San Francisco Health Plan

Healthy Workers HMO Prescription Drug Formulary

As of October 2026

This formulary was updated October 1, 2026. This formulary is subject to change, and all previous versions of the formulary are no longer in effect.

Latest Formulary Information

Member Site:
sfhp.org/for-members/healthy-workers/benefits/pharmacy-services
Provider Site:
https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/

Healthy Workers HMO Benefits & Services:

Member Site:
sfhp.org/programs/healthy-workers/benefits/pharmacy-services
Provider Site:
sfhp.org/programs/healthy-workers/benefits/pharmacy-services

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Informational Section

Introduction to the Formulary

The San Francisco Health Plan (SFHP) Healthy Workers HMO Formulary is a list of drug products that are approved by the Food and Drug Administration (FDA) and are eligible for coverage under the outpatient prescription benefit. Drugs on the SFHP Healthy Workers HMO Formulary are selected to reflect the most appropriate, high quality and cost-effective drug therapies. The SFHP Healthy Workers HMO Formulary includes brand and generic medications as well as some devices, in compliance with the Affordable Care Act (ACA) and California state regulations. The presence of a drug on the Formulary does not guarantee that you will be prescribed that drug by your provider.

Definitions of Terms

The following is a list of common terms used throughout this Formulary and their meanings:

"**Brand name drug**" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

"**Coinsurance**" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"**Copayment**" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"**Deductible**" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

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

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

"**Exception request**" is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for

coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

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

"**Formulary**" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

"**Generic drug**" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold*** **and** ***italicized lowercase*** letters.

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

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

"**Pharmacy & Therapeutics Committee**" is a group of local prescribers and pharmacists that meet four times per year and determine which drugs will be on the formulary and the criteria used for the Prior Authorization review process.

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

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

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

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

"**Step therapy**" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider

submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

"**Specialty drug**" are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. Most specialty drugs require a prior authorization. If covered, the specialty drugs cannot be obtained from a network retail pharmacy and must be obtained from a MedImpact contracted mail order specialty pharmacy.

"**Subscriber**" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How to Read This Formulary

The SFHP Healthy Workers HMO Formulary document is listed alphabetically by drug class and includes the following information: drug name, dosage form, drug tier, along with any formulary restriction such as quantity limit, prior authorization or step therapy requirements.

How can I find a drug on the Formulary list?

You can locate a prescription drug by looking up the therapeutic category and class of the drug or the BRAND or *generic* name of the drug in the alphabetical index. You can search this list by:

- Searching for the category or class to which the drug belongs and then searching for the name of the drug in alphabetical order OR
- Searching the index for the name of the drug in alphabetical order

Formulary List

Drug type	How the drug name will appear in the formulary drug list
generic drug	***metronidazole oral tablet***
brand drug	ELIQUIS ORAL TABLET (***apixaban***)

How do I know if the drug listed is a brand or generic drug?

A drug is listed alphabetically by its BRAND and *generic* names in the therapeutic category and class to which it belongs. If a drug is available as a generic, it is listed by the generic name. Some generic drugs are marketed under a proprietary, trademark protected brand name. For these, the brand name will be listed after the generic name in parentheses and regular typeface with first letter of each word capitalized.

Generally, SFHP requires generic substitution when an equivalent generic product for a brand name drug is available (see Brand medication policy below). If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all *italicized lowercase* letters. If a generic equivalent for a brand name drug is not available or is not covered on the formulary, the drug will not be listed separately by its generic name.

What if I cannot find a drug on the Formulary list?

If your medication is not listed in the SFHP Healthy Workers HMO Formulary list, it is called a nonformulary drug. Your provider must submit a prior authorization form to SFHP before the pharmacy can dispense the nonformulary drug. SFHP will review the request and determine if the medication will be authorized based on prior authorization criteria. Some Formulary medications also require your provider submit a prior authorization form before the pharmacy can dispense the drug if your prescription exceeds specific limits, requires step therapy, or is a medication with specific uses. SFHP's prior authorization criteria are approved by the Pharmacy Benefit Manager's (PBM) P&T Committee and are consistent with professionally recognized treatment guidelines and standards of practice.

*For more information about the prior authorization process, see the Formulary Restrictions section.

What are Drug Tiers?

Drugs are placed on different tiers based on how they work, and their safety and cost compared to other drugs used for the same type of treatment.

Drug Tier		Copay
Tier 1 (T1)	Generic	$5
Tier 2 (T2)	Preferred Brand	$10
Tier 3 (T3)	Non-Preferred Brand	$10
EHB	Essential Health Benefit -The Affordable Care Act (ACA) requires certain preventative products to be covered at zero dollar copay.	$0

Some medications may be listed in multiple tiers due to a particular strength being formulary and another strength or dosage form of the same medication requiring a prior authorization.

Definitions of Coverage Limits

Restriction	Definition
SP: Specialty Pharmacy	This prescription drug may only be filled through a contracted specialty pharmacy.
PA: Prior Authorization	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
QL: Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST: Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a "step" to other drug options.
Age: Age limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.

Other abbreviations used in the formulary:
CT = Contraceptives
DD = Diabetes Drug or Device
OCH = Orally Administered Anti-Cancer Drug

Restrictions that may apply are designated with symbols according to the key above. Please see the "Coverage Requirements and Limits" column of the formulary list for these limits.

What is the difference between the outpatient prescription drug benefit and the medical benefit?

The outpatient prescription drug benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded. Drugs that must be administered to you by a health care professional are usually provided under the medical benefit. Medical benefit drugs may include drugs for infusion therapy, blood products, and any drug that must be administered by a health care professional. Some drugs that must be administered by a healthcare professional are covered in the outpatient prescription drug benefit, such as: long-acting injectable drugs for necessary treatment of a mental health condition or substance use disorder, and an injectable medication used for pre-exposure prophylaxis (PrEP) for HIV-1. Please refer to the Formulary for the drugs that must be administered to you by a health care professional that are also covered under the outpatient prescription drug benefit. For more information on benefits under the Healthy Workers HMO plan please visit **sfhp.org/programs/healthy-workers/benefits.**

Are any drugs excluded from the Formulary?

The following drug classes are excluded from the Healthy Workers HMO Formulary:

- When prescribed for cosmetic services. For purposes of this exclusion, cosmetic means drugs solely prescribed for the purpose of altering or affecting normal structure of the body to improve appearance rather than function.
- When prescribed solely for the treatment of hair loss, sexual dysfunction, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. The exclusion does not apply to drugs for mental performance when they are Medically Necessary to treat diagnosed mental illness or medical conditions affecting memory, including, but not limited to, treatment of the conditions or symptoms of dementia or Alzheimer's disease.
- When prescribed solely for the purpose of shortening the duration of the common cold.
- When prescribed solely for the purpose of losing weight.
- Prescription Drugs available over the counter or for which there is an over-the-counter equivalent (the same active ingredient, strength, and dosage form as the Prescription Drug). This exclusion does not apply to:
    - Insulin,
    - Over-the-counter drugs as covered under preventive services, e.g., over-the-counter FDA-approved contraceptive drugs),
    - Over-the-counter drugs for reversal of an opioid overdose, or
    - An entire class of Prescription Drugs when one drug within that class becomes available over the counter.

- Drugs when prescribed by non-contracting providers for non-covered procedures and which are not authorized by a plan or a plan provider, except when coverage is otherwise required in the context of Emergency Services and Care.

Who decides what drugs are on the Formulary?

The Pharmacy Benefit Manager's (PBM) Pharmacy and Therapeutics (P&T) Committee is responsible for selecting medications on the Formulary. The PBM's P&T Committee reviews all new medications and new treatment guidelines to determine how well drugs work, the safety profile of the medications, and overall value when selecting the formulary list. The SFHP P&T Committee reviews the PBM's standard formulary and recommends any changes to the PBM. The SFHP P&T Committee is composed of actively participating network physicians from various medical specialties and clinics and community clinical pharmacists along with the SFHP Chief Medical Officer and Pharmacy Director or designee.

SFHP providers may request evaluation of drugs for addition to or deletion from the Formulary by submitting the Formulary Modification Request Form available on our website at **sfhp.org/providers/pharmacy-services/prior-authorization-requests.**

How and when does the Formulary change?

The Pharmacy Benefit Manager's (PBM) P&T Committee meets quarterly to review Formulary changes based on safety, efficacy, and quality of care considerations. The most updated formulary is posted on the SFHP website monthly. Once updated, previous Formulary documents are no longer considered in effect.

The following changes to the formulary may occur:

- A drug may be added to or removed from the Formulary
- A new generic form may be added to the Formulary when it becomes available
- A brand drug may be removed from the Formulary when a generic equal becomes available
- A drug may move tiers when a prior authorization or step requirements are added or removed
- Age or quantity limits may be added, removed, or changed

When a drug or dosage form is removed from the formulary or restrictions are added and it was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe for your condition. SFHP will notify you if a covered drug you are taking is removed from the formulary because the FDA deems the drug to be unsafe and it is removed from market, or because the manufacturer removes the drug from market.

The monthly updates to the SFHP Formulary can be accessed online from our website at **sfhp.org/for-members/healthy-workers/benefits/pharmacy-services.** You can also request information by calling SFHP Customer Service at **1(415) 547-7800** (local), **1(800) 288-5555** (toll-free), Monday–Friday, 8:30am–5:30pm.

What preventive services are covered under the outpatient prescription drug benefit?

Preventive services are Essential Health Benefits (EHB) required by the Patient Protection and Affordable Care Act (ACA) and Knox-Keene Health Care Service Plan Act (Knox-Keene Act) to be covered without prior authorization and at no charge to the enrollee. Preventive health drugs covered under the outpatient prescription drug benefit are determined based on recommendations by the United States Preventive Services Task Force and immunization coverage are based on the recommendations from the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention. For more details about preventive services covered under the outpatient prescription drug benefit, visit **sfhp.org/for-members/healthy-workers/benefits/pharmacy-services.** For information on how to obtain prescription drugs and how to find a network pharmacy, please see "Filling a prescription" section below.

What is a contraceptive drug or device?

Contraceptives are medications or devices, such as diaphragms, that help prevent pregnancy. SFHP is required by law, to cover up to a 12-month supply, per fill, of FDA-approved contraceptives medications and devices, including over the counter (OTC) contraceptives, without prior authorization and no copayment. A prescription is not required to trigger coverage of OTC contraceptives. The enrollee ID card must be presented at a participating in-network pharmacy and the pharmacy can process the formulary OTC contraceptive without prior authorization and no copayment.

Over the counter (OTC) Contraceptives includes:

- Condoms (Female)
- Condoms (Male)
- Daily Oral Contraceptives (Opill)
- Emergency Oral Contraceptives
- Spermicides (cream, film, foam, gel, suppository)

For information on how to obtain a prescription contraceptive and how to find a network pharmacy, please see "Filling a prescription" section below.

What diabetes care drugs and products are covered?

SFHP covers FDA-approved medications for the treatment of diabetes, (including the type of diabetes developed during pregnancy in women who did not have diabetes before) and diabetic testing devices and supplies, whether or not you need to use insulin. Covered devices and supplies under the outpatient prescription drug benefit include glucose monitors, test strips, syringes, lancets, alcohol wipes and ketone urine testing strips. For information on how to obtain prescription drugs and how to find a network pharmacy, please see "Filling a prescription" below.

Filling a prescription

When you need medication, your Primary Care Physician (PCP) or referred specialist will prescribe it. You can obtain prescription drugs at any in-network retail pharmacy. To get the medication, take the paper prescription to a retail pharmacy listed in the Pharmacies section of the San Francisco Health Plan Healthy Workers HMO Provider Directory (**sfhp.org/programs/healthy-workers/find-a-provider**) and show your enrollee ID card to the pharmacist. Your Primary Care Physician (PCP) or referred specialist may choose to send prescription drugs to a pharmacy electronically. Prescriptions will be covered according to this SFHP Formulary document and restrictions outlined below.

Mail Order Pharmacy

A mail order pharmacy is a licensed pharmacy that is set up to fill medications for ongoing use to maintain health and are shipped directly to the patient's home. Besides our network retail pharmacies, members can also obtain their medications through a mail order pharmacy. It can be a convenient way to fill ongoing medications. For instructions on how to obtain medications through a mail order pharmacy, please visit the Mail Order Pharmacy Section at the following website **sfhp.org/programs/healthy-workers/benefits/pharmacy-services.**

Specialty Drug Pharmacy Requirements

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost. Because of their complexity and cost, they typically need to be obtained through a specialty pharmacy to help us make sure you get the support, coordination, and care management that often comes with these medications.

The Specialty Drug List can be found at the website: https://www.sfhp.org/for-members/healthy-workers/benefits/pharmacy-services. The drugs with this requirement are designated with "**SP**" on the formulary.

Most specialty drugs require a prior authorization. If covered, the specialty drugs cannot be obtained from a network retail pharmacy and must be obtained from a mail order specialty pharmacy contracted with MedImpact, SFHP's Pharmacy Benefit Manager.

The MedImpact Direct Specialty Program will help members set up their specialty medication delivery with a contracted mail order specialty pharmacy. The prescriber can send the prescription directly to MedImpact Direct Specialty **via fax at 1(888) 807-5716**. The contracted specialty pharmacy that will fill the medication will contact the member to set up their account and to arrange the delivery of the medication.

Members can also contact MedImpact Direct Specialty Program directly to get assistance in setting up an account with a specialty mail order pharmacy and transferring an existing prescription. Translation services are available.

Phone: 1(877) 391-1103 (TTY dial 711)
Email: SpecialtyServiceCenter@medimpactdirect.com

Copayment Information:

Copayments for covered outpatient prescription medications are as described below. Cost-sharing does not exceed 50 percent of the cost to the plan. The following copayments apply to prescriptions covered under the Healthy Workers HMO Formulary:

- **$5 Copayment** – generic medications listed on Tier 1 and brand medications listed on Tier 1 that have a generic equivalent.
- **$10 Copayment** – brand medications listed on Tier 2 or Tier 3

The total amount of copayments and coinsurance an enrollee is required to pay does not exceed two hundred fifty dollars ($250) for up to a 30-day supply of a covered outpatient prescription drug.

What drugs have their cost waived?

Preventive Services are part of Essential Health Benefits that are required by state or federal legislation to be covered with no out-of-pocket cost for enrollees. These drugs and immunization are listed on the EHB Tier. For full list of preventive drugs and immunizations at $0 copayment, please visit **sfhp.org/programs/healthy-workers/benefits/pharmacy-services.**

- **$0 Copayment** –
  - Preventive medications, including but not limited to:
    - all contraceptives
    - medications approved for prevention of human immunodeficiency virus (HIV) infection
    - low-dose aspirin
    - statin medications
    - prenatal vitamins with folic acid
    - breast cancer prevention drugs
    - medications for tobacco cessation
    - immunizations
  - Covid-19 Home Tests and Therapeutics provided at SFHP's in-network pharmacies.
- All $0 copayment medications on formulary have "$0" in the Status column

Formulary Restrictions

The SFHP Formulary uses standard formulary restrictions designated with symbols including specific limits on drugs such as quantity limitations (QL) and age limitations (AL), step therapy (ST), and prior authorization (PA). All formulary restrictions are based on FDA approved indications, standards of practice, and safety considerations. Prescriptions exceeding the formulary restrictions require that your prescriber submit a Prior Authorization request. Your pharmacist will get an electronic message from SFHP if a prescription has a formulary restriction requiring prior authorization and will inform you and your treating provider.

What is Step Therapy?

Step Therapy (ST) medications require you to try one or more drugs to treat your medical condition before SFHP will cover a particular drug for the condition pursuant to a step therapy request. If your prescribing provider submits a request for step therapy exception, SFHP shall make exceptions to step therapy when the prior authorization criteria is met. SFHP will not require you to meet step therapy for a drug you are already taking as long as your provider continues to prescribe the drug, and the drug is still appropriate and considered safe and effective for your condition. Additional information

for step therapy request approval can be found at **sfhp.org/providers/pharmacy-services/prior-authorization-requests** under the "Prior Authorization Criteria" section.

What is the prior authorization request process?

The health plan shall cover nonformulary or restricted drugs when medically necessary. If a nonformulary drug, a drug restricted for prior authorization, a drug restricted for step therapy, or a prescription exceeding a quantity or age limitation is medically necessary; you or your provider can request SFHP to review the prescription for coverage. This process is called a prior authorization request or an exception request. Clinicians can submit a prior authorization request by:

1. **Fax**: Download a Prior Authorization Request Form and fax to **1(858) 790-7100** for both standard and urgent requests. Urgent requests should be clearly labeled "URGENT" at the top of the prior authorization request form.
2. **Phone**: Pharmacy Benefits Manager (PBM) MedImpact at **1(800) 788-2949** to submit a verbal request.
3. **Online**: Submit a request at Cover My Meds

The Prior Authorization Request Form can be accessed from our website at **sfhp.org/providers/pharmacy-services/prior-authorization-requests.**

A pharmacist or Medical Director reviews all prior authorization requests and makes a decision to approve, approve with changes, deny, or ask your prescribing provider for more information based on criteria approved by the PBM's P&T Committee. Non-urgent requests are reviewed within 72 hours. When exigent circumstances exist, the request is expedited and reviewed within 24 hours. When exigent circumstances exist, the request may be labeled urgent. If the prior authorization request is approved, a message is sent by fax to the prescriber listed on the completed Prior Authorization Request Form, stating the medication will be covered by SFHP. When a non-urgent request is approved, the health plan will provide coverage for the duration of the prescription, including refills. When a request based on exigent circumstances is approved, the health plan will provide coverage for the duration of the exigency. If the health plan fails to respond to a completed prior authorization or step therapy request within 72 hours of receiving a non-urgent request or 24 hours of receiving a request based on exigent circumstances, the request is deemed granted for the duration of the prescription, including refills.

If the prior authorization request is denied or approved with changes, SFHP will send a letter to you and the prescribing provider. This letter includes what guideline was used and thereason for SFHP's decision. We also include instructions for how you may appeal if you disagree with the decision. If you disagree with SFHP's denial or approval with changes, you may submit an appeal to SFHP. SFHP will review your appeal within thirty (30) days. If your appeal is urgent, it will be reviewed within 72 hours. If your appeal is about a drug that is not on SFHP's formulary, you may file a grievance seeking an external exception request review. A grievance seeking an external exception request review is reviewed by an external review organization. An external

review organization is not affiliated with or employed by SFHP. The external review organization will decide whether SFHP should cover the non-formulary drug based on your medical need. SFHP will notify you and your prescribing physician of the decision within 72 hours. If the original request was expedited, SFHP will notify you and your prescribing physician within 24 hours.

**Note: Pursuant to section 1367.22 of the Health and Safety Code, SFHP will not limit or exclude coverage for a drug if the health plan previously approved coverage of the drug for an enrollee's medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and safe and effective for treating the enrollee's medical condition.

Other Formulary Policies

Brand medication policy

SFHP has a mandatory generic policy and requires generic substitution when an equivalent AB-rated generic or interchangeable biologic product for a brand name drug is available. Exceptions to this policy can be found on the formulary.

There may be rare exceptions to this policy. If the brand medication is included or preferred on the formulary when an equivalent generic or interchangeable biologic product is available, the lowest cost share (generic copayment) will apply.

Day supply policy

SFHP standard day supply policy is up to a 90-day supply for medications. Specialty and limited distribution drugs are limited to a 30-day supply. Refills are allowed when 84% of the medication has been used and 75% of the medication used prior to the next fill when medications are filled at Specialty/Limited Distribution Drug (LDD) Pharmacies.

ENGLISH - ATTENTION: If you need help in your language, call **1(415) 547-7800** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1(415) 547-7800** (TTY: **711**). These services are free.

العربية (ARABIC) - يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1(415) 547-7800** (TTY: **711**).
تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير.
اتصل بـ **1(415) 547-7800** (TTY: **711**). هذه الخدمات مجانية.

Հայերեն (ARMENIAN) - ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1(415) 547-7800** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1(415) 547-7800** (TTY: **711**): Այս ծառայություններն անվճար են:

ខ្មែរ (CAMBODIAN) - ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1(415) 547-7800** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1(415) 547-7800** (TTY: **711**)។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។

简体中文 (CHINESE - SIMPLIFIED) - 请注意：如果您需要以您的母语提供帮助，请致电 **1(415) 547-7800** (TTY: **711**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1(415) 547-7800** (TTY: **711**)。这些服务是免费的。

繁體中文 (CHINESE - TRADITIONAL) - 請注意：如果您需要以您的母語提供幫助，請致電 **1(415) 547-7800** (TTY: **711**)。另外還提供針對殘障人士的說明和服務，例如盲文和需要較大字體閱讀，也是方便取用的。請致電 **1(415) 547-7800** (TTY: **711**)。這些服務是免費的。

فارسی (FARSI) - توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1(415) 547-7800** (TTY: **711**) تماس بگیرید.
کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1(415) 547-7800** (TTY: **711**) تماس بگیرید. این خدمات رایگان هستند.

हिंदी (HINDI) - ध्यान दें: यदि आपको अपनी भाषा में मदद चाहिए, तो **1(415) 547-7800** (TTY: **711**)। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। **1(415) 547-7800** (TTY: **711**)। ये सेवाएँ निःशुल्क हैं।

HMOOB (HMONG) - CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1(415) 547-7800** (TTY: **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1(415) 547-7800** (TTY: **711**). Cov kev pabcuam no pub dawb.

日本語 (JAPANESE) - 注記：あなたの言語でサポートが必要な場合は、**1(415) 547-7800** (TTY: **711** までお電話ください)。また、点字や大きな活字で作成したドキュメントなど、障害をお持ちの方のための補助やサービスもご利用いただけます。**1(415) 547-7800** (TTY: **711** までお電話ください)。これらのサービスは無料です。

한국어 (KOREAN) - 주의: 자국어로 도움이 필요한 경우, **1(415) 547-7800** (TTY: **711** 으로 전화하십시오). 점자 및 큰 글씨로 된 문서 등 장애인을 위한 보조 도구와 서비스도 제공됩니다. **1(415) 547-7800** (TTY: **711** 으로 전화하십시오). 이러한 서비스는 무료입니다.

ພາສາລາວ (LAO) - ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ **1(415) 547-7800** (TTY: **711**). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການຊົ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນຸນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ແມ່ນຍັງມີຢູ່. ໂທ **1(415) 547-7800** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

MIEN (MIEN) - LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1(415) 547-7800** (TTY: **711**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1(415) 547-7800** (TTY: **711**). Naaiv deix gong benx wangv henh tengx oc.

ਪੰਜਾਬੀ (PUNJABI) - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1(415) 547-7800** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1(415) 547-7800** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

РУССКИЙ (RUSSIAN) - ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1(415) 547-7800** (линия TTY: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1(415) 547-7800** (линия TTY: **711**). Эти услуги являются бесплатными.

ESPAÑOL (SPANISH) - ATENCIÓN: si necesita ayuda en su idioma, llame al **1(415) 547-7800** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1(415) 547-7800** (TTY: **711**). Estos servicios son gratuitos.

TAGALOG (TAGALOG-FILIPINO) - ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1(415) 547-7800** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1(415) 547-7800** (TTY: **711**). Libre ang mga serbisyong ito.

ภาษาไทย (THAI) - โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1(415) 547-7800** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1(415) 547-7800** (TTY: **711**) บริการไม่มีค่าใช้จ่ายใด ๆ

УКРАЇНСЬКОЮ (UKRAINIAN) - УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1(415) 547-7800** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1(415) 547-7800** (TTY: **711**). Ці послуги є безкоштовними.

TIẾNG VIỆT (VIETNAMESE) - CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1(415) 547-7800** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1(415) 547-7800** (TTY: **711**). Những dịch vụ này đều là miễn phí.

