylate)***	2	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG ***(elafibranor)***	4	SP, PA, QL
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
(Potassium Citrate & Citric Acid Powder Pack 3300-1002 mg) CYTRA K CRYSTALS	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG ***(cysteamine bitartrate)***	4	SP, PA
CYSTAGON CAP 150MG ***(cysteamine bitartrate)***	4	SP, PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY STONE AGENTS		
tiopronin tab 100 mg	4	SP, PA
tiopronin tab delayed release 100 mg	4	SP, PA
(Tiopronin Tab Delayed Release 100 mg) VENXXIVA	4	SP, PA
tiopronin tab delayed release 300 mg	4	SP, PA
(Tiopronin Tab Delayed Release 300 mg) VENXXIVA	4	SP, PA
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	1	
allopurinol tab 200 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG ***(colchicine)***	1	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Icatibant Acetate Subcutaneous Soln Pref Syr 30 mg/3ml) SAJAZIR	4	SP, PA, QL
COMPLEMENT INHIBITORS		
EMPAVELI INJ 1080MG ***(pegcetacoplan)***	2	PA, QL
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG ***(berotralstat hcl)***	2	PA, QL
ORLADEYO CAP 150MG ***(berotralstat hcl)***	2	PA, QL
TAKHZYRO INJ 150MG/ML ***(lanadelumab-flyo)***	4	SP, PA, QL
TAKHZYRO INJ 300/2ML ***(lanadelumab-flyo)***	4	SP, PA, QL
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG ***(eliglustat tartrate)***	4	SP, PA, QL
miglustat cap 100 mg	4	SP, PA, QL
(Miglustat Cap 100 mg) YARGESA	4	SP, PA, QL
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POW 5GM ***(glutamine (sickle cell))***	4	SP, PA, QL
glutamine (sickle cell) powd pack 5 gm	4	SP, PA, QL
SIKLOS TAB 100MG ***(hydroxyurea (sickle cell disease))***	2	
SIKLOS TAB 1000MG ***(hydroxyurea (sickle cell disease))***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	1	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	PC
folic acid inj 5 mg/ml	1	
folic acid tab 400 mcg	0	PC
(Folic Acid Tab 400 mcg) GNP FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) HM FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) PX FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) RA FOLIC ACID	0	PC
folic acid tab 800 mcg	0	PC
(Folic Acid Tab 800 mcg) CVS FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) KP FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) QC FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) RA FOLIC ACID	0	PC
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG ***(eltrombopag choline)***	4	SP, PA, QL
ALVAIZ TAB 18MG ***(eltrombopag choline)***	4	SP, PA, QL
ALVAIZ TAB 36MG ***(eltrombopag choline)***	4	SP, PA, QL
ALVAIZ TAB 54MG ***(eltrombopag choline)***	4	SP, PA, QL
ARANESP INJ 10MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 25MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 40MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 60MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 100MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 150MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 200MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 300MCG ***(darbepoetin alfa)***	4	SP, PA
ARANESP INJ 500MCG ***(darbepoetin alfa)***	4	SP, PA
DOPTELET TAB 20MG ***(avatrombopag maleate)***	4	SP, PA, QL
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	4	SP, PA, QL
eltrombopag olamine powder pack for susp 25 mg (base equiv)	4	SP, PA, QL
eltrombopag olamine tab 12.5 mg (base equiv)	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
eltrombopag olamine tab 25 mg (base equiv)	4	SP, PA, QL
eltrombopag olamine tab 50 mg (base equiv)	4	SP, PA, QL
eltrombopag olamine tab 75 mg (base equiv)	4	SP, PA, QL
FYLNETRA INJ 6MG/0.6 ***(pegfilgrastim-pbbk)***	4	SP, PA, QL
NIVESTYM INJ 300/0.5 ***(filgrastim-aafi)***	4	SP, PA
NIVESTYM INJ 300MCG ***(filgrastim-aafi)***	4	SP, PA
NIVESTYM INJ 480/0.8 ***(filgrastim-aafi)***	4	SP, PA
NIVESTYM INJ 480MCG ***(filgrastim-aafi)***	4	SP, PA
NYVEPRIA INJ 6/0.6ML ***(pegfilgrastim-apgf)***	4	SP, PA, QL
PROCRIT INJ 2000/ML ***(epoetin alfa)***	4	SP, PA
PROCRIT INJ 3000/ML ***(epoetin alfa)***	4	SP, PA
PROCRIT INJ 4000/ML ***(epoetin alfa)***	4	SP, PA
PROCRIT INJ 10000/ML ***(epoetin alfa)***	4	SP, PA
PROCRIT INJ 20000/ML ***(epoetin alfa)***	4	SP, PA
PROCRIT INJ 40000/ML ***(epoetin alfa)***	4	SP, PA
RETACRIT INJ 2000UNIT ***(epoetin alfa-epbx)***	4	SP, PA
RETACRIT INJ 3000UNIT ***(epoetin alfa-epbx)***	4	SP, PA
RETACRIT INJ 4000UNIT ***(epoetin alfa-epbx)***	4	SP, PA
RETACRIT INJ 10000UNT ***(epoetin alfa-epbx)***	4	SP, PA
RETACRIT INJ 20000UNI ***(epoetin alfa-epbx)***	4	SP, PA
RETACRIT INJ 40000UNT ***(epoetin alfa-epbx)***	4	SP, PA
HEMATOPOIETIC MIXTURES		
(Cyanocobalamin-Methylcobalamin Sl Tab 600-600 mcg) ABANEU-SL	1	
(Fe Fum-Iron Polysacch Complex-Fa-B Cmplx-C-Zn-Mn-Cu Cap) K-TAN PLUS	1	
(Fe Fum-Iron Polysacch Complex-Fa-B Cmplx-C-Zn-Mn-Cu Cap) TANDEM PLUS	1	
(Fe Fumarate W/ B12-Vit C-Fa-Ifc Cap 110-0.015-75-0.5-240 mg) FEROTRINSIC	1	
(Fe Fumarate W/ B12-Vit C-Fa-Ifc Cap 110-0.015-75-0.5-240 mg) FOLTRIN	1	
(Fe Fumarate W/ B12-Vit C-Fa-Ifc Cap 110-0.015-75-0.5-240 mg) TRICON	1	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 mg) FOLPLEX 2.2	1	
(Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 mg) CORVITA 150	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STEM CELL MOBILIZERS		
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	4	SP, PA
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid tab 650 mg	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
NON-BARBITURATE HYPNOTICS		
estazolam tab 1 mg	1	QL
estazolam tab 2 mg	1	QL
eszopiclone tab 1 mg	1	QL
eszopiclone tab 2 mg	1	QL
eszopiclone tab 3 mg	1	QL
temazepam cap 7.5 mg	1	QL
temazepam cap 15 mg	1	QL
temazepam cap 22.5 mg	1	QL
temazepam cap 30 mg	1	QL
triazolam tab 0.25 mg	1	QL
triazolam tab 0.125 mg	1	QL
zaleplon cap 5 mg	1	QL
zaleplon cap 10 mg	1	QL
zolpidem tartrate tab 5 mg	1	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
zolpidem tartrate tab 10 mg	1	QL
zolpidem tartrate tab er 6.25 mg	1	QL
zolpidem tartrate tab er 12.5 mg	1	QL
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG ***(suvorexant)***	2	ST
BELSOMRA TAB 10MG ***(suvorexant)***	2	ST
BELSOMRA TAB 15MG ***(suvorexant)***	2	ST
BELSOMRA TAB 20MG ***(suvorexant)***	2	ST
QUVIVIQ TAB 25MG ***(daridorexant hcl)***	2	ST