NONDISCRIMINATION NOTICE

Discrimination is against the law. San Francisco Health Plan (SFHP) follows Federal civil rights laws. SFHP does not discriminate, exclude people, or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

SFHP provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio ,accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact SFHP Customer Service between 8:00am and 5:00pm, Monday through Friday, by calling **1(415) 547-7800** or **1(800) 288-5555** (toll-free). Or, if you cannot hear or speak well, please call TTY **711.**

HOW TO FILE A GRIEVANCE

If you believe that SFHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with SFHP. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SFHP between 8:00am and 5:00pm, Monday through Friday, by calling **1(415) 547-7800** or **1(800) 288-5555** (toll-free). Or, if you cannot hear or speak well, please call TTY **711** (toll-free).
- In writing: Fill out a complaint form or write a letter and send it to:
  San Francisco Health Plan
  P.O. Box 194247
  San Francisco, CA 94119
- In person: Visit your doctor's office or SFHP's Service Center and say you want to file a grievance. SFHP's Service Center is located at 550 Kearny Street, Lower Level, San Francisco, CA 94108.
- Electronically: Visit SFHP's website at **sfhp.org**
- By fax: **1(415)547-7825**
- By email: grievances@sfhp.org

OFFICE OF CIVIL RIGHTS

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by phone, in writing, or electronically:

- By phone: Call **1(800) 368-1019.** If you cannot speak or hear well, please call TTY **1(800) 537-7697.**
- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**
- Electronically: Visit the Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins and Minerals		
Alternative Therapy - Unclassified - Vitamins and Minerals		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	T3	
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (***ziconotide acetate***)	T3	SP
Analgesic - Opioid Antagonists - Arthritis and Pain Drugs		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	T3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	T3	
Analgesic - Selective Sodium Channel Blockers - Arthritis and Pain Drugs		
JOURNAVX ORAL TABLET 50 MG (***suzetrigine***)	T3	PA
Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	T3	PA; SP
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
codeine sulfate oral tablet 15 mg, 30 mg	T1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	T1	QL (6 EA per 1 day); Age (Min 12 Years)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg	T1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	T1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
hydromorphone oral liquid 1 mg/ml	T1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	T1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	T1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
hydromorphone rectal suppository 3 mg	T1	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	T3	PA; SP
levorphanol tartrate oral tablet 2 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
meperidine oral solution 50 mg/5 ml	T1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	T1	QL (6 EA per 1 day)
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	T1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	T1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	T1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	T1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	T1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	T1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	T1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	T1	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	T1	PA
morphine oral capsule, er multiphase 24 hr 120 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
morphine oral solution 10 mg/5 ml (2 mg/ml)	T1	
morphine oral tablet 15 mg	T1	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	T1	
morphine sulf 20 mg/5 ml soln 20 mg/5 ml (4 mg/ml)	T1	
morphine sulf 20 mg/5 ml soln dosing cup 20 mg/5 ml (4 mg/ml)	T1	
morphine sulfate ir 30 mg tab	T1	
morphine sulfate ir 30 mg tab	T2	
morphine sulfate ir 30 mg tab u-d 4x25, blister	T2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	T2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxycodone oral capsule 5 mg	T1	
oxycodone oral concentrate 20 mg/ml	T1	PA
oxycodone oral solution 5 mg/5 ml	T1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	T1	
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	T1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (***oxycodone hcl***)	T3	
tapentadol oral tablet 100 mg, 50 mg, 75 mg	T1	QL (6 EA per 1 day)
tramadol oral solution 5 mg/ml	T1	PA
tramadol oral tablet 50 mg	T1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (***oxycodone myristate***)	T2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (***oxycodone myristate***)	T2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***)	T2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
levorphanol tartrate (Xyvona Oral Tablet 2 Mg)	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	T1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	T1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	T1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	T1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	T1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	T1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	T1	QL (6 EA per 1 day); Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	T1	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	T1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	T1	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	T1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***)	T2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	T1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	T1	
pentazocine-naloxone oral tablet 50-0.5 mg	T1	
Analgesic Opioid Sufentanil Combinations - Arthritis and Pain Drugs		
sufentanil-ketamine nasal spray with pump 3 mcg-3 mg/ spray (0.05 ml), 9 mcg-9 mg/ spray (0.1 ml)	T1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	T1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	T1	QL (10 EA per 1 day); Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
butalbital-acetaminophen oral tablet 50-300 mg	T1	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT REQUIRED WITHIN 120 DAYS; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	T1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	T1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T1	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	T1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	T1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (***avacopan***)	T3	PA
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab/pf***)	T3	PA
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***)	T3	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T2	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T2	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	T2	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	T2	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	T2	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml	T3	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	T2	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	T3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA
infliximab intravenous recon soln 100 mg	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***)	T3	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	T2	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	T2	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	T2	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml	T3	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	T2	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	T3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T2	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	T2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T2	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA
infliximab intravenous recon soln 100 mg	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
DMARD - Antimalarials - Arthritis and Pain Drugs		
hydroxychloroquine oral tablet 100 mg	T1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	T1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	T1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	T1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	T2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***)	T3	QL (60 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	T3	PA; OCH
methotrexate (pf) in nacl,iso intramuscular syringe 125 mg/5 ml (25 mg/ml)	T1	
methotrexate sodium (pf) injection solution 25 mg/ml	T1	
methotrexate sodium injection solution 25 mg/ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	OCH
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (***methotrexate/pf***)	T2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (***methotrexate/pf***)	T2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (***methotrexate/pf***)	T2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (***methotrexate/pf***)	T2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (***methotrexate/pf***)	T2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (***methotrexate/pf***)	T2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (***methotrexate/pf***)	T2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (***methotrexate/pf***)	T2	QL (2.4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (***methotrexate/pf***)	T2	QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	T3	PA; OCH; QL (120 ML per 60 days)
DMARD - Antinflammatory, Select. costimulation modulator,T-cell Inhib. - Arthritis and Pain Drugs		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	T3	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	T3	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	T3	PA
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	T3	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	T3	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	T3	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	T3	PA
DMARD - Gold Compounds - Arthritis and Pain Drugs		
auranofin oral capsule 3 mg	T1	
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	T3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	T1	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	T1	SP
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	T1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclophosphamide intravenous solution 500 mg/ml	T1	SP
cyclophosphamide oral capsule 25 mg, 50 mg	T1	OCH
cyclophosphamide oral tablet 50 mg	T1	OCH
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
mycophenolate mofetil oral capsule 250 mg	T1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	T1	
mycophenolate mofetil oral tablet 500 mg	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	T2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	T2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	T3	PA
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs		
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-anoh***)	T2	PA
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-anoh***)	T2	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	T3	PA
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (***sarilumab***)	T3	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab-aazg***)	T3	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***)	T2	PA
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	T3	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***)	T2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	T2	PA
tofacitinib oral solution 1 mg/ml	T1	PA
tofacitinib oral tablet 5 mg	T1	PA
tofacitinib oral tablet extended release 24 hr 11 mg	T1	PA
DMARD - Other - Arthritis and Pain Drugs		
minocycline oral capsule 100 mg, 50 mg, 75 mg	T1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	T1	
penicillamine oral capsule 250 mg	T1	PA
penicillamine oral tablet 250 mg	T1	PA
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	T1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	T2	PA
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (***apremilast***)	T2	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (***apremilast***)	T2	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
leflunomide oral tablet 10 mg, 20 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***)	T2	PA
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (***belimumab***)	T3	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	T3	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***)	T3	PA
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	T1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	T1	
VYSCOXA ORAL SUSPENSION 10 MG/ML (***celecoxib***)	T3	PA; QL (40 ML per 1 day)
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
meclofenamate oral capsule 100 mg, 50 mg	T1	
mefenamic acid oral capsule 250 mg	T1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	T1	
ketorolac injection solution 30 mg/ml	T1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	T1	
ketorolac intramuscular solution 60 mg/2 ml	T1	
ketorolac intramuscular syringe 60 mg/2 ml	T1	
ketorolac oral tablet 10 mg	T1	QL (20 EA per 5 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nabumetone oral tablet 500 mg, 750 mg	T1	
sulindac oral tablet 150 mg, 200 mg	T1	
tolmetin oral capsule 400 mg	T1	
tolmetin oral tablet 200 mg, 600 mg	T1	
TORONOVA II SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	T3	
TORONOVA SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	T3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
meloxicam oral tablet 15 mg, 7.5 mg	T1	
piroxicam oral capsule 10 mg, 20 mg	T1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	T1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	T1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
flurbiprofen oral tablet 100 mg	T1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	T1	
ibuprofen oral suspension 100 mg/5 ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	T1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	T1	
flurbiprofen (Lurbiro Oral Tablet 100 Mg)	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxaprozin oral tablet 600 mg	T1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
etodolac oral capsule 200 mg, 300 mg	T1	
etodolac oral tablet 400 mg, 500 mg	T1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral capsule, extended release 75 mg	T1	
indomethacin rectal suppository 100 mg	T1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	T1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	EHB	EHB
aspirin oral tablet,chewable 81 mg	EHB	EHB
aspirin oral tablet,delayed release (dr/ec) 81 mg	EHB	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	EHB	EHB
diflunisal oral tablet 500 mg	T1	
salsalate oral tablet 500 mg, 750 mg	T1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	EHB	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anesthetics - Drugs for Pain and Fever		
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
desflurane inhalation liquid 100 %	T1	
isoflurane inhalation liquid 99.9 %	T1	
sevoflurane inhalation liquid 99.97 %	T1	
SUPRANE INHALATION LIQUID 100 % (***desflurane***)	T3	
isoflurane (Terrell Inhalation Liquid 99.9 %)	T1	
Local Anesthetic - Amides - Drugs for Sedation		
lidocaine hcl laryngotracheal solution 4 %	T1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	T3	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
nitroglycerin rectal ointment 0.4 % (w/w)	T1	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	T1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	T1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	T1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G) (***hydrocortisone acetate/pramoxine hcl***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	T1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	T1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	T1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)	T1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	T1	
PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone acetate/pramoxine hcl***)	T3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T2	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	T1	
Antidote - Anticholinesterase Agents - Drugs for Overdose or Poisoning		
pyridostigmine bromide oral tablet extended release 105 mg	T3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	T3	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUVRIOR ORAL TABLET 300 MG (***trientine tetrahydrochloride***)	T3	PA
penicillamine oral capsule 250 mg	T1	PA
penicillamine oral tablet 250 mg	T1	PA
trientine oral capsule 250 mg	T1	PA
trientine oral capsule 500 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	T1	PA
deferiprone oral tablet 1,000 mg, 500 mg	T1	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T3	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
alvimopan oral capsule 12 mg	T1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	T3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	T3	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	T2	QL (4 EA per 30 days)
nalmefene injection solution 1 mg/ml	T1	
naloxone injection solution 0.4 mg/ml	T1	$0 COPAY
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	T1	$0 COPAY
naloxone nasal spray,non-aerosol 4 mg/actuation	T1	$0 COPAY; QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***)	T3	QL (4 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REZENOPY NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***naloxone hcl***)	T3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	T3	QL (2 ML per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML (***nalmefene hcl***)	T3	QL (2 ML per 30 days)
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
paromomycin sulfate (Humatin Oral Capsule 250 Mg)	T2	
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	T3	PA
neomycin oral tablet 500 mg	T1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	T3	PA
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	T1	
amoxicillin oral tablet 500 mg, 875 mg	T1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	T1	
ampicillin oral capsule 500 mg	T1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***)	T3	
PIVYA ORAL TABLET 185 MG (***pivmecillinam hcl***)	T3	PA
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	T1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	T1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
albendazole oral tablet 200 mg	T1	
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	T2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
ivermectin oral tablet 3 mg, 6 mg	T1	
Anthelmintic Agents Other - Drugs for Parasites		
praziquantel oral tablet 600 mg	T1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***)	T1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	T2	
trimethoprim oral tablet 100 mg	T1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	T1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	T1	
nitrofurantoin oral suspension 25 mg/5 ml	T1	PA
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal - Allylamines - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	T1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
nystatin oral tablet 500,000 unit	T1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
flucytosine oral capsule 250 mg, 500 mg	T1	
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	T1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	T3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***)	T3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***)	T3	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	T1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
itraconazole oral capsule 100 mg	T1	
itraconazole oral solution 10 mg/ml	T1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***)	T3	PA
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	T1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	T1	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	T1	
voriconazole oral tablet 200 mg, 50 mg	T1	
Antifungal other - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	T1	
griseofulvin microsize oral tablet 500 mg	T1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	T3	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	T2	PA
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	T1	
Antimalarial Combinations - Drugs for Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	T1	
COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***)	T3	
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***)	T3	
chloroquine phosphate oral tablet 250 mg	T1	
chloroquine phosphate oral tablet 500 mg	T1	
hydroxychloroquine oral tablet 100 mg	T1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	T1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	T1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	T1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	T2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	T1	
primaquine oral tablet 26.3 mg (15 mg base)	T2	
pyrimethamine oral tablet 25 mg	T1	PA
quinine sulfate oral capsule 324 mg	T1	
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	T2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***)	T3	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***)	T3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	T1	
Antiprotozoal Agents - Other - Drugs for Parasites		
atovaquone oral suspension 750 mg/5 ml	T1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	T2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***)	T3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	T1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (***metronidazole***)	T3	PA
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***)	T3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tinidazole oral tablet 250 mg, 500 mg	T1	
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***)	T2	PA; SP
Antiretroviral - Capsid Inhibitors - Drugs for Infections		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	T2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	T2	PA
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	T2	
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	T2	
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
maraviroc oral tablet 150 mg	T1	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	T1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	T2	QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	T2	PA
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***)	EHB	EHB; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	T2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***)	T2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	T2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG (***raltegravir potassium***)	T2	QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG (***raltegravir potassium***)	T2	QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***)	T2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***)	T2	QL (6 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (***cabotegravir/rilpivirine***)	T2	QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	T2	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	T2	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	T2	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (***rilpivirine hcl***)	T2	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	T1	
etravirine oral tablet 100 mg	T1	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	T1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	T2	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	T1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	T1	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	T1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rilpivirine hcl oral tablet 25 mg	T1	QL (1 EA per 1 day)
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	T2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine/tenofovir alafenamide fumarate***)	T2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	EHB	EHB; $0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T1	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	EHB	EHB; $0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
abacavir oral solution 20 mg/ml	T1	QL (960 ML per 30 days)
abacavir oral tablet 300 mg	T1	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	EHB	EHB; $0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	T2	QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	T1	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	T1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	T1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	T2	SP
zidovudine oral capsule 100 mg	T1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zidovudine oral syrup 10 mg/ml	T1	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	T1	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	EHB	EHB; $0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	T2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T2	QL (1 EA per 1 day)
Antiretroviral - Pre-Exposure Prophylaxis (PrEP) - Drugs for Infections		
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	T2	
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	T2	
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	T2	QL (1 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	T1	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	T1	QL (4 EA per 1 day)
Antiretroviral- Nucleoside and Nucleotide Analogs,Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	T2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	T2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	T2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T2	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Non-Nucleoside RTIs Combinations - Drugs for Viral Infections		
IDVYNSO ORAL TABLET 100-0.25 MG (***doravirine/islatravir***)	T2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	T1	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	T1	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	T1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	T1	QL (1 EA per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	T1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	T2	QL (1 EA per 1 day)
Antitubercular - D-alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	T3	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	T1	
isoniazid oral tablet 100 mg, 300 mg	T1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	T1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
pretomanid oral tablet 200 mg	T3	QL (1 EA per 1 day)
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T3	
rifabutin oral capsule 150 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
rifapentine oral tablet 150 mg	T1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	T1	
Bacterial Topoisomerase II Inhibitors, Others - Drugs for Infections		
BLUJEPA ORAL TABLET 750 MG (***gepotidacin mesylate***)	T3	PA; QL (4 EA per 1 day)
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
cefadroxil oral capsule 500 mg	T1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	T1	
cefadroxil oral tablet 1 gram	T1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T1	
cephalexin oral tablet 250 mg, 500 mg	T1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	T1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	T1	
cefaclor oral tablet extended release 12 hr 500 mg	T1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T1	
cefprozil oral tablet 250 mg, 500 mg	T1	
cefuroxime axetil oral tablet 250 mg, 500 mg	T1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	T1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T1	
cefixime oral capsule 400 mg	T1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	T1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	T1	
cefpodoxime oral tablet 100 mg, 200 mg	T1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***)	T2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	T2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
valganciclovir oral recon soln 50 mg/ml	T1	
valganciclovir oral tablet 450 mg	T1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (***maribavir***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (***letermovir***)	T3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	T3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	T3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	T2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	T1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	T1	
levofloxacin oral solution 250 mg/10 ml	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	
moxifloxacin oral tablet 400 mg	T1	
ofloxacin oral tablet 400 mg	T1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin oral capsule 125 mg	T1	QL (77 EA per 28 days)
vancomycin oral capsule 250 mg	T1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	T1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	T1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	T2	QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	T1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	T1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	T1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tenofovir disoproxil fumarate oral tablet 300 mg	EHB	EHB; $0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	T2	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	T2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T2	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	T2	PA
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	T2	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	T2	PA
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***)	T2	PA
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***)	T2	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	T2	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	T2	PA
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (***sofosbuvir***)	T3	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***)	T3	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
ribavirin oral capsule 200 mg	T1	
ribavirin oral tablet 200 mg	T1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	T1	
acyclovir oral suspension 200 mg/5 ml	T1	
acyclovir oral tablet 400 mg, 800 mg	T1	
valacyclovir oral tablet 1 gram, 500 mg	T1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	T1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	T1	
oseltamivir oral suspension for reconstitution 6 mg/ml	T1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	T3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 40 MG (***baloxavir marboxil***)	T2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***)	T2	QL (2 EA per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	T1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	T1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	T1	
Macrolide Antibiotics - Antibiotics		
azithromycin oral packet 1 gram	T1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T1	
clarithromycin oral tablet 250 mg, 500 mg	T1	
clarithromycin oral tablet extended release 24 hr 500 mg	T1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***)	T2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	T1	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	T1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	T1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	T1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	T1	
erythromycin ethylsuccinate oral tablet 400 mg	T1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	T1	
erythromycin oral tablet 250 mg, 500 mg	T1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	T1	
fidaxomicin oral tablet 200 mg	T1	QL (20 EA per 10 days)
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methenamine mandelate oral tablet 0.5 gram, 1 gram	T1	
pentamidine inhalation recon soln 300 mg	T1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	T3	
Misc Anti-Infective Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	T1	
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	T3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	T1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	T1	
linezolid oral tablet 600 mg	T1	
SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***)	T2	PA
Penem Antibiotic Combinations - Drugs for Infections		
ORLYNVAH ORAL TABLET 500-500 MG (***sulopenem etzadroxil/probenecid***)	T3	PA; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Penicillin Antibiotic - Natural - Antibiotics		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	T1	
penicillin v potassium oral tablet 250 mg, 500 mg	T1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	T1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	T3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	T2	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	T1	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	T1	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	T2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	T2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir***)	T2	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
atazanavir oral capsule 150 mg, 200 mg	T1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	T1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	T2	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	T1	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	T2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	T2	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	T1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	T2	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rifabutin oral capsule 150 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
rifapentine oral tablet 150 mg	T1	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	T3	PA
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	T2	QL (3 EA per 1 day)
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 150 MG (6)- 100 MG (5) (***nirmatrelvir/ritonavir***)	T2	$0 COPAY; QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	T2	$0 COPAY; QL (30 EA per 28 days); Age (Min 12 Years)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***)	T1	$0 COPAY; QL (40 EA per 29 days); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	T1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline hyclate oral tablet 150 mg	T1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET REQUIRED
doxycycline hyclate oral tablet 50 mg	T1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate oral tablet 75 mg	T1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral capsule 150 mg	T1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
doxycycline monohydrate oral capsule 75 mg	T1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	T1	PA
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	T1	
doxycycline monohydrate oral tablet 100 mg	T1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg	T1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
doxycycline monohydrate oral tablet 50 mg, 75 mg	T1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	T3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	T1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	T1	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	T1	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	T1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	T3	PA
tetracycline oral capsule 250 mg, 500 mg	T1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***)	T2	
TEMBEXA ORAL TABLET 100 MG (***brincidofovir***)	T2	
Antineoplastics		
Antineoplastic - ER and CRBN Heterobifunctional Protein Degrader		
VEPPANU ORAL TABLET 100 MG, 200 MG (***vepdegestrant***)	T3	PA; OCH; QL (1 EA per 1 day)
Antineoplastic - Glucocorticoid Receptor Antagonists		
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) (***relacorilant***)	T3	PA
Antineoplastic - RAS Multi-Selective Inhibitors		
RASONQUE ORAL TABLET 100 MG, 150 MG (***daraxonrasib***)	T3	PA; OCH
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-maly***)	T3	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-awwb***)	T2	PA; SP
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-adcd***)	T2	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-bvzr***)	T2	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
lapatinib oral tablet 250 mg	T1	PA; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML (***amivantamab-hyaluronidase, human recombinant-lpuj***)	T3	PA; SP
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (***amivantamab-vmjw***)	T3	PA; SP
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	T1	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	T1	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	T3	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	T1	PA; OCH
gefitinib oral tablet 250 mg	T1	PA; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	T2	PA; OCH
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	T2	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	T3	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
LAZCLUZE ORAL TABLET 240 MG, 80 MG (***lazertinib mesylate***)	T3	PA; OCH
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	T2	PA; OCH
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor - Drugs for Cancer		
TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***)	T2	PA; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
busulfan intravenous solution 60 mg/10 ml	T1	SP
MYLERAN ORAL TABLET 2 MG (***busulfan***)	T2	OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (***thiotepa***)	T3	SP
TEPADINA INJECTION SOLUTION 200 MG, 400 MG (***thiotepa***)	T3	SP
thiotepa injection recon soln 100 mg, 15 mg	T1	SP
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	T2	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
ALKERAN ORAL TABLET 2 MG (***melphalan***)	T3	OCH
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	T1	SP
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	T1	SP
cyclophosphamide intravenous solution 500 mg/ml	T1	SP
cyclophosphamide oral capsule 25 mg, 50 mg	T1	OCH
cyclophosphamide oral tablet 50 mg	T1	OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVOMELA INTRAVENOUS RECON SOLN 50 MG (***melphalan hcl/betadex sulfobutyl ether sodium***)	T3	SP
ifosfamide intravenous recon soln 1 gram, 3 gram	T1	SP
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	T1	SP
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	T2	OCH
melphalan hcl intravenous recon soln 50 mg	T1	SP
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
carmustine intravenous recon soln 100 mg	T1	SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***)	T3	SP
lomustine oral capsule 10 mg, 100 mg, 40 mg	T1	PA; OCH
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
bendamustine intravenous recon soln 100 mg, 25 mg	T1	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	T3	SP
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	T3	SP
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***)	T3	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	T1	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	T2	PA; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	T2	PA; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	T2	PA; OCH
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (***ensartinib hydrochloride***)	T2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	T3	PA; OCH
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	T2	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (***mitotane***)	T2	OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	T1	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	T1	PA; OCH
bicalutamide oral tablet 50 mg	T1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***)	T2	PA; OCH
nilutamide oral tablet 150 mg	T1	OCH
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	T2	PA; OCH
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	T2	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	T2	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	T3	PA; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (***daunorubicin/cytarabine liposomal***)	T3	PA; SP
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	T3	PA; SP
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	T3	PA; SP
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	T3	PA; SP
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG (***telisotuzumab vedotin-tllv***)	T3	PA; SP
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	T3	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	T3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	T3	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	T3	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	T3	PA; SP
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	T3	PA; SP
Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML (***naxitamab-gqgk***)	T3	PA; SP
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG (***pemetrexed dipotassium***)	T3	PA; SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (***pralatrexate***)	T3	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	T3	PA; OCH
methotrexate (pf) in nacl,iso intramuscular syringe 125 mg/5 ml (25 mg/ml)	T1	
methotrexate sodium (pf) injection solution 25 mg/ml	T1	
methotrexate sodium injection solution 25 mg/ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	OCH
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	T1	PA; SP
pemetrexed disodium intravenous recon soln 100 mg, 500 mg	T1	PA; SP
pemetrexed disodium intravenous solution 25 mg/ml	T1	PA; SP
pemetrexed intravenous solution 25 mg/ml	T1	PA; SP
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (***pemetrexed***)	T3	PA; SP
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (***pemetrexed disodium***)	T3	PA; SP
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	T1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	T3	PA; OCH; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
cladribine intravenous solution 10 mg/10 ml	T1	SP
clofarabine intravenous solution 1 mg/ml	T1	SP
fludarabine intravenous recon soln 50 mg	T1	SP
fludarabine intravenous solution 50 mg/2 ml	T1	SP
mercaptopurine oral suspension 20 mg/ml	T1	OCH; ST: TRIAL OF MERCAPTOPURINE TABLET REQUIRED.
mercaptopurine oral tablet 50 mg	T1	OCH
nelarabine intravenous solution 5 mg/ml	T1	SP
NIPENT INTRAVENOUS RECON SOLN 10 MG (***pentostatin***)	T3	SP
TABLOID ORAL TABLET 40 MG (***thioguanine***)	T2	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
azacitidine injection recon soln 100 mg	T1	SP
capecitabine oral tablet 150 mg, 500 mg	T1	PA; OCH
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	T1	SP
cytarabine injection solution 20 mg/ml	T1	SP
decitabine intravenous recon soln 50 mg	T1	SP
floxuridine injection recon soln 0.5 gram	T1	SP
gemcitabine intravenous recon soln 1 gram, 200 mg	T1	SP
gemcitabine intravenous recon soln 2 gram	T1	SP
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)	T1	SP
gemcitabine intravenous solution 100 mg/ml, 200 mg/5.26 ml (38 mg/ml)	T1	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (***gemcitabine hcl in 0.9 % sodium chloride***)	T3	SP
INLEXZO INTRAVESICAL IMPLANT 225 MG (***gemcitabine hcl***)	T3	SP
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	T2	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
hydroxyurea oral capsule 500 mg	T1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***)	T2	PA; OCH
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (***nivolumab-relatlimab-rmbw***)	T3	PA; SP
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (***elotuzumab***)	T3	PA; SP
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
anastrozole oral tablet 1 mg	EHB	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane oral tablet 25 mg	EHB	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	T1	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	T1	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (***arsenic trioxide***)	T3	SP
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (***calaspargase pegol-mknl***)	T3	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***)	T3	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***)	T3	PA; SP
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	T2	PA; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	T2	PA; OCH
Antineoplastic - Bispecific HER2-Directed Monoclonal Antibody - Drugs for Cancer		
ZIIHERA INTRAVENOUS RECON SOLN 300 MG (***zanidatamab-hrii***)	T3	PA; SP
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	T2	PA; OCH
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (***tovorafenib***)	T3	PA; OCH
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (***tovorafenib***)	T3	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	T2	PA; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***)	T2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	T2	PA; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL TABLET 160 MG (***zanubrutinib***)	T2	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	T2	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	T2	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	T2	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	T2	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	T3	PA; OCH
Antineoplastic - Caseinolytic Protease P (ClpP) Activators - Drugs for Cancer		
MODEYSO ORAL CAPSULE 125 MG (***dordaviprone hcl***)	T3	PA; QL (20 EA per 28 days)
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (***mogamulizumab-kpkc***)	T3	PA; SP
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (***loncastuximab tesirine-lpyl***)	T3	PA; SP
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (***tafasitamab-cxix***)	T3	PA; SP
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***)	T3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	T3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (***rituximab/hyaluronidase, human recombinant***)	T3	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	T3	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	T3	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	T3	PA
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (***daratumumab-hyaluronidase-fihj***)	T3	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (***daratumumab***)	T3	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (***isatuximab-irfc***)	T3	PA; SP
Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody - Drugs for Cancer		
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG (***zolbetuximab-clzb***)	T3	PA; SP
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	T3	PA; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	T3	PA; OCH
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (***ribociclib succinate***)	T2	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	T2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (***tremelimumab-actl***)	T3	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (***ipilimumab***)	T3	PA; SP
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
HERNEXEOS ORAL TABLET 60 MG (***zongertinib***)	T3	PA; OCH; QL (3 EA per 1 day)
HYRNUO ORAL TABLET 10 MG (***sevabertinib***)	T3	PA; OCH; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	T2	PA; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
etoposide oral capsule 50 mg	T1	OCH
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (***ixabepilone***)	T3	PA; SP
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	T2	PA; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	T2	PA; OCH
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***)	T2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	T2	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***)	T2	PA; OCH
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	T2	PA; OCH
Antineoplastic - Gamma-Secretase Inhibitor (GSI) - Drugs for Cancer		
OGSIVEO ORAL TABLET 100 MG, 150 MG (***nirogacestat hydrobromide***)	T3	PA; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	T2	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	T2	PA; OCH
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	T2	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (***belinostat***)	T3	PA; SP
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (***romidepsin***)	T3	PA; SP
romidepsin intravenous recon soln 10 mg/2 ml	T1	PA; SP
romidepsin intravenous solution 5 mg/ml	T1	PA; SP
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	T2	PA; OCH; QL (4 EA per 1 day)
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (***belzutifan***)	T2	PA; OCH
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML (***ropeginterferon alfa-2b-njft***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***)	T3	PA
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (***siltuximab***)	T3	PA; SP
Antineoplastic - Interleukins - Drugs for Cancer		
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG (***denileukin diftitox-cxdl***)	T3	PA; SP
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	T3	SP
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	T2	PA; OCH; QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (***ruxolitinib phosphate***)	T2	PA; OCH; QL (1 EA per 1 day)
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors - Drugs for Cancer		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***)	T2	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	T3	PA; OCH; QL (4 EA per 1 day)
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	T3	PA; OCH; QL (4 EA per 1 day)
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (***adagrasib***)	T2	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***)	T2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (***leuprolide mesylate***)	T3	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	T2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	T2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	T2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	T2	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	T1	PA
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***leuprolide acetate***)	T3	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	T3	PA