QUVIVIQ TAB 50MG ***(daridorexant hcl)***	2	ST
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab 8 mg	1	QL
tasimelteon capsule 20 mg	4	PA, QL
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	0	AGE; PC
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 236 gm) GAVILYTE-G	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 240 gm) GAVILYTE-C	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT ***(bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride)***	0	AGE; PC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	AGE
LAXATIVES - MISCELLANEOUS		
lactulose oral crystal packet 10 gm	1	
(Lactulose Oral Crystal Packet 10 gm) KRISTALOSE	1	
lactulose oral crystal packet 20 gm	1	
(Lactulose Oral Crystal Packet 20 gm) KRISTALOSE	1	
lactulose solution 10 gm/15ml	1	
(Lactulose Solution 10 gm/15ml) CONSTULOSE	1	
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
azithromycin for susp 200 mg/5ml	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
(Erythromycin Ethylsuccinate Tab 400 mg) E.E.S. 400	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS ***(fidaxomicin)***	2	
fidaxomicin tab 200 mg	1	
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING		
BLOOD PRESSURE DEVICES		
BLOOD PRESSURE MONITOR	3	
BLOOD PRESSURE MONITOR ***(blood pressure monitoring)***	3	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CAYA DPR ***(diaphragm arc-spring)***	0	CM, PC
FC2 FEMALE MIS CONDOM ***(condoms - female)***	0	CM, PC
FEMCAP MIS 22MM ***(cervical caps)***	0	CM, PC
FEMCAP MIS 26MM ***(cervical caps)***	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FEMCAP MIS 30MM ***(cervical caps)***	0	CM, PC
WIDE-SEAL DPR KIT 60 ***(diaphragm wide seal)***	0	CM, PC
WIDE-SEAL DPR KIT 65 ***(diaphragm wide seal)***	0	CM, PC
WIDE-SEAL DPR KIT 70 ***(diaphragm wide seal)***	0	CM, PC
WIDE-SEAL DPR KIT 75 ***(diaphragm wide seal)***	0	CM, PC
WIDE-SEAL DPR KIT 80 ***(diaphragm wide seal)***	0	CM, PC
WIDE-SEAL DPR KIT 85 ***(diaphragm wide seal)***	0	CM, PC
WIDE-SEAL DPR KIT 90 ***(diaphragm wide seal)***	0	CM, PC
WIDE-SEAL DPR KIT 95 ***(diaphragm wide seal)***	0	CM, PC
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX ***(lancets misc.)***	2	DM
ACCU-CHEK KIT SOFTCLIX ***(lancets misc.)***	2	DM
ACTI-LANCE MIS 28G ***(lancets)***	3	DM
ACTI-LANCE MIS LITE 28G ***(lancets)***	3	DM
ACTI-LANCE MIS SPEC 17G ***(lancets)***	3	DM
ACTI-LANCE MIS UNIV 23G ***(lancets)***	3	DM
ADVCATE SAFE MIS LANC 26G ***(lancets)***	3	DM
ADVOCATE MIS LANC 30G ***(lancets)***	3	DM
ADVOCATE MIS LANCETS ***(lancets)***	3	DM
AGAMATRIX MIS 33G ***(lancets)***	3	DM
AIMSCO TWIST MIS 32G ***(lancets)***	3	DM
AIMSCO TWIST MIS 33G ***(lancets)***	3	DM
AQUALANCE MIS 30G ***(lancets)***	3	DM
ASSURE CMFRT MIS 28G ***(lancets)***	3	DM
ASSURE LANCE MIS 21G ***(lancets)***	3	DM
ASSURE LANCE MIS 28G ***(lancets)***	3	DM
ASSURE LANCE MIS LOW FLOW ***(lancets)***	3	DM
ASSURE LANCE MIS MICRO ***(lancets)***	3	DM
ASSURE LANCE MIS SAFE 25G ***(lancets)***	3	DM
ASSURE LANCE MIS SAFE 30G ***(lancets)***	3	DM
AURORA LANCE MIS 30G ***(lancets)***	3	DM
AURORA LANCE MIS THIN 23G ***(lancets)***	3	DM
AUTO LANCET MIS ***(lancets)***	3	DM
BD MICROTAIN MIS LANCETS ***(lancets)***	3	DM
BD MICROTAIN MIS LANCETS ***(lancets)***	3	DM
BLOOD GLUCOSE CALLIBRATION ***(blood glucose calibration)***	3	DM
CAREONE LANC MIS 30G ***(lancets)***	3	DM
CAREONE LANC MIS THIN 23G ***(lancets)***	3	DM
CARESENS 30G MIS LANCETS ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARETOUCH MIS LANC 26G ***(lancets)***	3	DM
CARETOUCH MIS LANC 28G ***(lancets)***	3	DM
CARETOUCH MIS LANC 30G ***(lancets)***	3	DM
CARETOUCH MIS TWIST 28 ***(lancets)***	3	DM
CARETOUCH MIS TWIST 30 ***(lancets)***	3	DM
CARETOUCH MIS TWIST 33 ***(lancets)***	3	DM
CLEANLET 28G MIS LANCETS ***(lancets)***	3	DM
CLEVER CHECK MIS ***(lancets)***	3	DM
CLEVER CHECK MIS 30G ***(lancets)***	3	DM
COAGUCHEK MIS LANCETS ***(lancets)***	3	DM
COMFORT ASSU MIS LANC 28G ***(lancets)***	3	DM
COMFORT ASSU MIS LANC 33G ***(lancets)***	3	DM
COMFORT EZ MIS 21G ***(lancets)***	3	DM
COMFORT EZ MIS 23G ***(lancets)***	3	DM
COMFORT EZ MIS 28G ***(lancets)***	3	DM
COMFORT TCH MIS LANC 28G ***(lancets)***	3	DM
COMFORT TCH MIS LANC 30G ***(lancets)***	3	DM
COMFORT TCH MIS LANC 31G ***(lancets)***	3	DM
COMFORTOUCH MIS LANCET ***(lancets)***	3	DM
CVS LANCETS MIS ORIGINAL ***(lancets)***	3	DM
CVS LANCETS MIS THIN 26G ***(lancets)***	3	DM
DEXCOM G6 MIS RECEIVER ***(continuous glucose system receiver)***	2	DM
DEXCOM G6 MIS SENSOR ***(continuous glucose system sensor)***	2	QL; DM
DEXCOM G6 MIS TRANSMIT ***(continuous glucose system transmitter)***	2	DM
DEXCOM G7 MIS RECEIVER ***(continuous glucose system receiver)***	2	DM
DEXCOM G7 MIS SENSOR ***(continuous glucose system sensor)***	2	QL; DM
DIATHRIVE MIS LANCETS ***(lancets)***	3	DM
DIATHRIVE MIS UT 30G ***(lancets)***	3	DM
DROPLET LANC MIS 30G ***(lancets)***	3	DM
DROPLET PERS MIS LANC 30G ***(lancets)***	3	DM
EASY COMFORT MIS 30G ***(lancets)***	3	DM
EASY COMFORT MIS LANC/30G ***(lancets)***	3	DM
EASY COMFORT MIS TWIST ***(lancets)***	3	DM
EASY TOUCH MIS LANC/21G ***(lancets)***	3	DM
EASY TOUCH MIS LANC/23G ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TOUCH MIS LANC/26G ***(lancets)***	3	DM
EASY TOUCH MIS LANC/28G ***(lancets)***	3	DM
EASY TOUCH MIS LANC/30G ***(lancets)***	3	DM
EASY TOUCH MIS LANC/32G ***(lancets)***	3	DM
EASY TOUCH MIS P-AC/21G ***(lancets)***	3	DM
EASY TOUCH MIS P-AC/23G ***(lancets)***	3	DM
EASY TOUCH MIS P-AC/26G ***(lancets)***	3	DM
EASY TOUCH MIS P-AC/28G ***(lancets)***	3	DM
EASY TOUCH MIS P-AC/30G ***(lancets)***	3	DM
EASY TOUCH MIS TWST/28G ***(lancets)***	3	DM
EASY TOUCH MIS TWST/30G ***(lancets)***	3	DM
EASY TOUCH MIS TWST/32G ***(lancets)***	3	DM
EASY TOUCH MIS TWST/33G ***(lancets)***	3	DM
EMBRACE LANC MIS 21G ***(lancets)***	3	DM
EMBRACE LANC MIS 28G ***(lancets)***	3	DM
EMBRACE LANC MIS THIN 30G ***(lancets)***	3	DM
EZ-LETS 21G MIS LANCETS ***(lancets)***	3	DM
EZ-LETS 26G MIS LANCETS ***(lancets)***	3	DM
EZ-LETS 28G MIS LANCETS ***(lancets)***	3	DM
EZ-LETS 30G MIS LANCETS ***(lancets)***	3	DM
FASTCLIX MIS LANCETS ***(lancets)***	2	DM
FIFTY50 SAFE MIS LANCETS ***(lancets)***	3	DM
FINGERSTIX MIS LANCETS ***(lancets)***	3	DM
FORA LANCETS MIS 30G ***(lancets)***	3	DM
FORA MIS LANCETS ***(lancets)***	3	DM
FREESTYLE MIS LANCETS ***(lancets)***	3	DM
GENTEEL MIS LANCETS ***(lancets)***	3	DM
GLOBAL 28G MIS LANCETS ***(lancets)***	3	DM
GLOBAL 30G MIS LANCETS ***(lancets)***	3	DM
GLUCOCOM MIS 28G ***(lancets)***	3	DM
GLUCOCOM MIS 30G ***(lancets)***	3	DM
GLUCOCOM MIS 33G ***(lancets)***	3	DM
GNP LANCETS MIS 28G ***(lancets)***	3	DM
GNP LANCETS MIS 30G ***(lancets)***	3	DM
GNP LANCETS MIS 33G ***(lancets)***	3	DM
GOJJI LANCET MIS 30G ***(lancets)***	3	DM
HAEMOLANCE MIS HIGH FLO ***(lancets)***	3	DM
HAEMOLANCE MIS LOW FLOW ***(lancets)***	3	DM
HAEMOLANCE MIS PLUS ***(lancets)***	3	DM
HAEMOLANCE MIS PLUS LOW ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HAEMOLANCE MIS PLUS MAX ***(lancets)***	3	DM
HAEMOLANCE MIS PLUS PED ***(lancets)***	3	DM
HAEMOLANCE MIS RETRACT ***(lancets)***	3	DM
IN TOUCH LAN MIS 30G ***(lancets)***	3	DM
INCONTROL MIS LANC 28G ***(lancets)***	3	DM
INCONTROL MIS LANC 30G ***(lancets)***	3	DM
INCONTROL MIS LANC 33G ***(lancets)***	3	DM
KINNEY MIS LANCETS ***(lancets)***	3	DM
KINNEY THIN MIS LANCETS ***(lancets)***	3	DM
KROGER LANCE MIS ***(lancets)***	3	DM
KROGER LANCE MIS 26G ***(lancets)***	3	DM
KROGER LANCE MIS THIN ***(lancets)***	3	DM
KROGER LANCE MIS THIN 30G ***(lancets)***	3	DM
LANCET DEVIC MIS 30G ***(lancets)***	3	DM
LANCET ULTRA MIS THIN 30G	3	DM
LANCETS MICR MIS THIN 33G ***(lancets)***	3	DM
LANCETS MIS	3	DM
LANCETS MIS 26G	3	DM
LANCETS MIS 28G ***(lancets)***	3	DM
LANCETS MIS 28G THIN	3	DM
LANCETS MIS 30G	3	DM
LANCETS MIS 33G ***(lancets)***	3	DM
LANCETS MIS ORIGINAL ***(lancets)***	3	DM
LANCETS MIS THIN ***(lancets)***	3	DM
LANCETS SUPR MIS THIN 28G ***(lancets)***	3	DM
LANCETS THIN MIS	3	DM
LANCETS ULTR MIS THIN ***(lancets)***	3	DM
LANCETS ULTR MIS THIN 31G ***(lancets)***	3	DM
LANCING DEVI MIS 25G ***(lancets)***	3	DM
LANCING DEVI MIS 30G ***(lancets)***	3	DM
LITE TOUCH MIS LANCETS ***(lancets)***	3	DM
LITETOUCH MIS LANCETS ***(lancets)***	3	DM
MEDICHOICE MIS LANCET ***(lancets)***	3	DM
MEDLANCE MIS 30G PLUS ***(lancets)***	3	DM
MEDLANCE MIS PLUS 30G ***(lancets)***	3	DM
MEDLANCE PLS MIS 0.8MM ***(lancets)***	3	DM
MEDLANCE PLS MIS EXTR 21G ***(lancets)***	3	DM
MEDLANCE PLS MIS LITE 25G ***(lancets)***	3	DM
MEDLANCE PLS MIS UNIV 21G ***(lancets)***	3	DM
MEIJER LANCE MIS COLOR ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEIJER LANCE MIS UNIV 21G ***(lancets)***	3	DM
MEIJER LANCE MIS UNIV 30G ***(lancets)***	3	DM
MEIJER LANCETS THIN ***(lancets)***	3	DM
MEIJER SUPER THIN LANCETS ***(lancets)***	3	DM
MICROLET MIS LANCETS ***(lancets)***	3	DM
MM TWIST MIS LANCETS ***(lancets)***	3	DM
MOBILE LANCE MIS 30G ***(lancets)***	3	DM
MONOLET MIS LANCETS ***(lancets)***	3	DM
MONOLET OPD MIS LANCETS ***(lancets)***	3	DM
MONOLETTOR MIS LANCETS ***(lancets)***	3	DM
MYGLUCOHEALT MIS LANC 30G ***(lancets)***	3	DM
NOVA SAFETY MIS LANC 23G ***(lancets)***	3	DM
NOVA SAFETY MIS LANC 28G ***(lancets)***	3	DM
NOVA SURE MIS LANCETS ***(lancets)***	3	DM
OMNIPOD 5 DX KIT INT G7G6 ***(insulin infusion disposable pump)***	2	DM
OMNIPOD 5 DX MIS POD G7G6 ***(insulin infusion disposable pump)***	2	DM
OMNIPOD 5 L2 KIT INTRO G6 ***(insulin infusion disposable pump)***	2	DM
OMNIPOD 5 L2 MIS PODS G6 ***(insulin infusion disposable pump)***	2	DM
OMNIPOD DASH KIT INTRO ***(insulin infusion disposable pump)***	2	DM
OMNIPOD DASH KIT PDM ***(insulin infusion disposable pump)***	2	DM
OMNIPOD DASH MIS PODS ***(insulin infusion disposable pump)***	2	DM
ON-THE-GO MIS LANC 30G ***(lancets)***	3	DM
PERFECT 28G MIS LANCETS ***(lancets)***	3	DM
PERFECT 30G MIS LANCETS ***(lancets)***	3	DM
PIP LANCETS MIS 28G ***(lancets)***	3	DM
PIP LANCETS MIS 30G ***(lancets)***	3	DM
PRO COMFORT MIS 31G ***(lancets)***	3	DM
PRO COMFORT MIS LANC 30G ***(lancets)***	3	DM
PRO COMFORT MIS LANCETS ***(lancets)***	3	DM
PRODIGY MIS 26G ***(lancets)***	3	DM
PRODIGY MIS 28G ***(lancets)***	3	DM
PURE COMFORT MIS 30G LAN ***(lancets)***	3	DM
PX LANCETS MIS 28G ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PX LANCETS MIS 33G ***(lancets)***	3	DM
QC LANCETS MIS 28G ***(lancets)***	3	DM
QC LANCETS MIS 30G ***(lancets)***	3	DM
READYLANCE MIS 21G ***(lancets)***	3	DM
READYLANCE MIS 23G ***(lancets)***	3	DM
READYLANCE MIS 26G ***(lancets)***	3	DM
READYLANCE MIS 28G ***(lancets)***	3	DM
READYLANCE MIS 30G ***(lancets)***	3	DM
REALITY MIS LANCETS ***(lancets)***	3	DM
REALITY TRIG MIS LANCETS ***(lancets)***	3	DM
RELION LANCE MIS THIN 26G ***(lancets)***	3	DM
RELION LANCE MIS THIN 30G ***(lancets)***	3	DM
RELION MICRO MIS THIN 33G ***(lancets)***	3	DM
RELION ULTRA MIS THIN 30G ***(lancets)***	3	DM
RIGHTEST MIS GL300 ***(lancets)***	3	DM
SAFE-T-PRO MIS LANCETS ***(lancets)***	2	DM
SAFE-T-PRO MIS PLUS ***(lancets)***	2	DM
SAFETY 21G MIS LANCETS ***(lancets)***	3	DM
SAFETY 23G MIS LANCETS ***(lancets)***	3	DM
SAFETY 28G MIS LANCETS	3	DM
SAFETY 30G MIS LANCETS ***(lancets)***	3	DM
SAFETY MIS LANCETS ***(lancets)***	3	DM
SAPS HEALTH MIS TWIST ***(lancets)***	3	DM
SAPS TWIST MIS 30G ***(lancets)***	3	DM
SAPSCARE MIS TWIST ***(lancets)***	3	DM
SB LANCETS MIS THIN ***(lancets)***	3	DM
SB LANCETS MIS ULTR THN ***(lancets)***	3	DM
SINGLE-LET MIS 23G ***(lancets)***	3	DM
SMARTEST MIS LANCETS ***(lancets)***	3	DM
SOFTCLIX MIS LANCETS ***(lancets)***	2	DM
SOLUS V2 MIS LANC 28G ***(lancets)***	3	DM
SOLUS V2 MIS LANC 30G ***(lancets)***	3	DM
STERILANCE MIS TL 28G ***(lancets)***	3	DM
STERILANCE MIS TL 30G ***(lancets)***	3	DM
STERILANCE MIS TL 32G ***(lancets)***	3	DM
SURE COMFORT MIS LANC 18G ***(lancets)***	3	DM
SURE COMFORT MIS LANC 21G ***(lancets)***	3	DM
SURE COMFORT MIS LANC 23G ***(lancets)***	3	DM
SURE COMFORT MIS LANC 30G ***(lancets)***	3	DM
SURE COMFORT MIS LANCETS ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUREFLEX MIS LANCETS ***(lancets)***	3	DM
SURELITE MIS LANCETS ***(lancets)***	3	DM
TECHLITE AST MIS LANCETS ***(lancets)***	3	DM
TECHLITE MIS LANC 26G ***(lancets)***	3	DM
TECHLITE MIS LANCETS ***(lancets)***	3	DM
TRAVEL LANCE MIS ADV 28G ***(lancets)***	3	DM
TRUE COMFORT MIS LANC 30G ***(lancets)***	3	DM
TRUPLUS LANC MIS 26G ***(lancets)***	3	DM
TRUPLUS LANC MIS 28G ***(lancets)***	3	DM
TRUPLUS LANC MIS 30G ***(lancets)***	3	DM
TRUPLUS LANC MIS 33G ***(lancets)***	3	DM
TWIIST KIT REFILL ***(insulin infusion disposable pump)***	2	DM