VABRINTY (1 MONTH) SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	T3	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	T3	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	T3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	T3	QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	T2	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
cromolyn oral concentrate 100 mg/5 ml	T1	
Antineoplastic - MEK Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	T2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***)	T3	PA; OCH
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***)	T3	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	T2	PA; OCH
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG (***selumetinib sulfate***)	T2	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	T2	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	T2	PA; OCH
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	T2	PA; OCH
Antineoplastic - Menin Inhibitors - Drugs for Cancer		
KOMZIFTI ORAL CAPSULE 200 MG (***ziftomenib***)	T3	PA; OCH; QL (3 EA per 1 day)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (***revumenib citrate***)	T3	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	T1	PA; SP
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T1	PA; OCH
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	T1	PA; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (***sirolimus protein-bound***)	T3	PA; SP
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	T1	PA; SP
everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	T1	PA; OCH
everolimus (Yulithira Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	T1	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	T2	PA; OCH
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (***cabozantinib s-malate***)	T2	PA; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	T2	PA; OCH
sorafenib oral tablet 200 mg	T1	PA; OCH
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	T2	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***)	T2	PA; OCH
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	T2	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	T3	PA; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors - Drugs for Cancer		
IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***)	T2	PA; OCH
Antineoplastic - Other - Drugs for Cancer		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (***nogapendekin alfa inbakicept-pmln***)	T3	PA; SP
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations - Drugs for Cancer		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***)	T3	PA; OCH
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	T3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	T3	PA; SP
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	T3	PA; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	T2	PA; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***)	T2	PA; OCH
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***)	T2	PA; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	T3	PA; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	T2	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
carboplatin intravenous recon soln 150 mg	T1	SP
carboplatin intravenous solution 10 mg/ml	T1	SP
cisplatin intravenous recon soln 50 mg	T1	SP
cisplatin intravenous solution 1 mg/ml	T1	SP
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (***cisplatin***)	T1	SP
oxaliplatin intravenous recon soln 100 mg, 50 mg	T1	SP
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	T1	SP
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	T2	PA; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	T3	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	T2	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***)	T2	PA; OCH
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	T1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
bortezomib injection recon soln 1 mg, 2.5 mg	T1	PA; SP
bortezomib injection recon soln 3.5 mg	T1	PA; SP
bortezomib intravenous solution 2.5 mg/ml	T1	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (***carfilzomib***)	T3	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	T2	PA; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (***repotrectinib***)	T2	PA; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***)	T2	PA; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (***bosutinib***)	T2	PA; OCH
bosutinib oral tablet 100 mg, 400 mg, 500 mg	T1	PA; OCH
BRUKINSA ORAL TABLET 160 MG (***zanubrutinib***)	T2	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	T2	PA; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	T3	PA; OCH
DANZITEN ORAL TABLET 71 MG, 95 MG (***nilotinib tartrate***)	T2	PA; OCH
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	T1	PA; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***)	T2	PA; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (***fruquintinib***)	T2	PA; OCH
IBTROZI ORAL CAPSULE 200 MG (***taletrectinib adipate***)	T2	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imatinib oral tablet 100 mg, 400 mg	T1	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	T2	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	T2	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	T2	PA; OCH
IMKELDI ORAL SOLUTION 80 MG/ML (***imatinib mesylate***)	T3	PA; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	T2	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	T3	PA; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (***lenvatinib mesylate***)	T2	PA; OCH
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	T1	PA; OCH
pazopanib oral tablet 200 mg	T1	PA; OCH
pazopanib oral tablet 400 mg	T1	PA; OCH
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	T2	PA; OCH
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***)	T3	PA; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	T2	PA; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***)	T2	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	T2	PA; OCH
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***)	T2	PA; OCH
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	T1	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***)	T2	PA; OCH
TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***)	T2	PA; OCH
TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***)	T2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	T3	PA; SP
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	T3	PA; SP
Antineoplastic - Retinoids - Drugs for Cancer		
tretinoin (antineoplastic) oral capsule 10 mg	T1	OCH
Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer		
fulvestrant intramuscular syringe 250 mg/5 ml	T1	PA; SP
INLURIYO ORAL TABLET 200 MG (***imlunestrant tosylate***)	T3	PA; OCH; QL (2 EA per 1 day)
ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***)	T3	PA; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	T2	OCH
tamoxifen oral tablet 10 mg, 20 mg	EHB	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	T1	OCH
Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	T2	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	T2	PA; OCH
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***)	T2	PA; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
bexarotene oral capsule 75 mg	T1	PA; OCH
Antineoplastic - Systemic Enzyme Inhibitors Combinations - Drugs for Cancer		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (***avutometinib potassium/defactinib hydrochloride***)	T3	PA
Antineoplastic - Taxanes - Drugs for Cancer		
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML) (***docetaxel***)	T1	SP
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML (***docetaxel/albumin, human***)	T3	SP
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	T1	SP
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)	T1	SP
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML) (***cabazitaxel***)	T3	SP
paclitaxel intravenous concentrate 6 mg/ml	T1	SP
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	T1	PA; SP
Antineoplastic - Telomerase Inhibitors - Drugs for Cancer		
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG (***imetelstat sodium***)	T3	PA; SP
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	T1	PA; OCH
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	T1	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	T2	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	T2	OCH
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml	T1	SP
irinotecan intravenous solution 500 mg/25 ml	T1	SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (***irinotecan liposomal***)	T3	PA; SP
topotecan intravenous recon soln 4 mg	T1	SP
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	T1	SP
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	T2	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	T2	PA; OCH
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (***ramucirumab***)	T3	PA; SP
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
vinblastine intravenous solution 1 mg/ml	T1	SP
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	T1	SP
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
dactinomycin intravenous recon soln 0.5 mg	T1	SP
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
daunorubicin intravenous solution 5 mg/ml	T1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	T1	SP
epirubicin intravenous recon soln 50 mg	T1	SP
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	T1	SP
idarubicin intravenous solution 1 mg/ml	T1	SP
mitoxantrone intravenous concentrate 2 mg/ml	T1	PA; SP
valrubicin intravesical solution 40 mg/ml	T1	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (***valrubicin***)	T3	SP
Antineoplastic Antibiotic - Others - Drugs for Cancer		
bleomycin injection recon soln 15 unit, 30 unit	T1	SP
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	T1	SP
mitomycin (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	T1	SP
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (***trabectedin***)	T3	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (***lurbinectedin***)	T3	PA; SP
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (***avelumab***)	T3	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (***durvalumab***)	T3	PA; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (***atezolizumab-hyaluronidase-tqjs***)	T3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (***atezolizumab***)	T3	PA; SP
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML) (***cosibelimab-ipdl***)	T3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (***dostarlimab-gxly***)	T3	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (***pembrolizumab***)	T3	PA; SP
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML (***pembrolizumab-berahyaluronidase alfa-pmph***)	T3	PA; SP
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (***cemiplimab-rwlc***)	T3	PA; SP
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (***toripalimab-tpzi***)	T3	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (***nivolumab***)	T3	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML (***nivolumab-hyaluronidase-nvhy***)	T3	PA; SP
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (***retifanlimab-dlwr***)	T3	PA; SP
Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	T3	PA; SP
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	T3	PA; SP
Antineoplastic-CD33 Specific Antibody and Cytoxic Antibiotic Conjugate - Drugs for Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	T3	PA; SP
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	T3	PA; SP
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	T3	PA; SP
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	T3	PA; SP
Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib - Drugs for Cancer		
VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***)	T2	PA; OCH
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	T3	PA; SP
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***)	T2	PA; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	T3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
DATROWAY INTRAVENOUS RECON SOLN 100 MG (***datopotamab deruxtecan-dlnk***)	T3	PA; SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG (***sacituzumab govitecan-hziy***)	T3	PA; SP
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PlGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (***ziv-aflibercept***)	T3	PA; SP
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (***elranatamab-bcmm***)	T3	PA; SP
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML (***linvoseltamab-gcpt***)	T3	PA; SP; QL (15 ML per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML (***linvoseltamab-gcpt***)	T3	PA; SP; QL (40 ML per 28 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (***teclistamab-cqyv***)	T3	PA; SP
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (***blinatumomab***)	T3	PA; SP
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (***glofitamab-gxbm***)	T3	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (***epcoritamab-bysp***)	T3	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (***mosunetuzumab-axgb***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (***tarlatamab-dlle***)	T3	PA; SP
Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML (***talquetamab-tgvs***)	T3	PA; SP
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (***pertuzumab***)	T3	PA; SP
Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (***cetuximab***)	T3	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (***panitumumab***)	T3	PA; SP
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (***trastuzumab-hyaluronidase-oysk***)	T3	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-pkrb***)	T3	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-anns***)	T2	PA; SP
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (***margetuximab-cmkb***)	T3	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dkst***)	T2	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dttb***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (***pertuzumab-trastuzumab-hyaluronidase-zzxf***)	T3	PA; SP
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-qyyp***)	T2	PA; SP
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (***tebentafusp-tebn***)	T3	PA; SP
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	T3	SP
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	T3	SP
leucovorin calcium oral tablet 10 mg, 15 mg	T1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	T1	OCH
levoleucovorin calcium intravenous solution 10 mg/ml	T1	SP
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	T3	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	T3	SP
leucovorin calcium oral tablet 10 mg, 15 mg	T1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	T1	OCH
levoleucovorin calcium intravenous solution 10 mg/ml	T1	SP
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (***sodium thiosulfate***)	T3	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
mesna oral tablet 400 mg	T1	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
alcohol swabs topical pads, medicated	T3	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
PRO-COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	DD
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	T3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	T3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	T3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	T3	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	T3	
LUGOLS TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	T1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	T1	
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	T2	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	T2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	T2	PA
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (***nirsevimab-alip***)	EHB	PA; EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML (***clesrovimab-cfor***)	T3	
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (***pemivibart***)	T3	PA; SP
Chemicals, foods, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***)	T3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (***cytomegalovirus immune globulin (human)***)	T3	SP
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ALYGLO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-stwk human***)	T3	PA
BIVIGAM INTRAVENOUS SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	T3	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml***)	T3	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	T3	PA
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	T2	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	T2	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***)	T2	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***)	T3	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	T3	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***)	T2	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	T3	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	T3	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (***immune globulin,gamma(igg) human/hyaluronidase, human recomb***)	T3	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml***)	T2	PA
PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***)	T3	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	T2	PA
QIVIGY INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-kthm human***)	T3	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)-klhw human***)	T2	PA
YIMMUGO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-dira human***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG) (***rho(d) immune globulin***)	T3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (***rho(d) immune globulin***)	T3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML (***rho(d) immune globulin/maltose***)	T3	
Live Vaccine and Live Virus Formulations - Vaccines		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (***smallpox vaccine,live***)	T3	
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	T3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (***dengue tetravalent vaccine, live, vero cell/pf***)	T3	
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	T3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	T3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	T3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	T3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	T3	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***)	T2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	T2	PA
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***)	T3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	T3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (***meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML (***meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML (***meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Other - Vaccines		
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	T3	
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (***anthrax vaccine adsorbed***)	T3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	T3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - COVID (SARS-CoV-2) - Vaccines		
COMIRNATY 2026-2027(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2026-2027 (5-11 years) (pfizer)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2026-2027 (12 yrs up) (pfizer)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML (***covid vaccine 2026-2027 (12 years up) (moderna)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2026-2027 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2026-2027 (12 yrs up)/adjuvant-matrix/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIKEVAX 2026-2027(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2026-2027 (12 years up) (moderna)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2026-2027 (6 months-11 years)(moderna)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Dengue - Vaccines		
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (***dengue tetravalent vaccine, live, vero cell/pf***)	T3	
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A (H5N1) - Vaccines		
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML (***influenza a (h5n1) vaccine mvs (6 mos up)/adjuvant mf59c.1***)	T3	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML (***influenza a (h5n1) vaccine mvs (6mos up)/adjuvant mf59c.1/pf***)	T3	
Vaccine Viral - Influenza A and B - Vaccines		
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2026-27 (65 yr up)/adjuvant mf59c.1/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2026-27(9 yrs and older)rcmb/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2026-2027(6 month and older)cell derived/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2026-27 (6 mos and older)***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2026-2027(65 yr up)/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Japanese Encephalitis - Vaccines		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (***japanese encephalitis vaccine/pf***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mpox - Vaccines		
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	T3	
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Respiratory Syncytial Virus (RSV) - Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref protein, mrna/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Smallpox - Vaccines		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (***smallpox vaccine,live***)	T3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	T3	
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Yellow Fever - Vaccines		
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	T3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	T3	
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	EHB	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral- Tick-borne Encephalitis - Vaccines		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML (***tick-borne encephalitis vaccine***)	T3	
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	T1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
ACE Inhibitors - Drugs for High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
enalapril maleate oral solution 1 mg/ml	T1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fosinopril oral tablet 10 mg, 20 mg, 40 mg	T1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
moexipril oral tablet 15 mg, 7.5 mg	T1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T1	
QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***)	T3	PA
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	T1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (***finerenone***)	T2	
spironolactone oral suspension 25 mg/5 ml	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	T1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
labetalol oral tablet 400 mg	T1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	T1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	T1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	T1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (***sacubitril/valsartan***)	T3	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	T1	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	T1	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
ARBLI ORAL SUSPENSION 10 MG/ML (***losartan potassium***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azilsartan medoxomil oral tablet 40 mg, 80 mg	T1	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	
losartan oral tablet 100 mg, 25 mg, 50 mg	T1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	T1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	T1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	T1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	T1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	T2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	T2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	T1	
nitroglycerin transdermal ointment 2 %	T1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	T1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	T1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***)	T3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	T1	
Antianginal and Anti-ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	T1	
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	T1	
quinidine gluconate oral tablet extended release 324 mg	T1	
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	T1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	T1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	T1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	T1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	T3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (64 ML per 1 day)
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	T1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	T1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	T2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***)	T3	QL (2 EA per 1 FILL)
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (***evinacumab-dgnb***)	T3	PA; SP
Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors - Drugs for Diabetes		
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***)	T2	PA; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML (***olezarsen sodium***)	T2	PA
Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol		
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***)	T2	PA; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML (***olezarsen sodium***)	T2	PA
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	T1	
cholestyramine (with sugar) oral powder in packet 4 gram	T1	
cholestyramine (Cholestyramine Light Oral Powder 4 Gram)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)	T1	
colesevelam oral powder in packet 3.75 gram	T1	
colesevelam oral tablet 625 mg	T1	
colestipol oral granules 5 gram	T1	
colestipol oral packet 5 gram	T1	
colestipol oral tablet 1 gram	T1	
cholestyramine (Prevalite Oral Powder 4 Gram)	T1	
cholestyramine (Prevalite Oral Powder In Packet 4 Gram)	T1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	T1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	T1	
fenofibrate oral capsule 150 mg, 50 mg	T1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	T1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	T1	
fenofibric acid oral tablet 105 mg, 35 mg	T1	
gemfibrozil oral tablet 600 mg	T1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***atorvastatin calcium***)	T3	PA
atorvastatin oral tablet 10 mg, 20 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin oral tablet 40 mg, 80 mg	T1	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral capsule 20 mg	EHB	EHB; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral capsule 40 mg	EHB	EHB; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral tablet extended release 24 hr 80 mg	EHB	EHB; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
lovastatin oral tablet 40 mg	EHB	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pravastatin oral tablet 10 mg, 80 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin oral tablet 20 mg, 40 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
rosuvastatin oral tablet 20 mg, 40 mg	T1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin oral tablet 80 mg	T1	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
niacin oral tablet 500 mg	T1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	T1	
niacin (Niacor Oral Tablet 500 Mg)	T1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
icosapent ethyl oral capsule 0.5 gram	T1	QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gram	T1	QL (4 EA per 1 day)
omega-3 acid ethyl esters oral capsule 1 gram	T1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (10.5 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (10.5 ML per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	T1	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	T2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	T1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	T1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	T1	
ezetimibe-simvastatin oral tablet 10-80 mg	T1	PA; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (***ezetimibe/rosuvastatin calcium***)	T3	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	T2	PA
JUXTAPID ORAL CAPSULE 2 MG (***lomitapide mesylate***)	T3	PA
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
betaxolol oral tablet 10 mg, 20 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol fumarate oral tablet 2.5 mg	T1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	T3	
LOPRESSOR ORAL SOLUTION 10 MG/ML (***metoprolol tartrate***)	T3	PA
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 50 mg	T1	
metoprolol tartrate oral tablet 12.5 mg	T3	QL (4 EA per 1 day)
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	T1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	T1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	T3	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION REQUIRED WITHIN THE PAST 120 DAYS; QL (360 ML per 30 days)
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	T3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (64 ML per 1 day)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
icatibant subcutaneous syringe 30 mg/3 ml	T1	PA
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	T1	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	T1	
nimodipine oral solution 60 mg/20 ml	T1	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***)	T3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***)	T3	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
CONJUPRI ORAL TABLET 2.5 MG (***levamlodipine maleate***)	T3	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T1	
levamlodipine oral tablet 2.5 mg, 5 mg	T1	PA
nicardipine oral capsule 20 mg, 30 mg	T1	
nifedipine oral capsule 10 mg, 20 mg	T1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	T1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	T1	
NORLIQVA ORAL SOLUTION 1 MG/ML (***amlodipine besylate***)	T3	PA
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***)	T3	QL (2 EA per 1 FILL)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	T1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***)	T2	PA
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	T1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (***epinephrine***)	T2	QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	T1	QL (4 EA per 1 FILL)
epinephrine injection syringe 0.3 mg/0.3 ml	T3	QL (4 EA per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (***epinephrine***)	T2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	T1	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	T1	
guanfacine oral tablet 1 mg, 2 mg	T1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML) (***clonidine hcl***)	T3	PA; QL (120 ML per 1 day)
methyldopa oral tablet 250 mg, 500 mg	T1	
Digitalis Glycosides - Drugs for the Heart		
digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)	T1	
digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)	T2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	T1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	T1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (***digoxin***)	T2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (***digoxin***)	T2	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
minoxidil oral tablet 10 mg, 2.5 mg	T1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
spironolactone oral suspension 25 mg/5 ml	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	T1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
acetazolamide oral capsule, extended release 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
dichlorphenamide oral tablet 50 mg	T1	PA
methazolamide oral tablet 25 mg, 50 mg	T1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
ethacrynic acid oral tablet 25 mg	T1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***)	T3	PA
furosemide oral solution 10 mg/ml	T1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML (***furosemide***)	T3	PA; QL (1 EA per 1 FILL)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	T1	
triamterene oral capsule 100 mg, 50 mg	T1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
tolvaptan oral tablet 15 mg	T1	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	T1	QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	T3	
HEMICLOR ORAL TABLET 12.5 MG (***chlorthalidone***)	T3	
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg	T1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (***hydrochlorothiazide***)	T3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	T3	
Endothelin Receptor Antagonists - Drugs for the Heart		
TRYVIO ORAL TABLET 12.5 MG (***aprocitentan***)	T3	PA
VANRAFIA ORAL TABLET 0.75 MG (***atrasentan hydrochloride***)	T2	PA
Endothelin-Angiotensin Receptor Antagonist - Drugs for the Heart		
FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***)	T2	PA
Factor XII Inhibitors - Drugs to Prevent Bleeding		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (***garadacimab-gxii***)	T2	PA
Ganglionic Blocking, Non-Depolarizing - Drugs for High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***)	T2	QL (15 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	T1	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; QL (2 EA per 1 day)
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (***selexipag***)	T2	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 100 MCG, 150 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	T2	PA
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb - Drugs for the Heart		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (***macitentan/tadalafil***)	T2	PA
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***)	T3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
phenoxybenzamine oral capsule 10 mg	T1	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
TEZRULY ORAL SOLUTION 1 MG/ML (***terazosin hcl***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
metyrosine oral capsule 250 mg	T1	PA
Plasma Kallikrein Inhibitor Agents, Antisense Oligonucleotide (ASO) - Drugs for the Heart		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***donidalorsen sodium***)	T2	PA; QL (0.8 ML per 28 days)
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	T2	PA
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	T3	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
EKTERLY ORAL TABLET 300 MG (***sebetralstat***)	T2	PA; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	T3	PA
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG (***berotralstat hydrochloride***)	T3	PA
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA) - Drugs for the Heart		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (***sotatercept-csrk***)	T2	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	T1	PA; SP
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***)	T2	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***)	T2	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T2	PA
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***)	T3	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	T1	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG (***treprostinil***)	T2	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	T2	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T2	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	T2	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T2	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG (***epoprostenol sodium***)	T3	PA; SP
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (***treprostinil sodium***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T2	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	T1	PA
bosentan oral tablet 125 mg, 62.5 mg	T1	PA
bosentan oral tablet for suspension 32 mg	T1	PA
macitentan oral tablet 10 mg	T1	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	T1	PA; QL (2 EA per 1 day)
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	T1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	T1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	T1	PA; QL (2 EA per 1 day)
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	T1	
Vasodilator Combinations - Drugs for High Blood Pressure		
isosorbide-hydralazine oral tablet 20-37.5 mg	T1	
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	T2	PA; QL (3 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
hydroxyzine hcl oral solution 10 mg/5 ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	T2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	T1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	T1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral concentrate 5 mg/ml	T1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	T1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
meprobamate oral tablet 200 mg, 400 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
perampanel oral suspension 0.5 mg/ml	T1	QL (680 ML per 28 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	T1	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	T1	QL (120 EA per 30 days)
perampanel oral tablet 4 mg, 6 mg	T1	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenobarbital 32.4 mg tablet	T1	
phenobarbital 32.4 mg tablet	T3	
phenobarbital 64.8 mg tablet	T1	
phenobarbital 64.8 mg tablet	T3	
phenobarbital 97.2 mg tablet	T1	
phenobarbital 97.2 mg tablet	T3	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	T1	
phenobarbital oral tablet 100 mg, 16.2 mg	T1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	T1	
primidone oral tablet 125 mg	T1	
primidone oral tablet 250 mg, 50 mg	T1	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	T1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	T1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
midazolam intramuscular auto-injector 10 mg/0.7 ml	T3	QL (7 ML per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	T2	PA; QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***)	T2	PA; QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	T2	ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN THE LAST 365 DAYS
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	T1	
felbamate oral tablet 400 mg, 600 mg	T1	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	T2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	T2	
divalproex oral capsule, delayed rel sprinkle 125 mg	T1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T1	
valproic acid oral capsule 250 mg	T1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
lacosamide oral solution 10 mg/ml	T1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5 ml	T1	PA; QL (72 ML per 1 day)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	T1	PA; QL (72 ML per 1 day)
gabapentin oral tablet 600 mg, 800 mg	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T1	PA; QL (30 ML per 1 day)
gabapentin (Relgaabi Oral Capsule 300 Mg, 400 Mg)	T1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
tiagabine oral tablet 12 mg, 2 mg, 4 mg	T1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tiagabine oral tablet 16 mg	T1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (3 EA per 1 day)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
vigabatrin oral powder in packet 500 mg	T1	PA
vigabatrin oral tablet 500 mg	T1	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	T1	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	T1	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML (***vigabatrin***)	T3	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	T2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	T2	
phenytoin sodium extended (Dilantin Oral Capsule 30 Mg)	T3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	T2	
phenytoin sodium extended (Phenytek 200 Mg Capsule)	T1	
phenytoin sodium extended (Phenytek 200 Mg Capsule)	T2	
phenytoin sodium extended (Phenytek 300 Mg Capsule)	T1	
phenytoin sodium extended (Phenytek 300 Mg Capsule)	T2	
phenytoin oral suspension 125 mg/5 ml	T1	
phenytoin oral tablet,chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	T1	
carbamazepine oral suspension 100 mg/5 ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral tablet,chewable 100 mg	T1	
carbamazepine oral tablet,chewable 200 mg	T1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	T2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (***carbamazepine***)	T3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (***carbamazepine***)	T2	
eslicarbazepine oral tablet 200 mg, 400 mg	T1	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	T1	QL (2 EA per 1 day)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	T1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	T1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxcarbazepine oral tablet extended release 24 hr 600 mg	T1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	T2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	T2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	T2	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
topiramate oral capsule, sprinkle 15 mg, 25 mg	T1	
topiramate oral capsule, sprinkle 50 mg	T1	
topiramate oral capsule,extended release 24hr 100 mg	T1	QL (3 EA per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	T1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	T1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	T1	QL (7 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg	T1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (3 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	T1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral capsule,sprinkle,er 24hr 25 mg	T1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 50 mg	T1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (7 EA per 1 day)
topiramate oral solution 25 mg/ml	T1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***)	T3	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***)	T3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	T3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	T3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	T1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	T1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	T1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	T1	
SUBVENITE ORAL SUSPENSION 10 MG/ML (***lamotrigine***)	T3	PA
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
brivaracetam oral solution 10 mg/ml	T1	QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	T1	QL (2 EA per 1 day)
levetiracetam oral solution 100 mg/ml	T1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	T1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	T1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
ethosuximide oral capsule 250 mg	T1	
ethosuximide oral solution 250 mg/5 ml	T1	
methsuximide oral capsule 300 mg	T1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (***zonisamide***)	T3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
rufinamide oral suspension 40 mg/ml	T1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rufinamide oral tablet 200 mg	T1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	T1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	T3	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	T3	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***)	T3	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	T2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***)	T2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	T2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***)	T2	QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	T1	
mirtazapine oral tablet 7.5 mg	T1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (***selegiline***)	T3	ST: TRIAL OF PHENELZINE, TRANYLCYPROMINE, OR MARPLAN IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	T3	
phenelzine oral tablet 15 mg	T1	
tranylcypromine oral tablet 10 mg	T1	
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***)	T3	
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG (***dextromethorphan hbr/bupropion hcl***)	T3	QL (51 EA per 29 days)
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***)	T2	PA
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine hcl***)	T2	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
citalopram oral solution 10 mg/5 ml	T1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	T1	
escitalopram oxalate oral solution 5 mg/5 ml	T1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	T1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	T1	
fluoxetine oral tablet 10 mg, 20 mg	T1	
fluoxetine oral tablet 60 mg	T1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	T1	ST: TRIAL OF PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, OR FLUVOXAMINE IR REQUIRED.; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	T1	
paroxetine hcl oral suspension 10 mg/5 ml	T1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	T1	
sertraline oral concentrate 20 mg/ml	T1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	T1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	T1	
RALDESY ORAL SOLUTION 10 MG/ML (***trazodone hcl***)	T3	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	T1	ST: TRIAL OF 2 OF THE FOLLOWING: GENERIC PAROXETINE HCL, VENLAFAXINE ER OR IR, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	T1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	T3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	T1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	T1	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	T2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	T2	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	T1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	T1	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	T1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	T1	
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	T2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	T1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	T1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
bupropion hcl oral tablet 100 mg, 75 mg	T1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	T1	
bupropion hcl oral tablet extended release 24 hr 450 mg	T1	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	T1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	T1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin oral concentrate 10 mg/ml	T1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	T1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	T1	
nortriptyline oral solution 10 mg/5 ml	T1	
protriptyline oral tablet 10 mg, 5 mg	T1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	T1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T1	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	T1	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	T1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***)	T3	PA
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (***foscarbidopa/foslevodopa***)	T3	PA
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
tolcapone oral tablet 100 mg	T1	ST: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
entacapone oral tablet 200 mg	T1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***)	T3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
carbidopa oral tablet 25 mg	T1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	T1	
trihexyphenidyl oral elixir 0.4 mg/ml	T1	
trihexyphenidyl oral tablet 2 mg, 5 mg	T1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	T3	PA
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
bromocriptine oral capsule 5 mg	T1	
bromocriptine oral tablet 2.5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
rasagiline oral tablet 0.5 mg	T1	QL (1 EA per 1 day)
rasagiline oral tablet 1 mg	T1	
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline hcl***)	T3	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PREVIOUS 120 DAYS; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral solution 50 mg/5 ml	T1	
amantadine hcl oral tablet 100 mg	T1	