TWIIST KIT STARTER ***(insulin infusion disposable pump)***	2	DM
TWIIST REFIL KIT INFUSION ***(insulin infusion disposable pump)***	2	DM
TWIST LANCET MIS 30G	3	DM
TWIST LANCET MIS 30G MULT ***(lancets)***	3	DM
ULTILET MIS 26G ***(lancets)***	3	DM
ULTILET MIS 28G ***(lancets)***	3	DM
ULTILET MIS 30G ***(lancets)***	3	DM
ULTILET MIS 33G ***(lancets)***	3	DM
ULTILET MIS LANCETS ***(lancets)***	3	DM
ULTILET MIS SAFETY ***(lancets)***	3	DM
ULTILET SAFE MIS 21G ***(lancets)***	3	DM
ULTRA THIN MIS 28G ***(lancets)***	3	DM
ULTRA THIN MIS 30G ***(lancets)***	3	DM
ULTRA THIN MIS 31G ***(lancets)***	3	DM
ULTRA THIN MIS 33G ***(lancets)***	3	DM
ULTRA THIN MIS LAN 31G ***(lancets)***	3	DM
ULTRA THIN MIS LANC 28G ***(lancets)***	3	DM
ULTRA THIN MIS LANC 30G ***(lancets)***	3	DM
ULTRA THIN MIS LANCETS ***(lancets)***	3	DM
UNILET EX II MIS 28G ***(lancets)***	3	DM
UNILET EXCEL MIS 23G ***(lancets)***	3	DM
UNILET G.P MIS SUPR 23G ***(lancets)***	3	DM
UNILET G.P. MIS 21G ***(lancets)***	3	DM
UNILET GP 28 MIS ULT THIN ***(lancets)***	3	DM
UNILET LANC MIS 33G ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNILET LANCE MIS 21G ***(lancets)***	3	DM
UNILET LANCE MIS 28G ***(lancets)***	3	DM
UNILET LANCE MIS 33G ***(lancets)***	3	DM
UNILET LANCT MIS 28G ***(lancets)***	3	DM
UNILET LANCT MIS 30G ***(lancets)***	3	DM
UNILET LANCT MIS 33G ***(lancets)***	3	DM
UNILET MICRO MIS 33G ***(lancets)***	3	DM
UNILET MIS 21G ***(lancets)***	3	DM
UNILET SUPER MIS 23G ***(lancets)***	3	DM
UNILET SUPER MIS G.P. 23G ***(lancets)***	3	DM
UNISTIK 1 MIS 2.4MM ***(lancets)***	3	DM
UNISTIK 1 MIS 3.0MM ***(lancets)***	3	DM
UNISTIK 2 MIS ***(lancets)***	3	DM
UNISTIK 2 MIS 1.8MM ***(lancets)***	3	DM
UNISTIK 2 MIS 2.4MM ***(lancets)***	3	DM
UNISTIK 2 MIS COMFORT ***(lancets)***	3	DM
UNISTIK 2 MIS EXTRA ***(lancets)***	3	DM
UNISTIK 2 MIS NEONATAL ***(lancets)***	3	DM
UNISTIK 2 MIS NORMAL ***(lancets)***	3	DM
UNISTIK 2 MIS SUPER ***(lancets)***	3	DM
UNISTIK 3 MIS 1.8MM ***(lancets)***	3	DM
UNISTIK 3 MIS COMFORT ***(lancets)***	3	DM
UNISTIK 3 MIS EXTRA ***(lancets)***	3	DM
UNISTIK 3 MIS GENT 30G ***(lancets)***	3	DM
UNISTIK 3 MIS NEONATAL ***(lancets)***	3	DM
UNISTIK 3 MIS NORMAL ***(lancets)***	3	DM
UNISTIK 23G MIS NORMAL ***(lancets)***	3	DM
UNISTIK CZT MIS COMFORT ***(lancets)***	3	DM
UNISTIK CZT MIS NORMAL ***(lancets)***	3	DM
UNISTIK PRO MIS LANC 21G ***(lancets)***	3	DM
UNISTIK PRO MIS LANC 28G ***(lancets)***	3	DM
UNISTIK SAFE MIS LANC 28G ***(lancets)***	3	DM
UNISTIK SAFE MIS LANC 30G ***(lancets)***	3	DM
UNISTIK TOUC MIS LANC 21G ***(lancets)***	3	DM
UNISTIK TOUC MIS LANC 23G ***(lancets)***	3	DM
UNISTIK TOUC MIS LANC 28G ***(lancets)***	3	DM
UNISTIK TOUC MIS LANC 30G ***(lancets)***	3	DM
UNITSTIK PRO MIS LANC 25G ***(lancets)***	3	DM
VALUE PLUS LANCETS SUPER ***(lancets)***	3	DM
VERIFINE LAN MIS MINI 21G ***(lancets)***	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERIFINE LAN MIS MINI 23G ***(lancets)***	3	DM
VERIFINE LAN MIS MINI 28G ***(lancets)***	3	DM
VERIFINE LAN MIS MINI 30G ***(lancets)***	3	DM
VERIFINE MIS UNIV 28G ***(lancets)***	3	DM
VERIFINE MIS UNIV 30G ***(lancets)***	3	DM
VERIFINE MIS UNIV 33G ***(lancets)***	3	DM
VIVAGUARD MIS 28G ***(lancets)***	3	DM
VIVAGUARD MIS 30G ***(lancets)***	3	DM
WALGREENS LANCETS ***(lancets)***	3	DM
ZEVRX TWIST MIS LANC 30G ***(lancets)***	3	DM
MISC. DEVICES		
BREAST PUMP MIS HARMONY ***(misc. devices)***	0	PC
BREAST PUMP MIS MANUAL ***(misc. devices)***	0	PC
BREAST PUMP MIS NURSER ***(misc. devices)***	0	PC
TOMMEE TIPPE MIS PUMP ***(misc. devices)***	0	PC
PARENTERAL THERAPY SUPPLIES		
BD INSULIN PEN NEEDLES - OTC ***(insulin pen needle)***	2	DM
BD INSULIN SYRINGE - OTC ***(insulin syringe/needle u-100)***	2	DM
BD INSULIN SYRINGE - OTC ***(insulin syringes (disposable))***	2	DM
BD INSULIN SYRINGE - RX ***(insulin syringe/needle u-100)***	2	DM
BD INSULIN SYRINGE - RX ***(insulin syringe/needle u-500)***	2	DM
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS	3	
NEBULIZER MIS CUP/TUBI	3	
SPACER CHAMBER - OTC ***(spacer/aerosol-holding chamber supplies - masks)***	3	
SPACER CHAMBER - OTC ***(spacer/aerosol-holding chambers)***	3	
SPACER CHAMBER - RX ***(spacer/aerosol-holding chamber supplies - bags)***	3	
SPACER CHAMBER - RX ***(spacer/aerosol-holding chamber supplies - masks)***	3	
SPACER CHAMBER - RX ***(spacer/aerosol-holding chambers)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ 225/1.5 ***(fremanezumab-vfrm)***	2	ST, PA, QL; PA**
EMGALITY INJ 100MG/ML ***(galcanezumab-gnlm)***	2	ST, PA, QL; PA**
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm)***	2	ST, PA, QL; PA**
NURTEC TAB 75MG ODT ***(rimegepant sulfate)***	2	ST
QULIPTA TAB 10MG ***(atogepant)***	2	ST
QULIPTA TAB 30MG ***(atogepant)***	2	ST
QULIPTA TAB 60MG ***(atogepant)***	2	ST
UBRELVY TAB 50MG ***(ubrogepant)***	2	ST
UBRELVY TAB 100MG ***(ubrogepant)***	2	ST
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate inj 1 mg/ml	1	
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL
almotriptan malate tab 12.5 mg	1	QL
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL
naratriptan hcl tab 1 mg (base equiv)	1	QL
naratriptan hcl tab 2.5 mg (base equiv)	1	QL
ONZETRA XSAI MIS 11MG ***(sumatriptan succinate)***	2	ST, QL
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL
sumatriptan nasal spray 5 mg/act	1	QL
sumatriptan nasal spray 20 mg/act	1	QL
sumatriptan succinate inj 6 mg/0.5ml	1	QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL
sumatriptan succinate tab 25 mg	1	QL
sumatriptan succinate tab 50 mg	1	QL
sumatriptan succinate tab 100 mg	1	QL
ZEMBRACE SYM INJ 3/0.5ML ***(sumatriptan succinate)***	2	ST, QL
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL
zolmitriptan nasal spray 5 mg/spray unit	1	QL
zolmitriptan orally disintegrating tab 2.5 mg	1	QL
zolmitriptan orally disintegrating tab 5 mg	1	QL
zolmitriptan tab 2.5 mg	1	QL
zolmitriptan tab 5 mg	1	QL
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
FLUORIDE		
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	AGE; PC
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	AGE
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	AGE; PC
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	AGE
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	0	PC