apomorphine subcutaneous cartridge 10 mg/ml	T1	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***)	T2	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (***apomorphine hcl***)	T3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	T1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	T1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	T1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	T1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***)	T3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	T1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML (***paliperidone palmitate***)	T2	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	T2	QL (1.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***)	T3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (***iloperidone***)	T3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (***iloperidone***)	T3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (***iloperidone***)	T3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***)	T2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***)	T2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***)	T2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***)	T2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	T2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***)	T2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***)	T2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***)	T2	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***)	T2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***)	T2	QL (1.75 ML per 70 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***)	T2	QL (2.63 ML per 70 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	T1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	T1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	T3	QL (1 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	T1	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet,disintegrating 0.25 mg	T1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	T2	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (***risperidone***)	T2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (***risperidone***)	T2	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (***risperidone***)	T2	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (***risperidone***)	T2	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (***risperidone***)	T2	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (***risperidone***)	T2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (***risperidone***)	T2	QL (0.21 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***)	T2	QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	T1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	T3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	T1	
haloperidol lactate injection solution 5 mg/ml	T1	
haloperidol lactate oral concentrate 2 mg/ml	T1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	T1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	T2	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
molindone oral tablet 10 mg	T1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	T1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	T1	
Antipsychotic - Muscarinic Agonist/Antagonist Combinations - Drugs for Severe Mental Disorders		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (***xanomeline tartrate/trospium chloride***)	T3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (***xanomeline tartrate/trospium chloride***)	T3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
chlorpromazine injection solution 25 mg/ml	T1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	T1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
fluphenazine decanoate injection solution 25 mg/ml	T1	
fluphenazine hcl injection solution 2.5 mg/ml	T1	
fluphenazine hcl oral concentrate 5 mg/ml	T1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	T1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	T1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
quetiapine oral tablet 150 mg	T1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	T1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	T3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
olanzapine intramuscular recon soln 10 mg	T1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	T1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	T1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***)	T3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***)	T3	QL (1 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	T3	PA
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	T3	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (***aripiprazole***)	T2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***)	T2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG (***aripiprazole***)	T2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG (***aripiprazole***)	T2	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG (***aripiprazole***)	T2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG (***aripiprazole***)	T2	QL (2 EA per 26 days)
aripiprazole oral solution 1 mg/ml	T1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral tablet,disintegrating 10 mg	T1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	T1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***)	T2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***)	T2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***)	T2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***)	T2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***)	T2	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	T3	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	T2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	T2	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	T3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Attention Deficit-Hyperact. Disorder (ADHD)-alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	T1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	T1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (***clonidine hcl***)	T3	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ATONCY IN THE PAST 120 DAYS; QL (4 ML per 1 day)
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (4 EA per 1 day)
ARYNTA ORAL SOLUTION 10 MG/ML (***lisdexamfetamine dimesylate***)	T3	PA; QL (7 ML per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***)	T2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (***methylphenidate***)	T3	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (***methylphenidate***)	T3	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	T1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	T1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	T1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	T1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 30 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	T1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	T1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	T1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	T1	QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	T2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	T1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	T1	QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (***methylphenidate hcl***)	T1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	T1	QL (150 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	T1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	T1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	T1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	T1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	T1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	T1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	T1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	T1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	T1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	T1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg	T1	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg	T1	QL (90 EA per 30 days)
methylphenidate oral tablet,disinteg er biphase 24h 17.3 mg, 8.6 mg	T1	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
methylphenidate oral tablet,disinteg er biphase 24h 25.9 mg	T1	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (2 EA per 1 day)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	T1	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (***methylphenidate hcl***)	T3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (***methylphenidate hcl***)	T3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	T3	120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	T3	150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	T3	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	T3	60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	T3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	T1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***)	T3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***)	T3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (***viloxazine hcl***)	T3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	T2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	T1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	T1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	T1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
clobazam oral suspension 2.5 mg/ml	T1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	T1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral concentrate 5 mg/ml	T1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	T1	
estazolam oral tablet 1 mg, 2 mg	T1	
flurazepam oral capsule 15 mg, 30 mg	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
midazolam intramuscular auto-injector 10 mg/0.7 ml	T3	QL (7 ML per 30 days)
midazolam oral syrup 2 mg/ml	T1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	T2	PA; QL (10 EA per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	T1	
quazepam oral tablet 15 mg	T1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	T1	
triazolam oral tablet 0.125 mg, 0.25 mg	T1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***)	T2	PA; QL (10 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	T1	
carbamazepine oral suspension 100 mg/5 ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral tablet,chewable 100 mg	T1	
carbamazepine oral tablet,chewable 200 mg	T1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	T2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	T2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	T2	
divalproex oral capsule, delayed rel sprinkle 125 mg	T1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	T1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (***carbamazepine***)	T3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (***carbamazepine***)	T2	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	T1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	T1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	T2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	T2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	T2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T1	
valproic acid oral capsule 250 mg	T1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	T1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
aripiprazole oral tablet,disintegrating 10 mg	T1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	T1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	T1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	T3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
olanzapine intramuscular recon soln 10 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	T1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	T1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	T3	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
quetiapine oral tablet 150 mg	T1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	T1	
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet,disintegrating 0.25 mg	T1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	T2	QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	T1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	T1	
lithium carbonate oral capsule 300 mg	T1	
lithium carbonate oral tablet 300 mg	T1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	T1	
lithium citrate oral solution 8 meq/5 ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	QL (2 EA per 1 day)
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	T1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	T1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	T1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	T1	QL (2 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	T1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	T1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	T1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 20 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
methamphetamine oral tablet 5 mg	T1	QL (150 EA per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	T3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diabetic Peripheral Neuropathy Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	T1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	T1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T1	PA; QL (30 ML per 1 day)
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	T3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	T1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
duloxetine oral capsule,delayed release(dr/ec) 40 mg	T1	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	T1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***)	T3	PA
ramelteon oral tablet 8 mg	T1	ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
tasimelteon oral capsule 20 mg	T1	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	T2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***)	T2	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	T2	PA; QL (1.5 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (1 ML per 28 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	T3	PA; SP; QL (3 ML per 90 days)
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	T2	PA; QL (1 ML per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	T2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	T2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	T2	PA; QL (16 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	T1	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (***celecoxib***)	T3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eletriptan oral tablet 20 mg, 40 mg	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
frovatriptan oral tablet 2.5 mg	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	T1	QL (18 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	T1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	T1	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	T1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	T1	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	T1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	T1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	T1	QL (18 ML per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	T1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***)	T2	PA; QL (8 EA per 30 days)
Movement Disorder Drug Therapy - Drugs for the Nervous System		
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	T1	PA
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	T1	PA
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T2	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (***sodium oxybate***)	T3	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (***sodium oxybate***)	T3	PA
sodium oxybate oral solution 500 mg/ml	T3	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	T3	PA
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***)	T2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***)	T3	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	T1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	T1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	T1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	T1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	T1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg	T1	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg	T1	QL (90 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	T1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	T1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	T1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	T1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	T3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Neuropathic Pain Therapy - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	T1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	T1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Postherpetic Neuralgia Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	T1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	T1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
dextromethorphan-quinidine oral capsule 20-10 mg	T1	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
phenobarbital 32.4 mg tablet	T1	
phenobarbital 32.4 mg tablet	T3	
phenobarbital 64.8 mg tablet	T1	
phenobarbital 64.8 mg tablet	T3	
phenobarbital 97.2 mg tablet	T1	
phenobarbital 97.2 mg tablet	T3	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	T1	
phenobarbital oral tablet 100 mg, 16.2 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	T1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	T1	
flurazepam oral capsule 15 mg, 30 mg	T1	
midazolam oral syrup 2 mg/ml	T1	
quazepam oral tablet 15 mg	T1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	T1	
triazolam oral tablet 0.125 mg, 0.25 mg	T1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	T1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	T1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	T1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	T1	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	T2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	T2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	T3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
doxepin oral tablet 3 mg	T1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.|TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED; QL (1 EA per 1 day)
doxepin oral tablet 6 mg	T1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
lofexidine oral tablet 0.18 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (***buprenorphine***)	T3	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	T1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	T1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***)	T3	PA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (***buprenorphine hcl/naloxone hcl***)	T2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	T2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	T1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
naltrexone oral tablet 50 mg	T1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***)	T3	
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	EHB	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	EHB	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	EHB	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	EHB	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	EHB	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
varenicline tartrate oral tablet 0.5 mg, 1 mg	EHB	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	EHB	EHB; $0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
alum, ammonium (bulk) powder	T3	
ascorbic acid(vitamin c)(bulk) granules 100 %	T3	
benzoin (bulk) topical tincture	T3	
guaiacol liquid	T3	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (***dimethyl sulfoxide***)	T3	
Chemicals - Solvents		
isopropyl alcohol solution 70 %, 91 %, 99 %	T3	DD
MURI-LUBE OIL (***mineral oil, light sterile***)	T3	
Pharmaceutical Adjuvant - Coloring Agents		
methylene blue (bulk-solid) powder	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***)	T3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***)	T1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	T3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	T1	
Pharmaceutical Adjuvant - Suspending Agents		
hydroxypropyl cellulose powder	T3	
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (***lecanemab-irmb***)	T3	PA; SP
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2) (***lecanemab-irmb***)	T3	PA
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
donepezil oral tablet 10 mg, 23 mg, 5 mg	T1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	T1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	T1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	T1	PA; QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	T1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	T1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (***benzgalantamine gluconate***)	T3	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	T1	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	T1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	T1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	T1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***)	T2	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (28 EA per 28 days)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	T1	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (***memantine hcl/donepezil hcl***)	T3	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
ergoloid oral tablet 1 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Rett Syndrome Agents - Glypromate (GPE) Analogs - Drugs for Alzheimer's Disease		
DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***)	T3	PA
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG (***trofinetide***)	T3	PA
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXX VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***)	EHB	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	EHB	CT; EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	EHB	CT; EHB; $0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	EHB	CT; EHB; $0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	EHB	CT; EHB; $0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (***copper***)	EHB	CT; EHB
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	EHB	CT; EHB
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	EHB	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (***levonorgestrel***)	EHB	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (***levonorgestrel***)	EHB	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (***levonorgestrel***)	EHB	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (***levonorgestrel***)	EHB	CT; EHB
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7) (***desogestrel/ethinyl estradiol/ferrous bis-glycinate chelate***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-0.035 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (***norethindrone acetate/ethinyl estradiol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol/ferrous fumarate (Galbriela Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (***levonorgestrel/ethinyl estradiol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate/ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Luizza Oral Tablet 1-20 Mg-Mcg, 1.5-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-0.035 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-0.035 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-0.035 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diacetate-ethinyl estradiol (Valtya Oral Tablet 1-35 Mg-Mcg, 1-50 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-0.035 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol/ferrous fumarate (Xelria Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Deblitane Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Emzahh Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Errin Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Heather Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Incassia Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Jencycla Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Lyleq Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Lyza Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Meleya Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE ORAL TABLET 0.35 MG (***norethindrone***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (contraceptive) oral tablet 0.35 mg	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Orquidea Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (Sharobel Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
norethindrone (Tulana Oral Tablet 0.35 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptive Oral - Quadraphasic - Birth Control Pills		
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Rosyrah Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	EHB	CT; EHB; $0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24 HR (***norelgestromin/ethinyl estradiol***)	EHB	CT; EHB
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	EHB	CT; EHB
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***)	EHB	CT; EHB
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	EHB	CT; EHB
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	EHB	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	EHB	CT; EHB
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	EHB	CT; EHB
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	EHB	CT; EHB
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	EHB	CT; EHB
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	EHB	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	EHB	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel oral tablet 1.5 mg	EHB	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
YOUR CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	EHB	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
levonorgestrel oral tablet 1.5 mg	EHB	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
YOUR CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	EHB	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	EHB	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	EHB	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	EHB	CT; EHB
Dermatological		
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, Others		
ICOTYDE ORAL TABLET 200 MG (***icotrokinra hcl***)	T2	PA
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	
Acne Therapy Systemic - Tetracycline antibiotic - Drugs for the Skin		
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	T1	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (***clascoterone***)	T3	PA; QL (60 GM per 30 days)
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ABENOR HP TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	T3	
ABENOR TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACIOXIAY TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***)	T3	
AMZEEQ TOPICAL FOAM 4 % (***minocycline hcl***)	T3	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS; Age (Min 9 Years)
APORIX TOPICAL GEL 1-4 % (***clindamycin/niacinamide***)	T3	
azelaic acid topical gel 15 %	T1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	T3	PA
clindamycin phosphate topical foam 1 %	T1	
clindamycin phosphate topical gel 1 %	T1	
clindamycin phosphate topical gel, once daily 1 %	T1	
clindamycin phosphate topical lotion 1 %	T1	
clindamycin phosphate topical solution 1 %	T1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	T1	
dapsone topical gel 5 %	T1	
dapsone topical gel 7.5 %	T1	
dapsone topical gel with pump 7.5 %	T1	
DEOXIA TOPICAL GEL 1-4 % (***clindamycin/niacinamide***)	T3	
ECEOXIA TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***)	T3	
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	T1	
erythromycin with ethanol topical gel 2 %	T1	
erythromycin with ethanol topical solution 2 %	T1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	T2	
MELZARA TOPICAL CREAM 10-6-2 % (***azelaic acid/tranexamic acid/niacinamide***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	T3	
RUMILO TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***)	T3	
sulfacetamide sodium (acne) topical suspension 10 %	T1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
ADMIRAZOL DUAL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
ALIXI HP TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	T3	
ALIXI TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	T3	
APORIX TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***)	T3	
DEOXIA TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***)	T3	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
DIAOXIA TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	T3	
DIAOXIA TOPICAL GEL 6-4 % (***dapsone/niacinamide***)	T3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	T3	
DIASOXIA TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	T3	
DIASOXIA TOPICAL GEL 8.5-4 % (***dapsone/niacinamide***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
APEXOL HP TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***)	T3	
APEXOL TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	T3	
ARTILIS HP TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
ARTILIS TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	T1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	T1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	T1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	T1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	T1	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	T1	
DRAXACE TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	T3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	T3	
DRIXECE TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***)	T3	
erythromycin-benzoyl peroxide topical gel 3-5 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INZDEOXIA TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (***clindamycin phosphate/benzoyl peroxide/emollient comb no.94***)	T3	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	T1	
ONZDEOXIA TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (***sulfacetamide sodium/sulfur***)	T1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	T1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	T1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	T1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	T1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	T1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	T1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (***sulfacetamide sodium/sulfur***)	T1	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	T3	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
ALOMIRA TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	T3	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	T3	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	T3	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***)	T3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	T3	
AVIDORA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	T3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	T3	
AWANIS TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	T3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	T3	PA
clindamycin-tretinoin topical gel 1.2-0.025 %	T1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***)	T3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	T3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	T3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	T3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	T3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	T3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	T3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	T3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	T3	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	T3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
benzoyl peroxide topical foam 9.8 %	T1	
BPO TOPICAL GEL 8 % (***benzoyl peroxide***)	T1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (***benzoyl peroxide***)	T3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (***benzoyl peroxide***)	T3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***)	T1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	T2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***)	T3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	T1	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	T3	
ALURIS HP TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	T3	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	T3	
ALURIS LP TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***)	T3	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	T3	
ALURIS TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALURIS TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***)	T3	
APHORIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***)	T3	
AZALTA HP TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***)	T3	
AZALTA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***)	T3	
IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	T3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	T3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	T3	
OXIAVARY TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	T3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	T3	
SAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	T3	
SIRVANA TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	T3	
SORIXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	T3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***)	T3	
TAROXIA TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***)	T3	
TAROXIA TOPICAL GEL 0.025-4 % (***tretinoin/niacinamide***)	T3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***)	T3	
VAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	T3	
VAROXIA TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***)	T3	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
adapalene topical cream 0.1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adapalene topical gel 0.3 %	T1	
adapalene topical gel with pump 0.3 %	T1	
adapalene topical lotion 0.1 %	T1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	T3	Age (Max 39 Years)
ALVOX HP TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***)	T3	
ALVOX TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	T3	
ETHOXIA TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	T3	
ITHOXIA TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***)	T3	
tretinoin microspheres topical gel 0.04 %, 0.1 %	T1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	T1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	T1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	T1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	T1	
Acne Therapy Topical Combinations Other - Drugs for the Skin		
ADALINA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	T3	
DIMOXIA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	T3	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	T1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcipotriene-betamethasone topical suspension 0.005-0.064 %	T1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	T2	
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin		
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-stba***)	T2	PA
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-stba***)	T2	PA
ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	T2	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	T2	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***)	T2	PA
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	T2	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML (***risankizumab-rzaa***)	T2	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	T2	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***guselkumab***)	T2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	T2	PA
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (***spesolimab-sbzo***)	T3	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (***spesolimab-sbzo***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***)	T2	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***)	T2	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***)	T2	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T2	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T2	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T2	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***)	T2	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	T2	PA; QL (60 GM per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (***upadacitinib***)	T2	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***)	T2	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	T2	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (***lebrikizumab-lbkz***)	T2	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (***lebrikizumab-lbkz***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatitis Agents,Systemic - IL-31 Receptor alpha Antagonist MAb - Drugs for the Skin		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (***nemolizumab-ilto***)	T2	PA
Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T2	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T2	PA
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		
EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***)	T2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 % (***roflumilast***)	T2	PA; QL (60 GM per 30 days)
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
gentamicin topical cream 0.1 %	T1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	T1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (***silver***)	T3	
BATIZIA TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***)	T3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***)	T3	
mupirocin calcium topical cream 2 %	T1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	T1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***)	T3	
NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***)	T3	
silver nitrate topical solution 0.5 %	T1	
silver nitrate topical solution 10 %, 25 %, 50 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (***ozenoxacin***)	T3	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS
Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin		
DAZINIA TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	T3	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	T1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	T3	
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium tosylate***)	T3	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (***sofpironium bromide***)	T3	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
naftifine topical cream 1 %	T1	
naftifine topical cream 2 %	T1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	T1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
nystatin (Klayesta Topical Powder 100,000 Unit/Gram)	T1	
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	T1	
nystatin topical cream 100,000 unit/gram	T1	
nystatin topical ointment 100,000 unit/gram	T1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	T1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
DENVITA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***)	T3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***)	T3	
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	T1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***)	T3	
FERVINA TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	T3	
FIDILA TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	T3	
FRIVO TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***)	T3	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	T3	
IMIOXIA TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***)	T3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	T3	
PHEOXIA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***)	T3	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***)	T3	
ciclopirox topical cream 0.77 %	T1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	T1	
ciclopirox topical shampoo 1 %	T1	
ciclopirox topical solution 8 %	T1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	T1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	T1	QL (19.8 ML per 1 FILL)
DAFILOR TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FILOMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	T3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	T3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	T3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
clotrimazole topical cream 1 %	T1	
clotrimazole topical solution 1 %	T1	
econazole nitrate topical cream 1 %	T1	QL (170 GM per 1 FILL)
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	T2	
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	T2	
ketoconazole topical cream 2 %	T1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %	T1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (***ketoconazole/skin cleanser combination no.28***)	T3	
luliconazole topical cream 1 %	T1	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	T1	
oxiconazole topical cream 1 %	T1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***)	T3	
sulconazole topical cream 1 %	T1	
sulconazole topical solution 1 %	T1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
tavaborole topical solution with applicator 5 %	T1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clotrimazole-betamethasone topical lotion 1-0.05 %	T1	
DELIBON TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	T3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***)	T3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***)	T3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	T3	
DIYRA TOPICAL SHAMPOO 0.77-0.05-0.2 % (***ciclopirox olamine/clobetasol propionate/pyrithione zinc***)	T3	
DOREVI TOPICAL SHAMPOO 0.77-0.05-3-0.2 % (***ciclopirox olamine/clobetasol/salicylic acid/pyrithione zinc***)	T3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	T3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***)	T3	
hydrocortisone-iodoquinol topical cream 1-1 %	T1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	T1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	T1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	T3	
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	T2	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
fluorouracil topical cream 0.5 %	T1	PA
fluorouracil topical cream 5 %	T1	
fluorouracil topical solution 2 %, 5 %	T1	
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	T2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	T3	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	T3	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	T1	
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	T3	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
bexarotene topical gel 1 %	T1	PA
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***)	T3	
DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***)	T3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	T1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	T1	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
calcipotriene scalp solution 0.005 %	T1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcipotriene topical cream 0.005 %	T1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical ointment 0.005 %	T1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcitriol topical ointment 3 mcg/gram	T1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOOXIA TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	T3	
DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***)	T2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene (Pellix Scalp Solution 0.005 %)	T1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PURAZIL TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	T3	
tazarotene topical cream 0.05 %	T1	Age (Max 39 Years)
tazarotene topical cream 0.1 %	T1	
tazarotene topical gel 0.05 %, 0.1 %	T1	Age (Max 39 Years)
tazarotene (Trilitas Topical Gel 0.1 %)	T1	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (***tapinarof***)	T2	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***)	T3	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***)	T2	PA; QL (60 GM per 30 days)
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (***apremilast***)	T2	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (***apremilast***)	T2	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
PLEXION NS TOPICAL SHAMPOO 9.8 % (***sulfacetamide sodium***)	T3	
selenium sulfide topical lotion 2.5 %	T1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	T1	
sulfacetamide sodium topical cleanser 10 %	T1	
sulfacetamide sodium topical cleanser, gel 10 %	T1	
sulfacetamide sodium topical shampoo 10 %	T3	
sulfacetamide sodium topical shampoo 9.8 %	T1	
ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***)	T2	PA; QL (60 GM per 30 days)
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	T1	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
silver sulfadiazine topical cream 1 %	T1	
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	T1	
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***)	T3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	T3	
ELYZIA TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***)	T3	
HOVYN TOPICAL SOLUTION 0.1 % (***tacrolimus***)	T3	
NUJO TOPICAL SOLUTION 0.1 % (***tacrolimus***)	T3	
NUJU TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	T3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***)	T3	
pimecrolimus topical cream 1 %	T1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
tacrolimus topical ointment 0.03 %, 0.1 %	T1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
VEVEN TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***)	T3	
Dermatological - Depigmenting Agents - Drugs for the Skin		
hydroquinone topical cream 4 %	T1	
KAXM TOPICAL EMULSION 4 % (***hydroquinone***)	T3	
KEXM TOPICAL EMULSION 6 % (***hydroquinone***)	T3	
KUTEA TOPICAL EMULSION 8 % (***hydroquinone***)	T3	
KUXM TOPICAL EMULSION 8 % (***hydroquinone***)	T3	
MEDORFA HP PLUS TOPICAL EMULSION 8 % (***hydroquinone***)	T3	
MEDORFA HP TOPICAL EMULSION 8 % (***hydroquinone***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDORFA LP TOPICAL EMULSION 4 % (***hydroquinone***)	T3	
MEDORFA TOPICAL EMULSION 6 % (***hydroquinone***)	T3	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (***hydroquinone***)	T1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (***hydroquinone***)	T1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (***hydroquinone***)	T1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	T3	
KATARVIA TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***)	T3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
KEIDO TOPICAL EMULSION 6-1 % (***hydroquinone/hyaluronate sodium***)	T3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	T3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***)	T3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
KEYA TOPICAL EMULSION 6-0.5 % (***hydroquinone/hydrocortisone***)	T3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	T3	
KUTAR TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	T3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	T3	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	T3	
MAVILO TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	T3	
MECORIX HP TOPICAL EMULSION 8-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MECORIX TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MEDORFA PLUS TOPICAL EMULSION 6-1 % (***hydroquinone/hyaluronate sodium***)	T3	
MEKAM HP TOPICAL EMULSION 6-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MEKAM TOPICAL EMULSION 6-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MELIDU TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MELONDIS TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MIMORA TOPICAL EMULSION 6-0.5 % (***hydroquinone/hydrocortisone***)	T3	
MOKURA LP TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOKURA MOD TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***)	T3	
MOKURA PLUS TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	T3	
MOKURA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	T3	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MYTHIUS TOPICAL EMULSION 8-0.05-1 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
MYVORI TOPICAL CREAM 10-4 % (***lactic acid/niacinamide***)	T3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (***hydroquinone/sunscreens (oxybenzone/octinoxate)***)	T3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (***hydroquinone/ascorbic acid***)	T3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (***hydroquinone/ascorbic acid/vit e acetate (d-alpha tocoph)***)	T3	
PROOXIA TOPICAL CREAM 10-4 % (***lactic acid/niacinamide***)	T3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (***fluocinolone acetonide/tretinoin/hydroquinone***)	T3	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***)	T3	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Emollient Mixtures - Drugs for the Skin		
NEW DAY SKIN SPRAY TOPICAL EMULSION (***emollient combination no.129***)	T3	
XCLAIR TOPICAL CREAM (***hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree***)	T3	
Dermatological - Emollients - Drugs for the Skin		
ammonium lactate topical cream 12 %	T1	
ammonium lactate topical lotion 12 %	T1	
KERASTAT TOPICAL GEL 5 % (***keratin***)	T3	
RADIAGEL TOPICAL GEL (***emollient base***)	T3	
urea topical cream 20 %	T3	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	T3	PA
Dermatological - Glucocorticoid - Drugs for the Skin		