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	AGE; PC
sodium fluoride tab 1 mg f (from 2.2 mg naf)	0	PC
IODINE PRODUCTS		
iodine solution strong 5% (lugol's)	1	
PHOSPHATE		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHA 250 NEUTRAL	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHO-TRIN 250 NEUTRAL	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic Tab 500 mg) PHOSPHO-TRIN K500	1	
POTASSIUM		
(Potassium Bicarbonate Effer Tab 25 meq) EFFER-K	1	
(Potassium Bicarbonate Effer Tab 25 meq) K-PRIME	1	
(Potassium Bicarbonate Effer Tab 25 meq) KLOR-CON/EF	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
(Potassium Chloride Microencapsulated Crys Er Tab 10 meq) KLOR-CON M10	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
(Potassium Chloride Microencapsulated Crys Er Tab 15 meq) KLOR-CON M15	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
(Potassium Chloride Microencapsulated Crys Er Tab 20 meq) KLOR-CON M20	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
(Potassium Chloride Powder Packet 20 meq) KLOR-CON	1	
potassium chloride tab er 8 meq (600 mg)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Potassium Chloride Tab Er 8 meq (600 mg)) KLOR-CON 8	1	
potassium chloride tab er 10 meq	1	
(Potassium Chloride Tab Er 10 meq) KLOR-CON 10	1	
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING		
penicillamine cap 250 mg	4	SP
penicillamine tab 250 mg	4	SP
trientine hcl cap 250 mg	4	SP
IMMUNOMODULATORS - DRUGS TO TREAT CANCER		
lenalidomide cap 5 mg	4	SP, PA, QL
lenalidomide cap 10 mg	4	SP, PA, QL
lenalidomide cap 15 mg	4	SP, PA, QL
lenalidomide cap 20 mg	4	PA, QL
lenalidomide cap 25 mg	4	PA, QL
lenalidomide caps 2.5 mg	4	SP, PA, QL
REVLIMID CAP 2.5MG ***(lenalidomide)***	4	SP, PA, QL
REVLIMID CAP 5MG ***(lenalidomide)***	4	SP, PA, QL
REVLIMID CAP 10MG ***(lenalidomide)***	4	SP, PA, QL
REVLIMID CAP 15MG ***(lenalidomide)***	4	SP, PA, QL
REVLIMID CAP 20MG ***(lenalidomide)***	4	SP, PA, QL
REVLIMID CAP 25MG ***(lenalidomide)***	4	SP, PA, QL
THALOMID CAP 50MG ***(thalidomide)***	4	SP, PA, QL
THALOMID CAP 100MG ***(thalidomide)***	4	SP, PA, QL
VYVGART INJ HYTRULO ***(efgartigimod alfa and hyaluronidase-qvfc)***	4	SP, PA
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT		
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
(Azathioprine Tab 75 mg) AZASAN	1	
azathioprine tab 100 mg	1	
(Azathioprine Tab 100 mg) AZASAN	1	
cyclosporine cap 25 mg	1	SP
cyclosporine cap 100 mg	1	SP
cyclosporine modified cap 25 mg	1	SP
(Cyclosporine Modified Cap 25 mg) GENGRAF	1	SP
cyclosporine modified cap 50 mg	1	SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cyclosporine modified cap 100 mg	1	SP
(Cyclosporine Modified Cap 100 mg) GENGRAF	1	SP
cyclosporine modified oral soln 100 mg/ml	1	SP
(Cyclosporine Modified Oral Soln 100 mg/ml) GENGRAF	1	SP
ENSPRYNG INJ ***(satralizumab-mwge)***	4	SP, PA, QL
everolimus tab 0.5 mg	1	SP
everolimus tab 0.25 mg	1	SP
everolimus tab 0.75 mg	1	SP
everolimus tab 1 mg	1	SP
mycophenolate mofetil cap 250 mg	1	SP
mycophenolate mofetil for oral susp 200 mg/ml	1	SP
mycophenolate mofetil tab 500 mg	1	SP
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	SP
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	SP
sirolimus oral soln 1 mg/ml	1	SP
sirolimus tab 0.5 mg	1	SP
sirolimus tab 1 mg	1	SP
sirolimus tab 2 mg	1	SP
tacrolimus cap 0.5 mg	1	SP
tacrolimus cap 1 mg	1	SP
tacrolimus cap 5 mg	1	SP
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
sodium polystyrene sulfonate powder	1	
(Sodium Polystyrene Sulfonate Rectal Susp 30 gm/120ml) SPS	1	
(Sodium Polystyrene Sulfonate Susp 15 gm/60ml) KIONEX	1	
(Sodium Polystyrene Sulfonate Susp 15 gm/60ml) SPS	1	
VELTASSA POW 1GM ***(patiromer sorbitex calcium)***	2	
VELTASSA POW 8.4GM ***(patiromer sorbitex calcium)***	2	
VELTASSA POW 16.8GM ***(patiromer sorbitex calcium)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VELTASSA POW 25.2GM ***(patiromer sorbitex calcium)***	2	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
(Chlorhexidine Gluconate Soln 0.12%) PERIOGARD	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
(Triamcinolone Acetonide Dental Paste 0.1%) KOURZEQ	1	
(Triamcinolone Acetonide Dental Paste 0.1%) ORALONE DENTAL PASTE	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
PRENATAL VITAMINS		
(Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg) PNV-DHA	0	PC
(Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1 mg) INATAL GT	0	PC
(Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-0.6-0.4 mg) PNV-SELECT	0	PC
(Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg) PRENATAL 19	0	PC
(Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg) TRINATE	0	PC
(Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg) ELITE-OB	0	PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
CENTRAL MUSCLE RELAXANTS		
baclofen oral soln 5 mg/5ml	1	PA
baclofen oral soln 10 mg/5ml	1	
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 15 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 1000 mg	1	
(Methocarbamol Tab 1000 mg) TANLOR	1	
orphenadrine citrate tab er 12hr 100 mg	1	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL
olopatadine hcl nasal soln 0.6%	1	QL
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL
XHANCE MIS 93MCG ***(fluticasone propionate (nasal))***	2	QL
SYMPATHOMIMETIC DECONGESTANTS		
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML ***(edaravone)***	4	SP, PA, QL
RADICAVA ORS SUS STARTER ***(edaravone)***	4	SP, PA, QL
riluzole tab 50 mg	1	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETOPTIC-S SUS 0.25% OP ***(betaxolol hcl (ophth))***	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
timolol maleate preservative free ophth soln 0.25%	1	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate ophth soln 1%	1	
cyclopentolate hcl ophth soln 1%	1	
phenylephrine hcl ophth soln 2.5%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Phenylephrine Hcl Ophth Soln 2.5%) ALTAFRIN	1	
phenylephrine hcl ophth soln 10%	1	
(Phenylephrine Hcl Ophth Soln 10%) ALTAFRIN	1	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
MIOTICS		
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.1%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
SIMBRINZA SUS 1-0.2% ***(brinzolamide-brimonidine tartrate)***	2	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