hydrocortisone (Ala-Cort Topical Cream 1 %)	T1	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	T1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
alclometasone topical cream 0.05 %	T1	
alclometasone topical ointment 0.05 %	T1	
amcinonide topical cream 0.1 %	T1	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS.
betamethasone dipropionate topical cream 0.05 %	T1	
betamethasone dipropionate topical lotion 0.05 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone dipropionate topical ointment 0.05 %	T1	
betamethasone valerate topical cream 0.1 %	T1	
betamethasone valerate topical foam 0.12 %	T1	
betamethasone valerate topical lotion 0.1 %	T1	
betamethasone valerate topical ointment 0.1 %	T1	
betamethasone, augmented topical cream 0.05 %	T1	
betamethasone, augmented topical gel 0.05 %	T1	
betamethasone, augmented topical lotion 0.05 %	T1	
betamethasone, augmented topical ointment 0.05 %	T1	
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	T3	
clobetasol scalp solution 0.05 %	T1	
clobetasol topical cream 0.05 %	T1	
clobetasol topical foam 0.05 %	T1	
clobetasol topical gel 0.05 %	T1	
clobetasol topical lotion 0.05 %	T1	
clobetasol topical ointment 0.05 %	T1	
clobetasol topical shampoo 0.05 %	T1	
clobetasol topical spray,non-aerosol 0.05 %	T1	
clobetasol-emollient topical cream 0.05 %	T1	
clobetasol-emollient topical foam 0.05 %	T1	
clocortolone pivalate topical cream 0.1 %	T1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***)	T3	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAS; QL (2 EA per 30 days)
desonide topical cream 0.05 %	T1	
desonide topical gel 0.05 %	T1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
desonide topical lotion 0.05 %	T1	
desonide topical ointment 0.05 %	T1	
desoximetasone topical cream 0.05 %, 0.25 %	T1	
desoximetasone topical gel 0.05 %	T1	
desoximetasone topical ointment 0.05 %, 0.25 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desoximetasone topical spray,non-aerosol 0.25 %	T1	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)
hydrocortisone butyrate (Evesse Topical Lotion 0.1 %)	T1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	T1	
fluocinolone topical cream 0.01 %, 0.025 %	T1	
fluocinolone topical oil 0.01 %	T1	
fluocinolone topical ointment 0.025 %	T1	
fluocinolone topical solution 0.01 %	T1	
fluocinonide topical cream 0.05 %, 0.1 %	T1	
fluocinonide topical gel 0.05 %	T1	
fluocinonide topical ointment 0.05 %	T1	
fluocinonide topical solution 0.05 %	T1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	T1	
fluocinonide-emollient topical cream 0.05 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurandrenolide topical cream 0.05 %	T1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
flurandrenolide topical lotion 0.05 %	T1	
flurandrenolide topical ointment 0.05 %	T1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %	T1	
fluticasone propionate topical lotion 0.05 %	T1	
fluticasone propionate topical ointment 0.005 %	T1	
halcinonide topical cream 0.1 %	T1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halcinonide topical solution 0.1 %	T1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
halobetasol propionate topical cream 0.05 %	T1	
halobetasol propionate topical ointment 0.05 %	T1	
HALOG TOPICAL SOLUTION 0.1 % (***halcinonide***)	T3	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
hydrocortisone butyrate topical cream 0.1 %	T1	
hydrocortisone butyrate topical lotion 0.1 %	T1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyrate topical ointment 0.1 %	T1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
hydrocortisone butyrate topical solution 0.1 %	T1	
hydrocortisone topical cream 1 %, 2.5 %	T1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	T1	
hydrocortisone topical lotion 2 %	T1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone topical lotion 2.5 %	T1	
hydrocortisone topical ointment 1 %, 2.5 %	T1	
hydrocortisone topical solution 2.5 %	T1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone valerate topical cream 0.2 %	T1	
hydrocortisone valerate topical ointment 0.2 %	T1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
hydrocortisone-pramoxine topical cream 2.5-1 %	T1	
mometasone topical cream 0.1 %	T1	
mometasone topical ointment 0.1 %	T1	
mometasone topical solution 0.1 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***)	T3	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %	T1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone/salicylic acid/sulfur/shampoo no.1***)	T2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (***betamethasone dipropionate***)	T3	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
triamcinolone acetonide topical aerosol 0.147 mg/gram	T1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %	T1	
triamcinolone acetonide topical cream 0.5 %	T1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	T1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***)	T3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***)	T3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***)	T3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	T3	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	T3	
DIVINIX TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***)	T3	
DIVINIX TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***)	T3	
DIVINIX TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	T3	
DOMELA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***)	T3	
DYNOMA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	T3	
FLUOXIA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	T3	
ILEXOR TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***)	T3	
PLENURA TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	T3	
TELIORA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***)	T3	
TETOXIA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***)	T3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***)	T3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	T3	QL (375 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	T3	QL (375 GM per 30 days)
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	T2	
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T3	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
hydrocortisone-pramoxine topical cream 2.5-1 %	T1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	T1	
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	T2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	T2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (***clobetasol propionate/skin cleanser combination no.28***)	T3	
SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser comb no.28***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
imiquimod topical cream in packet 5 %	T1	
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
KAZURI TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	T3	
KERIDA TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***)	T3	
KYNARA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***)	T3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***)	T3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***)	T3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	T3	
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
METDRAY TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***)	T3	
NENDRUX TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***)	T3	
PRONAL TOPICAL GEL 10-40 % (***lactic acid/urea***)	T3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (***urea/emollient combination no.65***)	T3	
WAYZEN TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***)	T3	
WELERIS TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***)	T3	
WENIXRA TOPICAL OINTMENT 5-30 % (***fluorouracil/salicylic acid***)	T3	
XIRUN TOPICAL GEL 10-40 % (***lactic acid/urea***)	T3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
silver nitrate applicators topical stick 75-25 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
CEM-UREA TOPICAL GEL 45 % (***urea***)	T1	
PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***)	T1	
podofilox topical gel 0.5 %	T1	ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %	T1	QL (0.5 ML per 1 day)
salicylic acid topical cream 6 %	T1	
salicylic acid topical cream,extended release 6 %	T1	
salicylic acid topical film forming liquid w/appl 27.5 %	T1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	T1	
salicylic acid topical foam 6 %	T1	
salicylic acid topical liquid 26 %	T1	
salicylic acid topical lotion 6 %	T1	
salicylic acid topical lotion,extended release 6 %	T1	
salicylic acid topical ointment 3 %	T3	
salicylic acid topical shampoo 6 %	T1	
SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***)	T3	
TRI-CHLOR TOPICAL SOLUTION 80 % (***trichloroacetic acid***)	T3	
trichloroacetic acid topical recon soln 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %	T3	
URAMAXIN TOPICAL FOAM 20 % (***urea***)	T3	
URAMAXIN TOPICAL LOTION 45 % (***urea***)	T3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***)	T1	
urea topical cream 39 %, 40 %, 45 %, 50 %	T1	
urea topical foam 35 %	T1	
urea topical gel 45 %	T1	
urea topical lotion 40 %	T3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***)	T3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	T3	
lidocaine-prilocaine topical cream 2.5-2.5 %	T1	
NOBELA TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	T3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
ethyl chloride spray 100 %	T3	
ethyl chloride spray coarse spray 100 %	T1	
ethyl chloride spray fine stream 100 %	T1	
ethyl chloride spray fine-spray 100 %	T1	
ethyl chloride spray medium stream 100 %	T1	
ethyl chloride spray medium-spray 100 %	T1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (***sirolimus***)	T3	PA
Dermatological - Miscellaneous Combinations - Drugs for the Skin		
KEFUNOVA TOPICAL CREAM 5-0.005 % (***fluorouracil/calcipotriene***)	T3	
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***)	T3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***)	T3	
SIVORA TOPICAL CREAM 0.3 % (***estriol***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Nitric Oxide Releasing Agents - Drugs for the Skin		
ZELSUVMI TOPICAL GEL 10.3 % (***berdazimer sodium***)	T3	PA
Dermatological - NSAID Combinations - Drugs for the Skin		
KERAXA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	T3	
ROAOXIA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	T3	
Dermatological - NSAID Single Agents - Drugs for the Skin		
ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 % (***diclofenac sodium***)	T1	QL (900 GM per 28 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	T1	
diclofenac sodium topical drops 1.5 %	T1	QL (300 ML per 28 days)
diclofenac sodium topical gel 1 %	T1	QL (900 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	T1	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***)	T3	
LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***)	T3	
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***)	T1	
RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***)	T3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Protectants - Drugs for the Skin		
benzoin (bulk) topical tincture	T3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (***zinc oxide***)	T3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***)	T1	
zinc oxide topical ointment 20 %	T3	
zinc oxide topical paste 25 %	T3	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
tazarotene topical cream 0.1 %	T1	
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	T1	PA
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	T3	PA
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	T3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	T3	
azelaic acid topical gel 15 %	T1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	T3	PA
BAXONIL TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	T3	
brimonidine topical gel with pump 0.33 %	T1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	T1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***)	T3	
DAZOMON TOPICAL GEL 0.25 % (***brimonidine tartrate***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	T2	
IDARAN TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	T3	
ivermectin topical cream 1 %	T1	ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
metronidazole topical cream 0.75 %	T1	
metronidazole topical gel 0.75 %, 1 %	T1	
metronidazole topical gel with pump 1 %	T1	
metronidazole topical lotion 0.75 %	T1	
REMYDA TOPICAL GEL 0.25 % (***brimonidine tartrate***)	T3	
RENSOTI TOPICAL CREAM 1-1-4 % (***ivermectin/oxymetazoline hcl/niacinamide***)	T3	
RESTIMO TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	T3	
ROCELIX TOPICAL CREAM 1-4 % (***oxymetazoline hcl/niacinamide***)	T3	
metronidazole (Rosadan Topical Cream 0.75 %)	T1	
ROSITARA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	T3	
ROVIS TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***)	T3	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	T1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	T3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (***lidocaine hcl***)	T3	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	T1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***)	T3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (***lidocaine hcl***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	T1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	T3	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	T1	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	T1	
lidocaine hcl topical cream 3 %	T1	
lidocaine topical adhesive patch,medicated 5 %	T1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	T1	QL (240 GM per 30 days)
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	T1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	T1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	T1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***)	T3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine***)	T3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (***lidocaine***)	T3	
NOLIRA TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	T3	
NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***)	T3	
NYNUTEY TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	T3	
REGENECARE TOPICAL GEL 2 % (***lidocaine hcl/collagen***)	T3	
TRANZAREL TOPICAL GEL 4 % (***lidocaine***)	T3	
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (***ketamine hcl***)	T3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
methyl salicylate oil	T3	
methyl salicylate topical liquid	T3	
WINTERGREEN OIL OIL (***methyl salicylate***)	T3	
Hair Growth Agents - Kinase Inhibitor - Drugs for the Skin		
LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***)	T3	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	T3	PA
Human Cellular Regenerative Tissue Matrix - Drugs for the Skin		
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***)	T3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***)	T3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (***human regenerative tissue matrix***)	T3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (***human regenerative tissue matrix***)	T3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (***human regenerative tissue matrix***)	T3	
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (***biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (***extracellular matrix (ecm), porcine derived***)	T3	
MIRO3D TOPICAL SHEET 10 X 2 X 2 CM, 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 X 5 X 2 CM (***extracellular matrix (ecm), porcine derived***)	T3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	T3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	T3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 2 CM, 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 2 CM, 5 X 5 CM, 5 X 7 CM, 6 X 5 CM, 8 X 5 CM (***extracellular matrix (ecm), porcine derived***)	T3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (***extracellular matrix (ecm), porcine derived***)	T3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
malathion topical lotion 0.5 %	T1	
permethrin topical cream 5 %	T1	
spinosad topical suspension 0.9 %	T1	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	T3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	T3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	T3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	T3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	T3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution/hypochlorous acid***)	T3	
Wound Care - Dressings - Drugs for the Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (***silver/silicone/foam bandage***)	T3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (***silver***)	T3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (***foam bandage***)	T3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***)	T3	
CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***)	T3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	T3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	T3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (***silver/foam bandage***)	T3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (***silver/calcium alginate***)	T3	
KERAGEL TOPICAL GEL (***gel dressing***)	T3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	T3	
L-MESITRAN SOFT TOPICAL GEL 40 % (***honey***)	T3	
OCM TOPICAL OINTMENT IN PACKET (***collagen, hydrolyzed/cod liver oil***)	T3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (***silver/calcium alginate***)	T3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (***silver/calcium alginate***)	T3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (***silver/silicone/foam bandage***)	T3	
SIOXD OR TOPICAL SHEET 2.5 " (***fiber-matrix pad dressing, silicone***)	T3	
SIOXD TOPICAL SHEET 2.5 " (***fiber-matrix pad dressing, silicone***)	T3	
SPECTRAGEL TOPICAL GEL (***gel dressing***)	T3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	T3	
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***)	T3	PA
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (***blood ketone test, strips***)	T2	QL (200 EA per 30 days)
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
tadalafil oral tablet 2.5 mg, 5 mg	T1	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
levocarnitine oral tablet 330 mg	T1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	T3	PA
glutamine (sickle cell) oral powder in packet 5 gram	T1	PA
Diluents - Sodium Chloride - Drugs for Nutrition		
sodium chlor 0.9% bacteriostat injection solution 0.9 %	T1	
sodium chloride 0.9 % injection solution	T1	
sodium chloride injection syringe 0.9 %	T1	
Diluents - Sterile Water for Injection - Drugs for Nutrition		
water for injection,sterile (Sterile Water For Injection Injection Solution 100 %)	T1	
water for inject, bacteriostat injection solution	T1	
water for injection, sterile injection solution 100 %	T1	
water for injection, sterile injection syringe 100 %	T1	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gram/60 Ml)	T1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM (***sodium zirconium cyclosilicate***)	T2	QL (34 EA per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM (***sodium zirconium cyclosilicate***)	T2	QL (1 EA per 1 day)
sodium polystyrene sulfonate oral powder 15 gram	T1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	T1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (***sodium polystyrene sulfonate/sorbitol solution***)	T3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	T3	PA
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors - Drugs for Nutrition		
XPHOZAH ORAL TABLET 20 MG, 30 MG (***tenapanor hcl***)	T3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Irrigation Solutions - Drugs for Nutrition		
lactated ringers irrigation solution	T3	
ringer's irrigation solution	T1	
sodium chloride irrigation solution 0.9 %	T1	
water for irrigation, sterile irrigation solution	T1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
LUGOLS ORAL SOLUTION 5 % (***potassium iodide/iodine***)	T3	
potassium iodide oral solution 1 gram/ml	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	T1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
FEOSOL ORAL TABLET 325 MG (65 MG IRON) (***ferrous sulfate***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEROSUL ORAL TABLET 325 MG (65 MG IRON) (***ferrous sulfate***)	T1	
ferric citrate oral tablet 210 mg iron	T1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (***ferrous sulfate***)	T1	
ferrous sulfate oral tablet 325 mg (65 mg iron)	T1	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML (***ferric carboxymaltose***)	T1	SP
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML (***ferric carboxymaltose***)	T3	SP
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (***ferrous sulfate***)	T1	
IRON ORAL TABLET 325 MG (65 MG IRON) (***ferrous sulfate***)	T1	
ONEVITE FERROUS SULFATE ORAL TABLET 325 MG (65 MG IRON) (***ferrous sulfate***)	T1	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***)	T3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***)	T1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	T1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	T1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride oral capsule, extended release 10 meq, 8 meq	T1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	T1	
potassium chloride oral packet 20 meq	T1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	T1	
potassium chloride oral tablet extended release 15 meq	T1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	T1	
Minerals and Electrolytes - Trace Minerals - Drugs for Nutrition		
ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG (***copper histidinate***)	T3	PA; QL (1 EA per 1 day)
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	T3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	T3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	T1	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***)	T3	PA
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	T3	PA
glutamine (sickle cell) oral powder in packet 5 gram	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE (***prenatal vit no.203/iron bis-glycinate/methyltetrahyrofolate***)	EHB	EHB
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron ps cplex,sod edta/folic acid/omega3***)	EHB	EHB
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/iron ps,sod.feredetate/folic acid/omega-3***)	EHB	EHB
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate no.6/dha***)	EHB	EHB
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***)	T3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***)	T3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***)	T3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vits no.76/iron carbon,gluc/folic acid/docusate/dha***)	T3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha***)	T3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52/iron/folic acid/omega-3/dha***)	EHB	EHB
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	EHB	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	T3	
KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***)	EHB	EHB
MASONATAL PRENATAL ORAL TABLET 28 MG IRON-800 MCG (***prenatal vitamins no.159/ferrous fumarate/folic acid***)	EHB	EHB
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***)	EHB	EHB
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	EHB	EHB
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***)	EHB	EHB
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	EHB	EHB
MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***)	EHB	EHB
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	EHB	EHB
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	EHB	EHB
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***)	EHB	EHB
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***)	T3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vits no.12/iron,carb/folic acid/docusate/omega-3***)	EHB	EHB
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha***)	EHB	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron,carbonyl/levomefolate calcium***)	EHB	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***)	EHB	EHB
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	T3	
ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG (***pnv168/iron,carb/folic ac/choline bit/om-3/dha/epa/fish oil***)	EHB	EHB
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (***prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa***)	EHB	EHB
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE (***prenatal vitamin no.200/iron bis-glycinate/levomefolate calc***)	EHB	EHB
pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg	EHB	EHB
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***)	EHB	EHB
PNV-SELECT ORAL TABLET 27-1 MG (***prenatal vits with calcium no.40/iron fumarate/folate no.1***)	EHB	EHB
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG (***prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3***)	EHB	EHB
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***)	EHB	EHB
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG (***prenatal vit 55/iron bisgly hcl,suc-prot/folic acid/omega-3***)	EHB	EHB
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG (***prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3***)	EHB	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (***prenatal vits with calcium no.80/iron fum/folic acid/dss/dha***)	T1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (***prenatal vit with calcium no.69/iron/folic acid/docusate/dha***)	T1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***)	EHB	EHB
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	EHB	EHB
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	EHB	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (***prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha***)	EHB	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	EHB	EHB
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	EHB	EHB
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	EHB	EHB
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	EHB	EHB
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (***prenatal vits no.173/iron bisglycinate/folate no.11***)	EHB	EHB
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.93/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (***prenatal vitamins no.116/iron fumarate/folic acid/dha***)	EHB	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (***prenatal vit with calcium no.122/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (***prenatal vitamins no.40/ferrous fumarate/folic acid/dha***)	EHB	EHB
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (***prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish***)	EHB	EHB
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***)	EHB	EHB
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	EHB	EHB
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.180/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	EHB	EHB
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	EHB	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vits with calcium no.124/ferrous fumarat/folic acid***)	EHB	EHB
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	EHB	EHB
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	EHB	EHB
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	EHB	EHB
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (***prenatal vitamins no.103/folic acid/omega-3s/dha/fish oil***)	EHB	EHB
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/ferrous fumarate,iron polysac/folic acid***)	EHB	EHB
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	EHB	EHB
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	EHB	EHB
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***)	EHB	EHB
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***)	EHB	EHB
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	T1	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***)	EHB	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***)	EHB	EHB
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***)	EHB	EHB
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***)	EHB	EHB
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	EHB	EHB
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	EHB	EHB
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***)	EHB	EHB
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	EHB	EHB
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (***prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil***)	EHB	EHB
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/docusate/dha***)	T3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (***prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha***)	T1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	EHB	EHB
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (***prenatal vit with calcium no.61/iron fumarate/folic acid/dha***)	EHB	EHB
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (***prenatal vitamins no.167/folic acid/docosahexaenoic acid***)	EHB	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil***)	EHB	EHB
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (***prenatal vitamins no.144/folic acid***)	EHB	EHB
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (***prenatal vitamins no.74/ferrous fumarate/folic acid/coq10***)	EHB	EHB
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa***)	EHB	EHB
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	T1	
NORMAL SALINE FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	T1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	T1	
sodium chloride 0.9 % (flush) injection syringe	T1	
sodium chloride 0.9 % (flush) injection syringe, with swab cap	T1	
sodium chloride 0.9 % injection solution	T1	
Sodium Chloride Solutions, Concentrated - Drugs for Nutrition		
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	T1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	T1	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	T1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	T1	
sodium chloride 0.9 % intravenous parenteral solution	T1	
sodium chloride 0.9 % intravenous piggyback	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	T1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	T1	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	T1	
Sterile Water for Injection - Drugs for Nutrition		
water for injection, sterile intravenous parenteral solution 100 %	T1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	T1	
cyanocobalamin (vitamin b-12) (Dodex Injection Solution 1,000 Mcg/Ml)	T1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	T1	
Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition		
niacin oral tablet 500 mg	T1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ascorbic acid(vitamin c)(bulk) granules 100 %	T3	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T1	
calcitriol oral solution 1 mcg/ml	T1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	T1	
ergocalciferol (vitamin d2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	T1	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
folic acid oral tablet 1 mg	T1	
folic acid oral tablet 400 mcg, 800 mcg	EHB	EHB
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (***folic acid***)	EHB	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
phytonadione (vitamin k1) oral tablet 5 mg	T1	
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	T3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***)	T3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (***mifepristone***)	T3	
mifepristone oral tablet 200 mg	T1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (***osilodrostat phosphate***)	T3	PA
RECORLEV ORAL TABLET 150 MG (***levoketoconazole***)	T3	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	T3	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	T3	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (***corticotropin***)	T3	PA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	T3	PA
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	T2	DD; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	T1	DD
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	T1	DD; ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	T2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	T2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	T2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	T2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	T2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	T2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***)	T2	DD; QL (0.8 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (***acoramidis hcl***)	T3	PA
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	T2	PA
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (***eplontersen sodium***)	T3	PA
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***vutrisiran sodium***)	T3	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (***patisiran sodium, lipid complex***)	T3	PA; SP
Androgen - Single Agents - Drugs for Men		
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (***testosterone undecanoate***)	T3	PA; QL (6 ML per 30 days)
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML (***testosterone cypionate***)	T3	PA; QL (2 ML per 28 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG (***testosterone undecanoate***)	T3	PA; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JATENZO ORAL CAPSULE 237 MG (***testosterone undecanoate***)	T3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (***testosterone undecanoate***)	T3	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG (***methyltestosterone***)	T3	PA
methyltestosterone oral capsule 10 mg	T1	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (***testosterone cypionate***)	T3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	T1	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml	T1	PA; QL (5 ML per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	T1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	T1	PA; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	T1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	T1	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)	T1	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	T1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	T1	PA; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	T1	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***)	T3	PA; QL (4 EA per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***)	T2	PA; QL (2 ML per 28 days)
Antidiabetic - CD3 Directed Monoclonal Antibody - Drugs for Diabetes		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (***teplizumab-mzwv***)	T3	PA; SP; DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiuretic and Vasopressor Hormones - Hormones		
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	T1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	T1	
desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)	T3	
desmopressin oral tablet 0.1 mg, 0.2 mg	T1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin acetate***)	T3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***)	T3	QL (1 EA per 1 day)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T1	DD
miglitol oral tablet 100 mg, 25 mg, 50 mg	T1	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	T1	DD; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***)	T3	DD; ST: TRIAL OF METFORMIN(GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS; QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	T2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	T1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (2.4 ML per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	T1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	T1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (9 ML per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (***semaglutide***)	T2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	T2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (3 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	T2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***)	T2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (2 ML per 28 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (***mifepristone***)	T2	PA; DD
mifepristone oral tablet 300 mg	T1	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	T1	DD
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	T1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg	T1	DD; QL (1 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	T2	DD; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***)	T2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	T2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (***dapagliflozin/metformin***)	T2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***dapagliflozin/metformin***)	T2	DD; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	T2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
dapagliflozin oral tablet 10 mg, 5 mg	T1	DD; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	T2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	T1	DD
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	T1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	DD
glipizide oral tablet 10 mg, 5 mg	T1	DD
glipizide oral tablet 2.5 mg	T1	DD; QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	T1	DD
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	T1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	T1	DD; ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYLUREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	T1	DD; ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	T1	DD; QL (2 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	T1	DD; QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	T1	DD; QL (2 EA per 1 day)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog|lixisenatide***)	T2	DD; QL (15 ML per 25 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec|liraglutide***)	T2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin|linagliptin|metformin hcl***)	T2	DD; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	T2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
methimazole oral tablet 10 mg, 5 mg	T1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
propylthiouracil oral tablet 50 mg	T1	
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (***vosoritide***)	T3	PA
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG (***navepegritide***)	T3	PA; QL (1 EA per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG (***navepegritide***)	T3	PA; QL (2 EA per 28 days)
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	T2	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	T1	PA
Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (***alendronate sodium/cholecalciferol (vitamin d3)***)	T3	QL (1 EA per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
alendronate oral solution 70 mg/75 ml	T1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1	
ibandronate oral tablet 150 mg	T1	
risedronate oral tablet 150 mg	T1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	T1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	T1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	T1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	T1	
cinacalcet oral tablet 90 mg	T1	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (***etelcalcetide hydrochloride***)	T3	PA; SP
Calcitonins - Drugs for Menopause and Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	T1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists - Hormones		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (***crinecerfont***)	T3	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (***crinecerfont***)	T3	PA
Estrogen and Progestin with Antimineralocorticoid Activity,Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone/estradiol***)	T3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***)	T2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	T1	
COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	T1	
EEMT HS ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	T1	
EEMT ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	T1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	T1	
Estrogen-Progestin - Drugs for Women		
estradiol/norethindrone acetate (Abigale Lo Oral Tablet 0.5-0.1 Mg)	T1	
estradiol/norethindrone acetate (Abigale Oral Tablet 1-0.5 Mg)	T1	
BIJUVA ORAL CAPSULE 0.5-100 MG (***estradiol/progesterone***)	T2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***)	T2	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	T2	QL (2 EA per 7 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	T1	
norethindrone acetate/ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	T1	
norethindrone acetate/ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	T1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	T1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	T1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	T2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***)	T2	
Estrogens - Drugs for Women		
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	T1	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	T3	
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	T1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (***estradiol***)	T3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	T1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	T1	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	T1	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	T1	QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	T1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	T1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	T1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***)	T3	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (16.2 ML per 30 days)
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	T1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	T3	QL (1 EA per 7 days)
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (***progesterone, micronized***)	T2	
progesterone micronized vaginal insert 100 mg	T1	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
clomiphene citrate oral tablet 50 mg	T1	
clomiphene citrate (Milophene Oral Tablet 50 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	T3	PA
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***)	T2	
Follicle-Stimulating Hormone (FSH) - Drugs for Women		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (***follitropin beta,recombinant***)	T3	ST: TRIAL OF GONAL-F OR GONAL-F-RFF REQUIRED IN THE PAST 120 DAYS
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML (***follitropin alfa, recombinant***)	T2	
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT (***follitropin alfa, recombinant***)	T2	
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***)	T3	
Glucocorticoids - Drugs for Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (***vamorolone***)	T3	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***)	T3	PA
cortisone oral tablet 25 mg	T1	
deflazacort oral suspension 22.75 mg/ml	T1	PA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	T1	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***)	T3	
dexamethasone oral elixir 0.5 mg/5 ml	T1	
dexamethasone oral solution 0.5 mg/5 ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet 1 mg, 2 mg	T1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (***dexamethasone sodium phosphate***)	T3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***)	T3	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
deflazacort (Jaythari Oral Suspension 22.75 Mg/Ml)	T1	PA
deflazacort (Jaythari Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg)	T1	PA
KENALOG INJECTION SUSPENSION 10 MG/ML (***triamcinolone acetonide***)	T3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (***triamcinolone acetonide***)	T3	
deflazacort (Kymbee Oral Suspension 22.75 Mg/Ml)	T1	PA
deflazacort (Kymbee Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg)	T1	PA
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	T2	
MEDROLOAN II SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	T3	
MEDROLOAN SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	T3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
methylprednisolone oral tablets,dose pack 4 mg	T1	
prednisolone oral solution 15 mg/5 ml	T1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	T1	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	T1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	T1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	T2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisone oral solution 5 mg/5 ml	T1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T1	
prednisone oral tablets,dose pack 10 mg, 5 mg	T1	
deflazacort (Pyquvi Oral Suspension 22.75 Mg/Ml)	T1	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***)	T3	PA
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	T1	
TRILOAN II SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	T3	
TRILOAN SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	T3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	T1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	T3	PA
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***)	T3	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (***tesamorelin acetate***)	T3	PA
Growth Hormones - Drugs for Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***)	T2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	T2	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	T3	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***)	T3	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (***lonapegsomatropin-tcgd***)	T2	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somapacitan-beco***)	T2	PA
Human Chorionic Gonadotropin (hCG) - Drugs for Women		
chorionic gonadotropin, human injection recon soln 6,000 unit	T1	
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	T3	ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human***)	T2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***)	T2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human***)	T3	ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	DD; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	T2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	T2	DD; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T2	DD; QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs for Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (***insulin regular, human***)	T3	PA; DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	T2	DD; QL (24 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (***insulin regular, human in 0.9 % sodium chloride***)	T3	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	T2	DD; QL (30 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T2	DD; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T2	DD; QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	T1	DD; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	T2	DD; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	T2	DD; QL (30 ML per 28 days)
Insulin Analogs - Long Acting - Drugs for Diabetes		
AWIQLI FLEXTOUCH SUBCUTANEOUS INSULIN PEN 700 UNIT/ML (1.5 ML) (***insulin icodec-abae***)	T3	DD; QL (6 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	T3	DD; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	T2	DD; QL (30 ML per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T2	DD; QL (40 ML per 28 days)
LANGLARA U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aldy***)	T3	DD; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	T3	DD; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine,human recombinant analog***)	T3	DD; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aglr***)	T3	DD; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	T2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	T2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	T2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	T2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	T2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	T2	DD; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	T2	DD; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (***insulin aspart (niacinamide)/pump cartridge***)	T2	DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (niacinamide)***)	T2	DD; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***)	T2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	T2	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	T1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	T1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	T1	DD; QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart-xjhz***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart-xjhz***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	T2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***)	T2	DD; QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (***insulin lispro-aabc***)	T3	DD; ST: TRIAL OF 2 OF THE FOLLOWING: INSULIN LISPRO, NOVOLOG, FIASP, OR LYUMJEV (NON TEMPO VERSION) IN THE PAST 365 DAYS; QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	T2	DD; QL (40 ML per 28 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart-szjj***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart-szjj***)	T3	DD; ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***)	T2	DD; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin aspart***)	T2	DD; QL (30 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	T2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