(Bacitracin-Polymyxin B Ophth Oint) POLYCIN	1	
BESIVANCE SUS 0.6% ***(besifloxacin hcl)***	2	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
(Neomycin-Bacitrac Zn-Polymyx 5(3.5)mg-400unt-10000unt Op Oin) NEO-POLYCIN	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP ***(tobramycin (ophth))***	3	
trifluridine ophth soln 1%	1	
XDEMVY DRO 0.25% ***(lotilaner)***	2	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP ***(cyclosporine (ophth))***	1	
RESTASIS MUL EMU 0.05% OP ***(cyclosporine (ophth))***	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5% ***(lifitegrast)***	2	
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
(Tetracaine Hcl Ophth Soln 0.5%) ALTACAINE	1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
(Bacitracin-Polymyxin-Neomycin-Hc Ophth Oint 1%) NEO-POLYCIN HC	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	1	
loteprednol etabonate ophth susp 0.5%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1% ***(tobramycin-dexamethasone)***	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
azelastine hcl ophth soln 0.05%	1	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
epinastine hcl ophth soln 0.05%	1	
fluorescein w/ benoxinate ophth soln 0.25-0.4%	1	
(Fluorescein W/ Benoxinate Ophth Soln 0.25-0.4%) ALTAFLUOR BENOX	1	
fluorescein w/ proparacaine ophth soln 0.25-0.5%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP ***(nepafenac)***	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
tafluprost preservative free (pf) ophth soln 0.0015%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
methylergonovine maleate tab 0.2 mg	1	
(Methylergonovine Maleate Tab 0.2 mg) METHERGINE	1	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML ***(amoxicillin & pot clavulanate)***	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING		
LIQUID VEHICLES		
bacteriostatic sodium chloride inj soln 0.9%	1	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
(Norethindrone Acetate Tab 5 mg) GALLIFREY	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
lofexidine hcl tab 0.18 mg (base equivalent)	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM ***(sodium oxybate)***	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LUMRYZ PAK 7.5GM ***(sodium oxybate)***	4	SP, PA, QL
LUMRYZ PAK 9GM ***(sodium oxybate)***	4	SP, PA, QL
LUMRYZ PAK STARTER ***(sodium oxybate)***	4	SP, PA, QL
LUMRYZ PKG 4.5GM ***(sodium oxybate)***	4	SP, PA, QL
XYWAV SOL 0.5GM/ML ***(calcium, magnesium, potassium, & sodium oxybates)***	2	PA, QL
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMZARIC CAP 7-10MG ***(memantine hcl-donepezil hcl)***	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO TAB 9MG ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO TAB 12MG ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 6MG ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 12MG ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 18MG ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 24MG ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 30MG ER ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 36MG ER ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 42MG ER ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB 48MG ER ***(deutetrabenazine)***	4	SP, PA, QL
AUSTEDO XR TAB TITR KIT ***(deutetrabenazine)***	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INGREZZA CAP 40-80MG ***(valbenazine tosylate)***	4	SP, PA, QL
INGREZZA CAP 40MG ***(valbenazine tosylate)***	4	SP, PA, QL
INGREZZA CAP 60MG ***(valbenazine tosylate)***	4	SP, PA, QL
INGREZZA CAP 80MG ***(valbenazine tosylate)***	4	SP, PA, QL
tetrabenazine tab 12.5 mg	4	SP, PA, QL
tetrabenazine tab 25 mg	4	SP, PA, QL
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AVONEX PEN KIT 30MCG ***(interferon beta-1a)***	4	SP, PA, QL
AVONEX PREFL KIT 30MCG ***(interferon beta-1a)***	4	SP, PA, QL
BAFIERTAM CAP 95MG ***(monomethyl fumarate)***	4	SP, PA, QL
BETASERON INJ 0.3MG ***(interferon beta-1b)***	4	SP, PA, QL
COPAXONE INJ 40MG/ML ***(glatiramer acetate)***	4	SP, PA, QL
dalfampridine tab er 12hr 10 mg	4	SP, PA, QL
dimethyl fumarate capsule delayed release 120 mg	1	SP, PA, QL
dimethyl fumarate capsule delayed release 240 mg	1	SP, PA, QL
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	SP, PA, QL
fingolimod hcl cap 0.5 mg (base equiv)	4	SP, PA, QL
glatiramer acetate soln prefilled syringe 20 mg/ml	4	SP, PA, QL
(Glatiramer Acetate Soln Prefilled Syringe 20 mg/ml) GLATOPA	4	SP, PA, QL
glatiramer acetate soln prefilled syringe 40 mg/ml	4	SP, PA, QL
(Glatiramer Acetate Soln Prefilled Syringe 40 mg/ml) GLATOPA	4	SP, PA, QL
KESIMPTA INJ 20/.4ML ***(ofatumumab (ms))***	4	SP, PA, QL
MAYZENT PAK STARTER ***(siponimod fumarate)***	4	SP, PA, QL
MAYZENT TAB 0.25MG ***(siponimod fumarate)***	4	SP, PA, QL
MAYZENT TAB 1MG ***(siponimod fumarate)***	4	SP, PA, QL
MAYZENT TAB 2MG ***(siponimod fumarate)***	4	SP, PA, QL
REBIF INJ 22/0.5 ***(interferon beta-1a)***	4	SP, PA, QL
REBIF INJ 44/0.5 ***(interferon beta-1a)***	4	SP, PA, QL

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REBIF REBIDO INJ 22/0.5 ***(interferon beta-1a)***	4	SP, PA, QL
REBIF REBIDO INJ 44/0.5 ***(interferon beta-1a)***	4	SP, PA, QL
REBIF REBIDO INJ TITRATN ***(interferon beta-1a)***	4	SP, PA, QL
REBIF TITRTN INJ PACK ***(interferon beta-1a)***	4	SP, PA, QL
teriflunomide tab 7 mg	4	SP, PA, QL
teriflunomide tab 14 mg	4	SP, PA, QL
ZEPOSIA 7DAY CAP STR PACK ***(ozanimod hcl)***	4	SP, PA, QL; Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
ZEPOSIA CAP 0.92MG ***(ozanimod hcl)***	4	SP, PA, QL; Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
ZEPOSIA CAP STR KIT ***(ozanimod hcl)***	4	SP, PA, QL; Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	1	
gabapentin (once-daily) tab 600 mg	1	
GRALISE TAB 450MG ***(gabapentin (once-daily))***	2	
GRALISE TAB 750MG ***(gabapentin (once-daily))***	2	
GRALISE TAB 900MG ***(gabapentin (once-daily))***	2	
pregabalin tab er 24hr 82.5 mg	1	
pregabalin tab er 24hr 165 mg	1	
pregabalin tab er 24hr 330 mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	PC
NICORETTE LOZ 2MG MINT ***(nicotine polacrilex)***	0	PC
nicotine polacrilex gum 2 mg	0	PC
nicotine polacrilex gum 4 mg	0	PC
nicotine polacrilex lozenge 2 mg	0	PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nicotine polacrilex lozenge 4 mg	0	PC
(Nicotine Polacrilex Lozenge 4 mg) CVS NICOTINE POLACRILEX	0	PC
(Nicotine Polacrilex Lozenge 4 mg) GOODSENSE NICOTINE POLACR	0	PC
(Nicotine Polacrilex Lozenge 4 mg) NICOTINE MINI LOZENGE	0	PC
NICOTINE SYS KIT TRANSDER	0	PC
NICOTROL INH ***(nicotine)***	0	PC
NICOTROL NS SPR 10MG/ML ***(nicotine)***	0	PC
varenicline tartrate tab 0.5 mg (base equiv)	0	PC
varenicline tartrate tab 1 mg (base equiv)	0	PC
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	PC
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS		
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG ***(nintedanib esylate)***	4	SP, PA, QL
OFEV CAP 150MG ***(nintedanib esylate)***	4	SP, PA, QL
pirfenidone cap 267 mg	4	SP, PA, QL
pirfenidone tab 267 mg	4	SP, PA, QL
pirfenidone tab 801 mg	4	SP, PA, QL
SULFONAMIDES - DRUGS TO TREAT INFECTIONS		
SULFONAMIDES - DRUGS TO TREAT INFECTIONS		
sulfadiazine tab 500 mg	1	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
(Doxycycline Monohydrate Cap 100 mg) MONDOXYNE NL	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxycycline monohydrate tab 100 mg	1	
(Doxycycline Monohydrate Tab 100 mg) AVIDOXY	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
levothyroxine sodium tab 25 mcg	1	
(Levothyroxine Sodium Tab 25 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 25 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 25 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 25 mcg) UNITHROID	1	
levothyroxine sodium tab 50 mcg	1	
(Levothyroxine Sodium Tab 50 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 50 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 50 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 50 mcg) UNITHROID	1	
levothyroxine sodium tab 75 mcg	1	
(Levothyroxine Sodium Tab 75 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 75 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 75 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 75 mcg) UNITHROID	1	
levothyroxine sodium tab 88 mcg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levothyroxine Sodium Tab 88 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 88 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 88 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 88 mcg) UNITHROID	1	
levothyroxine sodium tab 100 mcg	1	
(Levothyroxine Sodium Tab 100 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 100 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 100 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 100 mcg) UNITHROID	1	
levothyroxine sodium tab 112 mcg	1	
(Levothyroxine Sodium Tab 112 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 112 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 112 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 112 mcg) UNITHROID	1	
levothyroxine sodium tab 125 mcg	1	
(Levothyroxine Sodium Tab 125 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 125 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 125 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 125 mcg) UNITHROID	1	
levothyroxine sodium tab 137 mcg	1	
(Levothyroxine Sodium Tab 137 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 137 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 137 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 137 mcg) UNITHROID	1	
levothyroxine sodium tab 150 mcg	1	
(Levothyroxine Sodium Tab 150 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 150 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 150 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 150 mcg) UNITHROID	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 175 mcg	1	
(Levothyroxine Sodium Tab 175 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 175 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 175 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 175 mcg) UNITHROID	1	
levothyroxine sodium tab 200 mcg	1	
(Levothyroxine Sodium Tab 200 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 200 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 200 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 200 mcg) UNITHROID	1	
levothyroxine sodium tab 300 mcg	1	
(Levothyroxine Sodium Tab 300 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 300 mcg) UNITHROID	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
TOXOIDS - DRUGS TO PREVENT INFECTIONS		
TOXOID COMBINATIONS		
ADACEL INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	0	PC
BOOSTRIX INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	0	PC
DAPTACEL INJ ***(diphtheria, acellular pertussis & tetanus toxoids)***	0	AGE; PC
DIP/TET PED INJ 25-5LFU	0	AGE; PC
INFANRIX INJ ***(diphtheria, acellular pertussis & tetanus toxoids)***	0	AGE; PC
KINRIX INJ ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	0	AGE; PC
PEDIARIX INJ 0.5ML ***(diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac)***	0	AGE; PC
PENTACEL INJ ***(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)***	0	AGE; PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUADRACEL INJ ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	0	AGE; PC
QUADRACEL INJ 0.5ML ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	0	AGE; PC
TDVAX INJ 2-2 LF ***(tetanus-diphtheria toxoids (td))***	0	AGE; PC
TENIVAC INJ 5-2LF ***(tetanus-diphtheria toxoids (td))***	0	AGE; PC
TET/DIP TOX INJ 2-2 LF	0	AGE; PC
VAXELIS INJ ***(diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb)***	0	AGE; PC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
(Hyoscyamine Sulfate Elixir 0.125 mg/5ml) HYOSYNE	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
(Hyoscyamine Sulfate Sl Tab 0.125 mg) OSCIMIN	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
(Hyoscyamine Sulfate Soln 0.125 mg/ml) HYOSYNE	1	
hyoscyamine sulfate tab 0.125 mg	1	
(Hyoscyamine Sulfate Tab 0.125 mg) OSCIMIN	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
(Hyoscyamine Sulfate Tab Disint 0.125 mg) NULEV	1	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	
esomeprazole magnesium for delayed release susp packet 5 mg	1	
esomeprazole magnesium for delayed release susp packet 10 mg	1	
esomeprazole magnesium for delayed release susp packet 20 mg	1	
esomeprazole magnesium for delayed release susp packet 40 mg	1	