metformin oral solution 500 mg/5 ml	T1	PA; DD; QL (20 ML per 1 day)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	T1	DD
metformin oral tablet extended release 24 hr 500 mg, 750 mg	T1	DD
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	T1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	T3	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***)	T3	PA
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	T3	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (***histrelin acetate***)	T3	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***)	T3	PA
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	T3	PA
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	T2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
cetrorelix subcutaneous kit 0.25 mg	T1	
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 Ml)	T1	
ganirelix subcutaneous syringe 250 mcg/0.5 ml	T1	
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	T2	PA
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist - Drugs for Woman		
VEOZAH ORAL TABLET 45 MG (***fezolinetant***)	T3	
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	T1	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE REQUIRED; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
fludrocortisone oral tablet 0.1 mg	T1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
methylergonovine oral tablet 0.2 mg	T1	QL (28 EA per 30 days)
Parathyroid Hormones and Analogs - Drugs for Menopause and Bone Loss		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (***palopegteriparatide***)	T3	PA
Progestins - Drugs for Women		
norethindrone acetate (Gallifrey Oral Tablet 5 Mg)	T1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
norethindrone acetate oral tablet 5 mg	T1	
progesterone intramuscular oil 50 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
progesterone micronized oral capsule 100 mg, 200 mg	T1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
cabergoline oral tablet 0.5 mg	T1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab-bmwo***)	T2	PA
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab-bmwo***)	T2	PA
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
raloxifene oral tablet 60 mg	EHB	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
lanreotide subcutaneous syringe 120 mg/0.5 ml	T1	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***)	T3	PA
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	T1	SP
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	T1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	T1	
octreotide acetate injection syringe 500 mcg/ml (1 ml)	T1	SP
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	T1	PA
PALSONIFY ORAL TABLET 20 MG, 30 MG (***paltusotine hcl***)	T3	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	T3	PA
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (***teprotumumab-trbw***)	T3	PA; SP
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
AMERITHROID ORAL TABLET 90 MG (***thyroid,pork***)	T3	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
liothyronine sodium (Liomny Oral Tablet 25 Mcg, 5 Mcg, 50 Mcg)	T1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	T1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	T1	
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	T1	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	T1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***)	T3	PA; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (***levothyroxine sodium***)	T3	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine sodium***)	T3	PA
FDB Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (***homeopathic drugs***)	T3	
CANTHARIS COMPOSITUM ORAL DROPS (***homeopathic drugs***)	T3	
CRALONIN ORAL DROPS (***homeopathic drugs***)	T3	
EYE ORAL TABLET,SOLUBLE (***homeopathic drugs***)	T3	
LAMIOFLUR ORAL DROPS (***homeopathic drugs***)	T3	
PLANTAGO-HOMACCORD ORAL DROPS (***homeopathic drugs***)	T3	
POPULUS COMPOSITUM ORAL DROPS (***homeopathic drugs***)	T3	
PSORINOHEEL ORAL DROPS (***homeopathic drugs***)	T3	
RENEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***)	T3	
SABAL-HOMACCORD ORAL DROPS (***homeopathic drugs***)	T3	
SYZYGIUM COMPOSITUM ORAL DROPS (***homeopathic drugs***)	T3	
VERTIGOHEEL ORAL DROPS (***homeopathic drugs***)	T3	
VERTIGOHEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***)	T3	
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Agents to Treat CHAPLE Disease - Drugs to Relax Muscles		
VEOPOZ INJECTION SOLUTION 200 MG/ML (***pozelimab-bbfg***)	T3	PA; SP
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
loperamide oral capsule 2 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
opium tincture oral tincture 10 mg/ml (morphine)	T1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***)	T2	ST: TRIAL OF ANTI-RETROVIRAL THERAPY REQUIRED.; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (***telotristat etiprate***)	T2	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	T1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	T1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
meclizine oral tablet 12.5 mg, 25 mg	T1	
meclizine oral tablet,chewable 25 mg	T1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	T1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
trimethobenzamide oral capsule 300 mg	T1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	T1	
prochlorperazine 10 mg/2 ml vl inner 10 mg/2 ml (5 mg/ml)	T1	
prochlorperazine 10 mg/2 ml vl inner, muv 10 mg/2 ml (5 mg/ml)	T1	
prochlorperazine 10 mg/2 ml vl inner, muv 10 mg/2 ml (5 mg/ml)	T3	
prochlorperazine 10 mg/2 ml vl inner. muv 10 mg/2 ml (5 mg/ml)	T1	
prochlorperazine 10 mg/2 ml vl muv 10 mg/2 ml (5 mg/ml)	T1	
prochlorperazine 10 mg/2 ml vl muv, outer 10 mg/2 ml (5 mg/ml)	T1	
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)	T1	
prochlorperazine 10 mg/2 ml vl outer, muv 10 mg/2 ml (5 mg/ml)	T3	
prochlorperazine 10 mg/2 ml vl outer. muv 10 mg/2 ml (5 mg/ml)	T1	
prochlorperazine edisylate injection solution 5 mg/ml	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
promethazine oral syrup 6.25 mg/5 ml	T1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
granisetron hcl oral tablet 1 mg	T1	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (10 EA per 21 days)
ondansetron hcl oral solution 4 mg/5 ml	T1	QL (150 ML per 21 days)
ondansetron hcl oral tablet 4 mg, 8 mg	T1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	T1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	T3	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (1 EA per 21 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
aprepitant oral capsule 125 mg	T1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	T1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	T1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	T1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	T2	PA; QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	T2	QL (2 EA per 21 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	T2	QL (1 EA per 21 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	T1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	T1	
lactulose oral solution 10 gram/15 ml	T1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase (porcine)***)	T2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase (porcine)***)	T2	
Digestive Enzymes - Drugs for the Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	T3	PA
Fecal Microbiota Transplantation (FMT) - Drugs for Stomach		
REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***)	T3	PA; SP
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL (***fecal microbiota spores, live-brpk***)	T3	PA; QL (12 EA per 3 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CTEXLI ORAL TABLET 250 MG (***chenodiol***)	T3	PA
ursodiol oral capsule 300 mg	T1	
ursodiol oral tablet 250 mg, 500 mg	T1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	T1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	T1	
famotidine oral tablet 20 mg, 40 mg	T1	
nizatidine oral capsule 150 mg, 300 mg	T1	
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers - Drugs for Ulcers and Stomach Acid		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***)	T3	PA; QL (1 EA per 1 day)
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (***rabeprazole sodium***)	T3	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	T1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	T1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	T1	QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	T1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	T1	
omeprazole dr 20 mg capsule	T1	
omeprazole dr 20 mg capsule	T3	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg	T1	
pantoprazole oral granules dr for susp in packet 40 mg	T1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	T1	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	T1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	T1	
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	T1	
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	T1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
prucalopride oral tablet 1 mg, 2 mg	T1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (***metoclopramide hcl***)	T3	PA
metoclopramide hcl oral solution 5 mg/5 ml	T1	
metoclopramide hcl oral tablet 10 mg, 5 mg	T1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	T1	
hyoscyamine sulfate oral drops 0.125 mg/ml	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	T1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet 0.125 mg	T1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	T1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	T1	
methscopolamine oral tablet 2.5 mg, 5 mg	T1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	T1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	T1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (***glycopyrrolate***)	T3	ST: TRIAL OF GLYCOPYRROLATE 2 MG IN THE PAST 120 DAYS.; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
dicyclomine 10 mg/5 ml soln	T1	
dicyclomine 10 mg/5 ml soln	T3	
dicyclomine oral capsule 10 mg	T1	
dicyclomine oral tablet 20 mg	T1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	T1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	T1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	T1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole/clarithromycin/amoxicillin trihydrate***)	T3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***)	T3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (***vonoprazan fumarate/amoxicillin trihydrate***)	T3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***)	T3	PA; QL (112 EA per 14 days)
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg	T1	QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	T1	QL (4 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T2	QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	T2	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	T1	
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-aekn***)	T2	PA
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-stba***)	T2	PA
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-stba***)	T2	PA
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-stba***)	T2	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-kfce***)	T2	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	T2	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-kfce***)	T2	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (***mirikizumab-mrkz***)	T2	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	T2	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	T2	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	T2	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***guselkumab***)	T2	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	T2	PA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***)	T2	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (***guselkumab***)	T2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***)	T2	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	T1	
mesalamine oral capsule, extended release 250 mg, 500 mg	T1	
mesalamine oral capsule,extended release 24hr 0.375 gram	T1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	T1	
mesalamine rectal enema 4 gram/60 ml	T1	
mesalamine rectal suppository 1,000 mg	T1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	T1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (***mesalamine***)	T3	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	T1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
budesonide oral capsule,delayed,extend.release 3 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide oral tablet,delayed and ext.release 9 mg	T1	ST: TRIAL OF BALSALAZIDE REQUIRED.
budesonide rectal foam 2 mg/actuation	T1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	T2	
hydrocortisone rectal enema 100 mg/60 ml	T1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***)	T3	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (***vedolizumab***)	T3	PA
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (***upadacitinib***)	T2	PA
tofacitinib oral tablet 10 mg, 5 mg	T1	PA
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	T1	PA
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	T3	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	T3	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	T2	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	T2	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	T2	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	T2	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	T3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA
infliximab intravenous recon soln 100 mg	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	T3	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***)	T3	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***)	T3	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	T1	
lubiprostone oral capsule 24 mcg	T1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lubiprostone oral capsule 8 mcg	T1	QL (4 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	T2	QL (2 EA per 1 day)
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (***palifermin***)	T3	SP
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	T1	
lactulose oral solution 10 gram/15 ml	T1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	EHB	EHB; ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (***peg 3350/sodium sulfate,chloride/potassium chlor/magnesium***)	EHB	EHB; ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***)	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***)	EHB	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 100 mg/ml	T1	
sucralfate oral tablet 1 gram	T1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	T2	PA
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	T1	SP
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	T1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	T1	
octreotide acetate injection syringe 500 mcg/ml (1 ml)	T1	SP
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	T1	PA
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	T1	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	T3	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***)	T2	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	T1	
G.U. Irrigants - Drugs for the Urinary System		
acetic acid irrigation solution 0.25 %	T1	
glycine urologic solution irrigation solution 1.5 %	T1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid/gluconolactone/magnesium carbonate***)	T3	
sorbitol irrigation solution 3 %	T1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	T1	
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	T2	
tiopronin oral tablet 100 mg	T1	
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	T1	
tiopronin (Venxxiva Oral Tablet,Delayed Release (Dr/Ec) 100 Mg, 300 Mg)	T1	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
mirabegron oral suspension,extended rel recon 8 mg/ml	T1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	T2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	T1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (***lumasiran sodium***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (***nedosiran sodium***)	T3	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (***nedosiran sodium***)	T3	PA
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	T1	
calcium acetate(phosphat bind) oral tablet 667 mg	T1	
Phosphate Binders - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	T1	
calcium acetate(phosphat bind) oral tablet 667 mg	T1	
ferric citrate oral tablet 210 mg iron	T1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	T3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	T1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	T2	QL (6 EA per 1 day)
Phosphate Binders - Iron-based - Drugs for the Urinary System		
ferric citrate oral tablet 210 mg iron	T1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	T2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	T1	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	T1	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	T1	
silodosin oral capsule 4 mg, 8 mg	T1	
tamsulosin oral capsule 0.4 mg	T1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
finasteride oral tablet 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
tadalafil oral tablet 2.5 mg, 5 mg	T1	PA; QL (1 EA per 1 day)
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
dutasteride oral capsule 0.5 mg	T1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	T3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	T3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	T3	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	T3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	T1	
Urinary Analgesics - Drugs for Infections		
phenazopyridine oral tablet 100 mg, 200 mg	T1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	T1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	T1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	T1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	T1	
nitrofurantoin oral suspension 25 mg/5 ml	T1	PA
Urinary Antibacterials Other - Drugs for Infections		
fosfomycin tromethamine oral packet 3 gram	T1	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	T3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T3	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	T1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	T1	
solifenacin oral tablet 10 mg, 5 mg	T1	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	T1	
hyoscyamine sulfate oral drops 0.125 mg/ml	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	T1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet 0.125 mg	T1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	T1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	T1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	T1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	T1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	T3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	T1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	T1	
oxybutynin chloride oral syrup 5 mg/5 ml	T1	
oxybutynin chloride oral tablet 2.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxybutynin chloride oral tablet 5 mg	T1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	T1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	T3	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	T1	
tolterodine oral tablet 1 mg, 2 mg	T1	
trospium oral capsule,extended release 24hr 60 mg	T1	
trospium oral tablet 20 mg	T1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	T1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	T1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	T1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***)	T3	PA; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine tablet 500-0.5 mg	T1	
probenecid-colchicine tablet 500-0.5 mg	T3	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML (***pegloticase***)	T3	PA; SP
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	T1	
febuxostat oral tablet 40 mg, 80 mg	T1	
Hematological Agents - Drugs for the Blood		
Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood		
CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***)	T3	PA
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	T3	PA; SP
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy - Drugs to Prevent Blood Clots		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT (***adamts13, recombinant-krhn***)	T3	PA
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	T3	PA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***)	T3	PA; SP
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	T2	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	T3	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	T3	PA
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
sodium citrate in 0.9 % nacl solution 0.5 %	T1	
sodium citrate intra-catheter syringe 4 % (5 ml)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	T1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T1	
Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (***anti-inhibitor coagulant complex***)	T3	
Antiporphyria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (***hemin***)	T3	SP
Blood Cell and Platelet Disorder Treatment-Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	T2	PA
WAYRILZ ORAL TABLET 400 MG (***rilzabrutinib***)	T3	PA
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (***c1 esterase inhibitor***)	T3	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***)	T2	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***)	T2	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***)	T3	PA
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	T1	PA; SP
XOLREMDI ORAL CAPSULE 100 MG (***mavorixafor***)	T3	PA
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***)	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (***apixaban***)	T2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (***apixaban***)	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) (***apixaban***)	T2	QL (32 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG (***apixaban***)	T2	QL (4 EA per 1 day)
rivaroxaban oral suspension for reconstitution 1 mg/ml	T1	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg	T1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	T2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***)	T2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	T2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	T2	QL (2 EA per 1 day)
Erythropoietins - Drugs for the Blood		
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***)	T2	PA
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (***human prothrombin complex concentrate-lans***)	T3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate 4-factor***)	T3	SP
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	T3	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix recombinant, fc fusion protein***)	T2	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	T2	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***)	T2	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant, threonine 148***)	T3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix complex, prothrombin complex conc no.4, 3-factor***)	T3	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***factor ix (human) recombinant, pegylated***)	T2	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	T3	
Factor VII Preparations - Drugs to Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (***coagulation factor viia (recombinant)***)	T3	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (***coagulation factor viia recombinant-jncw***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	T2	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (***antihemophilic factor (fviii) recombinant, full length, peg***)	T2	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***antihemophilic factor viii recomb,single-chn,b-dom truncated***)	T2	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (***antihemophilic factor, human/von willebrand factor,human***)	T3	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***)	T2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (***antihemophilic factor (fviii) recombinant, fc fusion protein***)	T2	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-dom truncated peg-exei***)	T2	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (***antihemophilic factor, human***)	T3	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (***antihemophilic factor, human***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (***antihemophilic factor, human***)	T3	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (***antihemophilic factor, human***)	T3	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	T3	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***)	T2	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor, human***)	T3	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	T2	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	T2	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii recombinant, b-domain truncated***)	T2	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***antihemophilic factor viii rec hek cell, b-domain deleted***)	T3	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (***antihemophilic factor viii, recombinant porcine sequence***)	T3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii, human recombinant***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	T3	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	T2	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	T2	
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***)	T3	
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (***factor xiii***)	T3	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***)	T3	
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***)	T2	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	T2	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	T2	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	T3	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	T3	PA
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	T3	PA; SP
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh - Drugs for the Blood		
VAFSEO ORAL TABLET 150 MG, 300 MG (***vadadustat***)	T3	PA
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	T1	
Hemophilia Treatment Agents - Monoclonal Antibody - Drugs for the Blood		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (***concizumab-mtci***)	T3	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (***emicizumab-kxwh***)	T3	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML (***marstacimab-hncq***)	T3	PA
Hemophilia Treatment Agents - Small Interfering RNA (siRNA) - Drugs for the Blood		
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (***fitusiran sodium***)	T3	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML (***fitusiran sodium***)	T3	PA
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
aminocaproic acid oral solution 250 mg/ml (25 %)	T1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG) (***fibrinogen***)	T3	SP
tranexamic acid oral tablet 650 mg	T1	
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (***von willebrand factor (recombinant)***)	T3	
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
AVITENE FLOUR TOPICAL POWDER (***microfibrillar collagen***)	T3	
AVITENE TOPICAL POWDER IN PACKET (***microfibrillar collagen***)	T3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (***microfibrillar collagen***)	T3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (***microfibrillar collagen***)	T3	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON (***ferric subsulfate***)	T3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (***ferric subsulfate***)	T1	
SYRINGE AVITENE TOPICAL POWDER (***microfibrillar collagen***)	T3	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (***microfibrillar collagen***)	T3	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML(5 ML X 2) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	T1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	T1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	T1	
Heparins - Drugs to Prevent Blood Clots		
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	T1	
heparin (porcine) injection syringe 5,000 unit/ml	T1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	T1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	T1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	T1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	T1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	T1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	T1	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	T1	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	T1	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	T1	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	T1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	T3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	T3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	T3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***)	T3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***)	T3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***)	T3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (***dalteparin sodium,porcine***)	T3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	T3	QL (18 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (***crizanlizumab-tmca***)	T3	PA; SP
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (***plasminogen, human-tvmh***)	T3	PA
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
ticagrelor oral tablet 60 mg	T1	QL (2 EA per 1 day)
ticagrelor oral tablet 90 mg	T1	
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	T1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	T1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	EHB	EHB
aspirin oral tablet,chewable 81 mg	EHB	EHB
aspirin oral tablet,delayed release (dr/ec) 81 mg	EHB	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	EHB	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	EHB	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	EHB	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
clopidogrel oral tablet 300 mg	T1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	T1	
prasugrel hcl oral tablet 10 mg, 5 mg	T1	
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	T3	QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	T3	PA
PNH - Complement Factor B Inhibitors - Drugs for the Blood		
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	T2	PA
PNH - Complement Factor D Inhibitors - Drugs for the Blood		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	T3	PA
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***)	T3	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	T3	PA; SP
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***)	T3	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***)	T3	SP
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
AQVESME ORAL TABLET 100 MG (***mitapivat sulfate***)	T3	PA; QL (2 EA per 1 day)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***)	T3	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	T3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	T3	PA
glutamine (sickle cell) oral powder in packet 5 gram	T1	PA
SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***)	T3	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA REQUIRED.
SIKLOS ORAL TABLET 100 MG (***hydroxyurea***)	T3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML (***hydroxyurea***)	T3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	T1	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (***eltrombopag choline***)	T2	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	T2	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	T2	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	T2	PA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG (***avatrombopag maleate***)	T2	PA
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	T1	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	T1	PA
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	T3	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	T3	PA; SP
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Agents to Treat Cerebrotendinous Xanthomatosis (CTX) - Drugs for the Liver		
CTEXLI ORAL TABLET 250 MG (***chenodiol***)	T3	PA
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***)	T3	PA
BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***)	T3	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***)	T3	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (***maralixibat chloride***)	T3	PA
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist - Drugs for the Liver		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***)	T3	PA
Peroxisome Proliferator-Activated Receptor (PPAR) Agonist - Drugs for the Liver		
IQIRVO ORAL TABLET 80 MG (***elafibranor***)	T2	PA
LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***)	T2	PA
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	T3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	T2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	T2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	T2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	T2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	T1	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (***inebilizumab-cdon***)	T3	PA; SP
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil oral capsule 250 mg	T1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	T1	
mycophenolate mofetil oral tablet 500 mg	T1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	T1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (***mycophenolate mofetil***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (***emapalumab-lzsg***)	T3	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***anifrolumab-fnia***)	T3	PA
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML (***anifrolumab-fnia***)	T2	PA; QL (3.2 ML per 28 days)
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML (***anifrolumab-fnia***)	T2	PA; QL (3.2 ML per 28 days)
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***)	T3	PA
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T1	
sirolimus oral solution 1 mg/ml	T1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	T1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***)	T2	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Locomotor System		
Neuromuscular Therapy Agents - Thymidine Kinase 2 Deficiency (TK2d)		
KYGEVVI ORAL POWDER IN PACKET 4 GRAM (***doxecitine/doxribtimine***)	T3	PA
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
dichlorphenamide oral tablet 50 mg	T1	PA
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	T2	PA
dichlorphenamide (Ormalvi Oral Tablet 50 Mg)	T1	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
edaravone 30 mg/100 ml bag inner, single use	T3	PA; SP
edaravone 30 mg/100 ml bag outer, single use	T3	PA; SP
edaravone 30 mg/100 ml bag suv, inner	T3	PA; SP
edaravone 30 mg/100 ml bag suv, outer	T3	PA; SP
edaravone 30 mg/100 ml vial suv, inner	T1	PA; SP
edaravone 30 mg/100 ml vial suv, outer	T1	PA; SP
edaravone intravenous solution 60 mg/100 ml	T1	PA; SP
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (***edaravone***)	T3	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	T3	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	T3	PA
ALS Agents - Antisense Oligonucleotide (ASO) - Drugs for Nerves and Muscles		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (***tofersen***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles		
riluzole oral tablet 50 mg	T1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	T3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	T3	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (***rozanolixizumab-noli***)	T3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	T3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	T3	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (***efgartigimod alfa-fcab***)	T3	PA; SP
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
pyridostigmine bromide oral syrup 60 mg/5 ml	T1	
pyridostigmine bromide oral tablet 30 mg	T1	
pyridostigmine bromide oral tablet 60 mg	T1	
pyridostigmine bromide oral tablet extended release 180 mg	T1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	T3	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (***zilucoplan sodium***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (***casimersen***)	T3	PA; SP
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (***eteplirsen***)	T3	PA; SP
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (***viltolarsen***)	T3	PA; SP
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (***golodirsen***)	T3	PA; SP
Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor - Drugs for Nerves and Muscles		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (***givinostat hydrochloride***)	T3	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists - Drugs for Nerves and Muscles		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (***palovarotene***)	T3	PA
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator - Drugs for Nerves and Muscles		
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	T3	PA
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	T2	PA; QL (12 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***)	T2	PA; QL (12 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***)	T2	PA; QL (12 ML per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (***collagenase clostridium histolyticum***)	T3	
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT (***onabotulinumtoxina***)	T3	PA; QL (4 EA per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT (***onabotulinumtoxina***)	T3	PA; QL (1 EA per 90 days)
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (***daxibotulinumtoxina-lanm***)	T3	PA; SP
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	T3	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	T3	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T3	PA
Neuromuscular Therapy Agents - Barth Syndrome - Drugs for Muscles, Ligaments, Tendons, and Bones		
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML (***elamipretide hcl***)	T3	PA; QL (3.5 ML per 7 days)
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	T1	
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
ATMEKSI ORAL SUSPENSION 750 MG/5 ML (***methocarbamol***)	T3	PA; QL (54 ML per 1 day)
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
baclofen oral tablet 10 mg, 20 mg	T1	
baclofen oral tablet 5 mg	T1	
carisoprodol oral tablet 250 mg, 350 mg	T1	
chlorzoxazone oral tablet 500 mg	T1	
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	T1	
metaxalone oral tablet 400 mg, 800 mg	T1	
methocarbamol oral tablet 500 mg, 750 mg	T1	
orphenadrine citrate oral tablet extended release 100 mg	T1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	T1	
tizanidine oral tablet 2 mg, 4 mg	T1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	T1	
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML, 28 MG/5 ML, 50 MG/5 ML (***nusinersen sodium/pf***)	T3	PA; SP
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***)	T3	PA
EVRYSDI ORAL TABLET 5 MG (***risdiplam***)	T3	PA
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment		
COAGUCHEK XS (***prothrombin time/inr test meter***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	T3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	EHB	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Compression Stockings - Medical Supplies and Durable Medical Equipment		
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	T3	
T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***)	T3	
Medical Supplies and DME - Conception Assistance Supplies - Medical Supplies and Durable Medical Equipment		
CONCEPTION KIT (***conception assistance supplies combination no.1***)	T3	
Medical Supplies and DME - COVID Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
3 IN 1 COVID-19 AND FLU TEST KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
BD VERITOR SARS-COV-2, FLU A-B KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
BD VERITOR SYSTEM SARS-COV-2 KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
BINAXNOW COVID-19 AG CARD KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDX TYFAST FLU-COVID-19 TEST KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
COVID-19 RAPID AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
covid19 test adm.by pharmacist	T3	
covid-19,flu a,b antigen test kit	T3	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
FLOWFLEX PLUS COVID-19 AND FLU KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
ID NOW COVID-19 TEST KIT KIT (***covid-19 molecular nucleic acid test assay***)	T3	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	T3	
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
PIXEL COVID19 HOME COLLECT KIT (***covid-19 test specimen collection***)	T3	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUICKVUE SARS ANTIGEN KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
RAPIDGO FLU AND COVID-19 TEST KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
SOFIA SARS ANTIGEN FIA KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
SOFIA2 FLU-SARS ANTIGEN FIA KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
SPEEDYSWAB COVID-19 AND FLU KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
Medical Supplies and DME - Dental Supplies Other - Medical Supplies and Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (***dental suction device/chlorhexidine/dental swab 1/mouthwash***)	T3	
Q-CARE RX Q4 KIT 0.12 % (***dental suction device/chlorhexidine gl/dental swab comb no.1***)	T3	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	EHB	CT; EHB
Medical Supplies and DME - Digital Therapeutics, Software - Medical Supplies and Durable Medical Equipment		
NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***)	EHB	EHB
Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment		
MAD NASAL ATOMIZER NASAL DEVICE (***atomizer***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	T3	
Medical Supplies and DME - Enteral Syringes - Medical Supplies and Durable Medical Equipment		
ENFIT MULTIFIL SYRINGE SYRINGE 10 ML (***syringe, enfit 10 ml, non-sterile***)	T3	
ENFIT MULTIFIL SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	T3	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	T3	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	T3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	
syringe cap, enfit,non-sterile	T3	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml	T3	
syringe, enfit, non-sterile syringe 5 ml	T3	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	T3	
syringe, enfit, sterile syringe 10 ml	T3	
syringe, enfit, sterile syringe 20 ml	T3	
syringe, enfit, sterile syringe 5 ml	T3	
Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment		
ENFIT IRRIGAT SYRINGE-CONTAINR KIT (***feeder irrigation kit***)	T3	
enteral connector, enfit	T3	
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	T3	
KANGAROO 924 SAFETY SCREW (***pump set***)	T3	
KANGAROO EPUMP SET (***feeder container with pump set***)	T3	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	T3	
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	T3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (***condoms, female***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Gauze Bandages - Medical Supplies and Durable Medical Equipment		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***)	T3	
Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment		
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***)	T3	
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	T3	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	T3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	T3	
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	T2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	T2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	T2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	T2	DD
ADVANTAGE SAFETY LANCET 28 GAUGE (***lancets***)	T2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***)	T2	DD
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	T2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE TITANIUM GLUCOSE SYSTEM (***blood-glucose meter***)	T3	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	T2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	T2	DD
BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***)	T3	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	T2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	T2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	T2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	T2	DD; QL (1 EA per 365 days)
CHOSEN LANCET 30 GAUGE (***lancets***)	T2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	T2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	T2	DD
COAGUCHEK LANCETS (***lancets***)	T2	DD
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	T2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	T2	DD
DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (***lancets***)	T2	DD
DROPLET MEDLANCE PLUS 30 GAUGE (***lancets***)	T2	DD
DROPSAFE ACTI-LANCE 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
DROPSAFE ERGOLANCE 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD
DROPSAFE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
DROPSAFE HAEMOLANCE PLUS BLADE 1.5 X 1.2 MM, 1.5 X 1.6 MM (***blade lancet, safety***)	T2	DD
DROPSAFE MEDISAFE SOLO LANCET 23 GAUGE, 29 GAUGE (***lancets***)	T2	DD
DROPSAFE MEDLANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD
DROPSAFE MEDLANCE PLUS BLADE 0.8 X 2 MM (***blade lancet, safety***)	T2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	T2	DD
EASY COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	T2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	T2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	T2	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	T2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	T2	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FINGERSTIX LANCETS (***lancets***)	T2	DD
FONDCIRCLE LANCET 30 GAUGE (***lancets***)	T2	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	T2	DD
FREESTYLE LANCETS 28 GAUGE (***lancets***)	T2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE UNISTIK 2 (***lancets***)	T2	DD
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	T3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	T2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	T3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	T3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	T3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	T3	PA; DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	T2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	T2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	T2	DD
lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge	T2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	T2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	T2	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	T2	DD
MICROLET LANCET (***lancets***)	T2	DD
MICROLET NEXT LANCET 28 GAUGE (***lancets***)	T2	DD
MOBI BLOOD GLUCOSE TWIST LANCT 30 GAUGE (***lancets***)	T2	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	T2	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	T2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	T2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	T2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
NOVA SUREFLEX LANCETS (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL LANCET 30 GAUGE (***lancets***)	T2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	T2	DD
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	T2	DD