lansoprazole cap delayed release 30 mg	1	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
rabeprazole sodium ec tab 20 mg	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TALICIA CAP ***(amoxicillin-rifabutin-omeprazole)***	2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG ***(vibegron)***	2	ST
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VACCINES - DRUGS TO PREVENT INFECTIONS		
BACTERIAL VACCINES		
ACTHIB INJ ***(haemophilus b polysac conj vac)***	0	AGE; PC
BEXSERO INJ ***(meningococcal vac group b (recombant omv adjuvanted))***	0	PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HIBERIX SOL 10MCG ***(haemophilus b polysac conj vac)***	0	AGE; PC
MENACTRA INJ ***(meningococcal (a,c,y&w-135) polysacch diphth conj vaccine)***	0	PC
MENQUADFI INJ ***(meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine)***	0	PC
MENVEO INJ ***(meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)***	0	PC
PEDVAX HIB INJ ***(haemophilus b polysac conj vac)***	0	AGE; PC
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vac polyvalent)***	0	PC
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	0	PC
PREVNAR 20 INJ ***(pneumococcal 20-valent conjugate vaccine)***	0	PC
TRUMENBA INJ ***(meningococcal group b vaccine (recombinant))***	0	PC
VAXNEUVANCE INJ ***(pneumococcal 15-valent conjugate vaccine)***	0	PC
VIRAL VACCINES		
AFLURIA QUAD INJ 2021-22 ***(influenza virus vaccine split quadrivalent)***	0	PC
COMIRNATY INJ 30/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC
ENGERIX-B INJ 10/0.5ML ***(hepatitis b vaccine (recomb))***	0	PC
ENGERIX-B INJ 20MCG/ML ***(hepatitis b vaccine (recomb))***	0	PC
FLUAD QUADRI INJ 2021-22 ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	0	PC
FLUARIX QUAD INJ 2021-22 ***(influenza virus vaccine split quadrivalent)***	0	PC
FLUBLOK QUAD INJ 2021-22 ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	0	PC
FLUCLVX QUAD INJ 2021-22 ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	0	PC
FLULAVAL QUA INJ 2021-22 ***(influenza virus vaccine split quadrivalent)***	0	PC
FLUMIST QUAD SUS 2021-22 ***(influenza virus vaccine live quadrivalent)***	0	PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUZONE HD INJ 2021-22 ***(influenza virus vac split high-dose quad preservative free)***	0	PC
FLUZONE QUAD INJ 2021-22 ***(influenza virus vaccine split quadrivalent)***	0	PC
GARDASIL 9 INJ ***(human papillomavirus (hpv) 9-valent recombinant vaccine)***	0	PC
HAVRIX INJ 720UNIT ***(hepatitis a vaccine)***	0	PC
HAVRIX INJ 1440UNIT ***(hepatitis a vaccine)***	0	PC
HEPLISAV-B INJ 20/0.5ML ***(hepatitis b vaccine recombinant adjuvanted)***	0	PC
IPOL INJ INACTIVE ***(poliovirus vaccine, ipv)***	0	AGE; PC
JANSSEN VACC INJ COVID-19 ***(covid-19 (sars-cov-2) adenovirus vaccine)***	0	AGE; PC
M-M-R II INJ ***(measles, mumps & rubella virus vaccines)***	0	PC
MODERNA BIV INJ 6M-5Y ***(covid-19 mrna bivalent virus vaccine (moderna))***	0	AGE; PC
MODERNA INJ BIVALENT ***(covid-19 mrna bivalent virus vaccine (moderna))***	0	AGE; PC
MODERNA VAC INJ 50/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC
MODERNA VAC INJ COVID-19 ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	PC
MODERNA VACC INJ 6-11Y ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC
MODERNA VACC INJ 6M-5Y ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC
NOVAVAX VAC INJ COVID-19 ***(covid-19 (sars-cov-2) subunit (spike) protein virus vaccine)***	0	AGE; PC
PFIZER BIVAL INJ 5-11Y ***(covid-19 mrna bivalent virus vaccine (pfizer))***	0	AGE; PC
PFIZER BIVAL INJ 6M-4Y ***(covid-19 mrna bivalent virus vaccine (pfizer))***	0	AGE; PC
PFIZER BIVAL INJ BA4/BA5 ***(covid-19 mrna bivalent virus vaccine (pfizer))***	0	AGE; PC
PFIZER VACC INJ 5-11Y ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC
PFIZER VACC INJ 6M-4Y ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC
PFIZER VACC INJ ADLT RTU ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PFIZER VACC INJ COVID-19 ***(covid-19 (sars-cov-2) mrna virus vaccine)***	0	AGE; PC
PREHEVBRIO SUS 10MCG/ML ***(hepatitis b vaccine 3-antigen recombinant)***	0	PC
PROQUAD INJ ***(measles-mumps-rubella-varicella virus vaccines)***	0	AGE; PC
RECOMBIVA HB INJ 5MCG/0.5 ***(hepatitis b vaccine (recomb))***	0	PC
RECOMBIVA HB INJ 10MCG/ML ***(hepatitis b vaccine (recomb))***	0	PC
RECOMBIVA-HB INJ 40MCG/ML ***(hepatitis b vaccine (recomb))***	0	PC
ROTARIX SUS ***(rotavirus vaccine, live oral)***	0	AGE; PC
ROTATEQ SOL ***(rotavirus vaccine, live oral pentavalent)***	0	AGE; PC
SHINGRIX INJ 50/0.5ML ***(zoster vaccine recombinant adjuvanted)***	0	AGE; PC
TWINRIX INJ ***(hepatitis a (inactivated)-hepatitis b (recombinant) vaccines)***	0	AGE; PC
VAQTA INJ 25/0.5ML ***(hepatitis a vaccine)***	0	PC
VAQTA INJ 50UNT/ML ***(hepatitis a vaccine)***	0	PC
VARIVAX INJ ***(varicella virus vaccine live)***	0	PC
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
SPERMICIDES		
TODAY SPONGE MIS ***(nonoxynol-9)***	0	CM, PC
VCF VAGINAL GEL CONTRACE ***(nonoxynol-9)***	0	CM, PC
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	1	
metronidazole vaginal gel 0.75%	1	
(Miconazole Nitrate Vaginal Suppos 200 mg) MICONAZOLE 3	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	1	
IMVEXXY MAIN SUP 4MCG ***(estradiol vaginal)***	2	
IMVEXXY MAIN SUP 10MCG ***(estradiol vaginal)***	2	
IMVEXXY STRT SUP 4MCG ***(estradiol vaginal)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMVEXXY STRT SUP 10MCG ***(estradiol vaginal)***	2	
VAGIFEM TAB 10MCG ***(estradiol vaginal)***	1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG ***(progesterone (vaginal))***	2	
CRINONE GEL 8% VAG ***(progesterone (vaginal))***	2	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION		
AUVI-Q INJ 0.1MG ***(epinephrine (anaphylaxis))***	2	
AUVI-Q INJ 0.3MG ***(epinephrine (anaphylaxis))***	2	
AUVI-Q INJ 0.15MG ***(epinephrine (anaphylaxis))***	2	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	4	PA, QL
droxidopa cap 200 mg	4	SP, PA, QL
droxidopa cap 300 mg	4	SP, PA, QL
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
epinephrine inj 1 mg/ml	1	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione inj 1 mg/0.5ml (2 mg/ml)	1	
phytonadione inj 10 mg/ml	1	
phytonadione tab 5 mg	1	

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