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	T2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	T2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	T2	DD
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	T2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	T2	DD
PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***)	T2	DD
RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	T2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	T2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	T2	DD
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
SIMPLERA SENSOR DEVICE (***blood-glucose sensor***)	T3	PA; DD
SIMPLERA SYNC SENSOR DEVICE (***blood-glucose sensor***)	T3	PA; DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SINGLE-LET (***lancets***)	T2	DD
SMARTEST LANCET (***lancets***)	T2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	T2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	T2	DD
SURE-TOUCH LANCET (***lancets***)	T2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	T2	DD
THIN LANCETS 26 GAUGE (***lancets***)	T2	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	T2	DD
TRUE-COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	T2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	T2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	T2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	T2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***)	T2	DD
ULTRA TLC LANCETS (***lancets***)	T2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	T2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	T2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET GP LANCET (***lancets***)	T2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	T2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	T2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	T2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***)	T2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***)	T2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	T2	DD
UNISTIK 3 DUAL LANCET 18 GAUGE (***lancets***)	T2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	T2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	T2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	T2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	T2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	T2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	T2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
UNIVERSAL 1 LANCETS 26 GAUGE (***lancets***)	T2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	T2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	T2	DD
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	T3	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	T3	
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	T3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (***pessary***)	T3	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***)	T2	DD
EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	T3	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	T2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	T2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	T2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	T2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	T2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	T2	DD
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	T2	DD
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	T2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	T2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	T3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	T2	DD; QL (1 EA per 365 days)
PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	T3	DD
PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	T3	DD
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	T2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	T2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	T2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	T2	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***)	T2	DD
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	T2	DD
Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	T3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	T3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	T3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	T3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	T3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***)	T3	
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	T3	
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
AIRS PEDIATRIC DISPOSABLE MASK (***nebulizer accessories***)	T3	
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	T3	
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	T3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	T3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	T3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	T3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	T3	DD
ENFIT MEDICAL STRAW (***medical supply, miscellaneous***)	T3	
eua patient assessment	T3	
PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***)	T3	
PRO-CEPTION VAGINAL (***medical supply, miscellaneous***)	T3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	T3	SP
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	T3	
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	T3	
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	T3	
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (***nebulizer***)	T3	
AEROECLIPSE XL NEBULIZER (***nebulizer***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AERONEB GO NEBULIZER (***nebulizer***)	T3	
ALTERA NEBULIZER HANDSET (***nebulizer***)	T3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	T3	
AURA PORTANEB (***nebulizer***)	T3	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	T3	
INNOSPIRE GO NEBULIZER (***nebulizer***)	T3	
LC PLUS (***nebulizer***)	T3	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	T3	
MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***)	T3	
MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***)	T3	
MICROAIR MESH NEBULIZER (***nebulizer***)	T3	
MINI PLUS NEBULIZER (***nebulizer***)	T3	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	T3	
PARI LC SPRINT SINUS (***nebulizer***)	T3	
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	T3	
SIDESTREAM (***nebulizer***)	T3	
SIDESTREAM NEBULIZER (***nebulizer***)	T3	
SIDESTREAM PLUS (***nebulizer***)	T3	
SINUSTAR NEBULIZER (***nebulizer***)	T3	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	T3	
Medical Supplies and DME - Needles and Syringes - Medical Supplies and Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***)	T3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	T3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***)	T3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (***needles, safety***)	T3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	T3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	T3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***)	T3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***)	T3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (***syringe with needle,disposable, 10 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (***syringe with needle,disposable, 5 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8" (***needles, disposable***)	T3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD SAFETYGLIDE NEEDLE NEEDLE 23 GAUGE X 1 1/2" (***needles, safety***)	T3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	T3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	T3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***)	T3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***)	T3	
blunt needle, disposable needle 18 x 1 1/2 "	T3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***)	T3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	T3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	T3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	T3	
DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***)	T3	
DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***)	T3	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	T3	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (***syringe,safety with needle,5 ml***)	T3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	T3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***)	T3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	T3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***)	T3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (***needles, safety***)	T3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	T3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	T3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***)	T3	
EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	T3	
EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***)	T3	
IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	T3	
LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
MAD NASAL ATOMIZER-3 ML SYRING NASAL COMBO PACK (***syringe with cannula, disposable, 3 ml and atomizer***)	T3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	T3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	T3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	T3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	T3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	T3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	T3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	T3	
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***)	T3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***)	T3	
MONOJECT SYRINGE CATHETER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (***syringe with needle,disposable, 12 ml***)	T3	
MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***)	T3	
MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	T3	
MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (***syringe with needle,disposable, 6 ml***)	T3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***)	T3	
needle (disp) 18 g needle 18 gauge x 1 1/2"	T3	
needle (disp) 27 gauge needle 27 gauge x 1 1/2", 27 gauge x 1/2"	T3	
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (***syringe,safety needle 10 ml and self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe 3 ml with safety needle,self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (***syringe, safety needle 5 ml and self-contained disposal unit***)	T3	
safety needles needle 18 gauge x 1 1/2"	T3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***)	T3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	T3	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	T3	
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml	T3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"	T3	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	T3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (***syringe with needle,disposable, 5 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	T3	
TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	T3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***)	T3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***)	T3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***)	T3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ADD-VANTAGE ADDAPTOR (***infusion adapter, closed system***)	T3	
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	T3	
I-PORT (***injection ports***)	T3	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	T3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	T3	
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	T3	
Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment		
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	T3	
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	T3	
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	T3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	T3	
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	T3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	T3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	T3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	T3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	T3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	T3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER2GO SPACER (***inhaler, assist devices***)	T3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	T3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	T3	
AIRS ADULT AEROSOL MASK (***nebulizer accessories***)	T3	
AIRS PEDIATRIC DISPOSABLE MASK (***nebulizer accessories***)	T3	
ALL FLOW 1000 KIT (***nebulizer accessories***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALL FLOW 1000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 3000 KIT (***nebulizer accessories***)	T3	
ALL FLOW 3000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 4000 KIT (***nebulizer accessories***)	T3	
ALL FLOW 4000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 5000 KIT (***nebulizer accessories***)	T3	
ALL FLOW 5000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 6000 PFT FILTER (***nebulizer accessories***)	T3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	T3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	T3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	T3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	T3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	T3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	T3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	T3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	T3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	T3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	T3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	T3	
CLEVER CHOICE NEB KIT-ADULT (***nebulizer accessories***)	T3	
CLEVER CHOICE NEB KIT-CHILD (***nebulizer accessories***)	T3	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	T3	
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	T3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	T3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	T3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	T3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	T3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	T3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	T3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	T3	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	T3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	T3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	T3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	T3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	T3	
FLEXICHAMBER SPACER (***inhaler, assist devices***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	T3	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	T3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	T3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	T3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	T3	
INSPIRATION ELITE FILTER (***nebulizer accessories***)	T3	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	T3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	T3	
MICROSPACER SPACER (***inhaler, assist devices***)	T3	
nebulizer and compressor device	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOSE CLIP (***nebulizer accessories***)	T3	
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	T3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	T3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	T3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	T3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	T3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	T3	
PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***)	T3	
PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***)	T3	
PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***)	T3	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	T3	
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	T3	
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	T3	
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	T3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	T3	
PILLOW MASK CHILD (***nebulizer accessories***)	T3	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	T3	
PRIMEAIRE SPACER (***inhaler, assist devices***)	T3	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	T3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	T3	
PROCHAMBER SPACER (***inhaler, assist devices***)	T3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	T3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	T3	
PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***)	T3	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	T3	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	T3	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	T3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	T3	
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	T3	
REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***)	T3	
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	T3	
RUBBER MOUTHPIECE (***nebulizer accessories***)	T3	
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	T3	
SAMI THE SEAL MASK (***nebulizer accessories***)	T3	
SIDESTREAM MASK (***nebulizer accessories***)	T3	
SILICONE MASK (***nebulizer accessories***)	T3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	T3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	T3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	T3	
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	T3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	T3	
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	T3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	T3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	T3	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	T3	
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	T3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	T3	
Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment		
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	T3	
LASIX ONYU REUSABLE UNIT SUBCUTANEOUS DEVICE (***drug delivery device***)	T3	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, bifurcated***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, trifurcated***)	T3	
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM (***subcutaneous administration set***)	T3	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT) (***subcutaneous bolus insulin patch pump, 240 unit, disposable***)	T2	DD; QL (4 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	T2	DD; QL (10 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (240 UNIT) (***subcutaneous bolus insulin patch pump, 240 unit, disposable***)	T2	DD; QL (10 EA per 30 days)
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	T3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	T3	DD
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,l2/l3***)	T2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	T2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	T2	DD
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,l2/l3 with controller***)	T2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	T2	DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	T2	DD
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***)	T2	DD
TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	T2	DD; QL (1 EA per 365 days)
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	T2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	T2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	T2	DD
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (***subcutaneous insulin pump***)	T3	PA; DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	T3	PA; DD
MINIMED FLEX (***subcutaneous insulin pump***)	T3	PA; DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	T3	PA; DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	T3	PA; DD
TANDEM T:SLIM X2 STARTER KIT (***subcutaneous insulin pump***)	T3	PA; DD
Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (***catheter***)	T3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***)	T3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	T3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***)	T3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***)	T3	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	T3	
DOVER UNIVERSAL TRAY (***catheterization tray***)	T3	
FEMALE CATHETER 14 FR (***catheter***)	T3	
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	T3	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	T3	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	T3	
LOFRIC ORIGO 14-16 FR-" (***catheter***)	T3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***)	T3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***)	T3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***)	T3	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	T3	
SELF-CATHETER, FEMALE 14 FR (***catheter***)	T3	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	T3	
SPEEDICATH (FEMALE) 16 FR (***catheter***)	T3	
TOUCH-TROL 10 FR (***catheter***)	T3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	T3	
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (***urine glucose test strip***)	T3	DD
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (***urine glucose-acet test strip***)	T3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
KETONE CARE STRIP (***urine acetone test strips***)	T3	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	T3	DD
KETOSTIX STRIP (***urine acetone test strips***)	T3	DD
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	T3	DD
Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	T3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	T3	
Medical Supplies and DME-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies and Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	T3	
Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment		
ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MEDTRONIC EXT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	T3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (***dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl***)	T3	SP
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
3 IN 1 COVID-19 AND FLU TEST KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	T2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	T2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	T2	DD
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	T3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
ADD-VANTAGE ADDAPTOR (***infusion adapter, closed system***)	T3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (***catheter***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***)	T3	
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	T2	DD
ADVANTAGE SAFETY LANCET 28 GAUGE (***lancets***)	T2	DD
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	T3	
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	T3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	T3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	T3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	T3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	T3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	T3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	T3	
AEROCHAMBER2GO SPACER (***inhaler, assist devices***)	T3	
AEROECLIPSE II NEBULIZER (***nebulizer***)	T3	
AEROECLIPSE XL NEBULIZER (***nebulizer***)	T3	
AERONEB GO NEBULIZER (***nebulizer***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	T3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	T3	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***)	T2	DD
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
AIRS ADULT AEROSOL MASK (***nebulizer accessories***)	T3	
AIRS PEDIATRIC DISPOSABLE MASK (***nebulizer accessories***)	T3	
ALL FLOW 1000 KIT (***nebulizer accessories***)	T3	
ALL FLOW 1000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 3000 KIT (***nebulizer accessories***)	T3	
ALL FLOW 3000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 4000 KIT (***nebulizer accessories***)	T3	
ALL FLOW 4000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 5000 KIT (***nebulizer accessories***)	T3	
ALL FLOW 5000 PFT FILTER (***nebulizer accessories***)	T3	
ALL FLOW 6000 PFT FILTER (***nebulizer accessories***)	T3	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***)	T3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (***foam bandage***)	T3	
ALTERA NEBULIZER HANDSET (***nebulizer***)	T3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	T3	
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	T2	DD
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	T3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***)	T3	
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	T3	
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD
ASSURE TITANIUM GLUCOSE SYSTEM (***blood-glucose meter***)	T3	DD
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	T3	
AURA PORTANEB (***nebulizer***)	T3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***)	T2	DD
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	T3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***)	T3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (***needles, safety***)	T3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	T3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	T3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***)	T3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***)	T3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (***syringe with needle,disposable, 10 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (***syringe with needle,disposable, 5 ml***)	T3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	T2	DD
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8" (***needles, disposable***)	T3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD SAFETYGLIDE NEEDLE NEEDLE 23 GAUGE X 1 1/2" (***needles, safety***)	T3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	T3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	T3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	T3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***)	T3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	T3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***)	T3	
BD VERITOR SARS-COV-2, FLU A-B KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
BD VERITOR SYSTEM SARS-COV-2 KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***)	T3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	T3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	T3	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	T3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	T3	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	T3	DD
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
BINAXNOW COVID-19 AG CARD KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
blunt needle, disposable needle 18 x 1 1/2 "	T3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	T3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	T3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	T3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	T3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	T3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	T3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	T3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	T2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	T2	DD
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***)	T3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	T3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	T3	
CARESENS LANCETS 30 GAUGE (***lancets***)	T2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***)	T3	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	EHB	CT; EHB
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT) (***subcutaneous bolus insulin patch pump, 240 unit, disposable***)	T2	DD; QL (4 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	T2	DD; QL (10 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (240 UNIT) (***subcutaneous bolus insulin patch pump, 240 unit, disposable***)	T2	DD; QL (10 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	T2	DD; QL (1 EA per 365 days)
CHOSEN LANCET 30 GAUGE (***lancets***)	T2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	T2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	T2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	T3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	T3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	T3	
CLEVER CHOICE NEB KIT-ADULT (***nebulizer accessories***)	T3	
CLEVER CHOICE NEB KIT-CHILD (***nebulizer accessories***)	T3	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	T3	
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
COAGUCHEK LANCETS (***lancets***)	T2	DD
COAGUCHEK XS (***prothrombin time/inr test meter***)	T3	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	T2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	T2	DD
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	T3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	T3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	T3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	T3	
CONCEPTION KIT (***conception assistance supplies combination no.1***)	T3	
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
CORDX TYFAST FLU-COVID-19 TEST KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
COVID-19 RAPID AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
covid19 test adm.by pharmacist	T3	
covid-19,flu a,b antigen test kit	T3	
CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***)	T3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	T3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	T3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***)	T3	
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***)	T3	
DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	T3	
DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***)	T3	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	T3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	T3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	T3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	T3	
DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIASTIX STRIP (***urine glucose test strip***)	T3	DD
DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***)	T3	
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***)	T3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***)	T3	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	T3	
DOVER UNIVERSAL TRAY (***catheterization tray***)	T3	
DROPLET LANCETS 30 GAUGE (***lancets***)	T2	DD
DROPLET MEDLANCE PLUS 30 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPSAFE ACTI-LANCE 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
DROPSAFE ERGOLANCE 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD
DROPSAFE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
DROPSAFE HAEMOLANCE PLUS BLADE 1.5 X 1.2 MM, 1.5 X 1.6 MM (***blade lancet, safety***)	T2	DD
DROPSAFE MEDISAFE SOLO LANCET 23 GAUGE, 29 GAUGE (***lancets***)	T2	DD
DROPSAFE MEDLANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD
DROPSAFE MEDLANCE PLUS BLADE 0.8 X 2 MM (***blade lancet, safety***)	T2	DD
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	T3	
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
DYNAGINATE AG TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	T3	
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	T3	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	T3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	T3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	T3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	T3	
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	T2	DD
EASY COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***)	T3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (***syringe,safety with needle,5 ml***)	T3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***)	T3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	T3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	T2	DD
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***)	T3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	T3	
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	T2	DD
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (***needles, safety***)	T3	
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	T3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	T3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	T3	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
EMBRACE LANCETS 30 GAUGE (***lancets***)	T2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	T2	DD
ENFIT IRRIGAT SYRINGE-CONTAINR KIT (***feeder irrigation kit***)	T3	
ENFIT MEDICAL STRAW (***medical supply, miscellaneous***)	T3	
ENFIT MULTIFIL SYRINGE SYRINGE 10 ML (***syringe, enfit 10 ml, non-sterile***)	T3	
ENFIT MULTIFIL SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	
enteral connector, enfit	T3	
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	T3	
eua patient assessment	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***)	T3	
EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	T3	
EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	T3	
EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	T3	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	T2	DD
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
FC2 FEMALE CONDOM (***condoms, female***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
FEMALE CATHETER 14 FR (***catheter***)	T3	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	EHB	CT; EHB
FINGERSTIX LANCETS (***lancets***)	T2	DD
FLEXICHAMBER SPACER (***inhaler, assist devices***)	T3	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	T3	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
FLOWFLEX PLUS COVID-19 AND FLU KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FONDCIRCLE LANCET 30 GAUGE (***lancets***)	T2	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	T2	DD
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (***lancets***)	T2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	T2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (***lancets***)	T2	DD
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	T3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	T2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	T3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	T3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	T3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	T3	PA; DD
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	T3	
ID NOW COVID-19 TEST KIT KIT (***covid-19 molecular nucleic acid test assay***)	T3	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD
ILET INSULIN PUMP (***subcutaneous insulin pump***)	T3	PA; DD
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	T3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	T3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	T2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	T2	DD
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE GO NEBULIZER (***nebulizer***)	T3	
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	T3	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	T3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	T2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	T2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	T2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	T2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	T2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	T2	DD
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	T3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	T3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	T3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	T3	
INSPIRATION ELITE FILTER (***nebulizer accessories***)	T3	
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	T3	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	T2	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	T3	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	T3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***)	T3	
INVACARE LANCETS 30 GAUGE (***lancets***)	T2	DD
I-PORT (***injection ports***)	T3	
IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	T3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	T3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	T3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	T3	
KANGAROO 924 SAFETY SCREW (***pump set***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO EPUMP SET (***feeder container with pump set***)	T3	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	T3	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	T3	
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	T3	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	T3	
KERAGEL TOPICAL GEL (***gel dressing***)	T3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	T3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	T3	
KETO-DIASTIX STRIP (***urine glucose-acet test strip***)	T3	DD
KETONE CARE STRIP (***urine acetone test strips***)	T3	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	T3	DD
KETOSTIX STRIP (***urine acetone test strips***)	T3	DD
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge	T2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	T2	DD
LASIX ONYU REUSABLE UNIT SUBCUTANEOUS DEVICE (***drug delivery device***)	T3	
LC PLUS (***nebulizer***)	T3	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	T3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	T3	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	T3	
LOFRIC ORIGO 14-16 FR-" (***catheter***)	T3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***)	T3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***)	T3	
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	T3	
LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
MAD NASAL ATOMIZER NASAL DEVICE (***atomizer***)	T3	
MAD NASAL ATOMIZER-3 ML SYRING NASAL COMBO PACK (***syringe with cannula, disposable, 3 ml and atomizer***)	T3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	T3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***)	T3	
MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***)	T3	
MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	T2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	T2	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MEDTRONIC EXT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	T2	DD
MICROAIR MESH NEBULIZER (***nebulizer***)	T3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	T3	
MICROLET LANCET (***lancets***)	T2	DD
MICROLET NEXT LANCET 28 GAUGE (***lancets***)	T2	DD
MICROSPACER SPACER (***inhaler, assist devices***)	T3	
MINI PLUS NEBULIZER (***nebulizer***)	T3	
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	T3	
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	T3	PA; DD
MINIMED FLEX (***subcutaneous insulin pump***)	T3	PA; DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***)	T3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***)	T3	DD
MOBI BLOOD GLUCOSE TWIST LANCT 30 GAUGE (***lancets***)	T2	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	T2	DD
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	T3	
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	T3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	T3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	T3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	T3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	T3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	T3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	T3	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	T3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	T3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	T3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***)	T3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***)	T3	
MONOJECT SYRINGE CATHETER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***)	T3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (***syringe with needle,disposable, 12 ml***)	T3	
MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***)	T3	
MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	T3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	T3	
MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	T3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (***syringe with needle,disposable, 6 ml***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	T3	
MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***)	T3	
MONOLET LANCETS 21 GAUGE (***lancets***)	T2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	T2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	T2	DD
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	T2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	T2	DD
NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***)	EHB	EHB
nebulizer and compressor device	T3	
needle (disp) 18 g needle 18 gauge x 1 1/2"	T3	
needle (disp) 27 gauge needle 27 gauge x 1 1/2", 27 gauge x 1/2"	T3	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	T3	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	T3	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, bifurcated***)	T3	
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, trifurcated***)	T3	
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM (***subcutaneous administration set***)	T3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***)	T3	
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	T3	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	T3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
NOSE CLIP (***nebulizer accessories***)	T3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
NOVA SUREFLEX LANCETS (***lancets***)	T2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	T3	DD
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	T3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***)	T3	
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	T3	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,l2/l3***)	T2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	T2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	T2	DD
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,l2/l3 with controller***)	T2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	T2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	T2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	T2	DD
ON CALL LANCET 30 GAUGE (***lancets***)	T2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	T2	DD
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	T2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	T3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	T3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	T3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	T3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	T3	DD
PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	T3	DD
PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***)	T3	
PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***)	T3	
PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***)	T3	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	T3	
PARI LC SPRINT SINUS (***nebulizer***)	T3	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	T3	
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	T3	
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	T3	
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	T3	
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	T3	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	T3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	T3	
PILLOW MASK CHILD (***nebulizer accessories***)	T3	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIXEL COVID19 HOME COLLECT KIT (***covid-19 test specimen collection***)	T3	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	T3	
PRECISION XTRA B-KETONE STRIP (***blood ketone test, strips***)	T2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	T2	DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	T2	DD
PRIMEAIRE SPACER (***inhaler, assist devices***)	T3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	T2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD
PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***)	T3	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	T3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	T3	
PRO-CEPTION VAGINAL (***medical supply, miscellaneous***)	T3	
PROCHAMBER SPACER (***inhaler, assist devices***)	T3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	T3	
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	T2	DD
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	T3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	T3	
PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***pessary***)	T3	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	T3	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	T3	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	T3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	T3	
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	T2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	T2	DD
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***)	T2	DD
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	T3	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
QUICKVUE SARS ANTIGEN KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
RAPIDGO FLU AND COVID-19 TEST KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	T3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	T3	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	T3	
REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***)	T3	
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	T3	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	T3	
RUBBER MOUTHPIECE (***nebulizer accessories***)	T3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (***syringe,safety needle 10 ml and self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe 3 ml with safety needle,self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***)	T3	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (***syringe, safety needle 5 ml and self-contained disposal unit***)	T3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	T2	DD
safety needles needle 18 gauge x 1 1/2"	T3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	T2	DD
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	T3	
SAMI THE SEAL MASK (***nebulizer accessories***)	T3	
SELF-CATHETER, FEMALE 14 FR (***catheter***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
SIDESTREAM (***nebulizer***)	T3	
SIDESTREAM MASK (***nebulizer accessories***)	T3	
SIDESTREAM NEBULIZER (***nebulizer***)	T3	
SIDESTREAM PLUS (***nebulizer***)	T3	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	T3	
SILICONE MASK (***nebulizer accessories***)	T3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	T3	
SIMPLERA SENSOR DEVICE (***blood-glucose sensor***)	T3	PA; DD
SIMPLERA SYNC SENSOR DEVICE (***blood-glucose sensor***)	T3	PA; DD
SINGLE-LET (***lancets***)	T2	DD
SINUSTAR NEBULIZER (***nebulizer***)	T3	
SIOXD OR TOPICAL SHEET 2.5 " (***fiber-matrix pad dressing, silicone***)	T3	
SIOXD TOPICAL SHEET 2.5 " (***fiber-matrix pad dressing, silicone***)	T3	
SMARTEST LANCET (***lancets***)	T2	DD
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
SOFIA SARS ANTIGEN FIA KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
SOFIA2 FLU-SARS ANTIGEN FIA KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	T3	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	T3	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	T3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	T3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	T3	
SPECTRAGEL TOPICAL GEL (***gel dressing***)	T3	
SPEEDICATH (FEMALE) 16 FR (***catheter***)	T3	
SPEEDYSWAB COVID-19 AND FLU KIT (***covid-19, influenza a, influenza b antigen immunoassay test***)	T3	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	$0 COPAY
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	T2	DD
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	T3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	T2	DD
SURE-TOUCH LANCET (***lancets***)	T2	DD
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***)	T3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	T3	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	T3	SP
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml	T3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	T3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	T3	
syringe cap, enfit,non-sterile	T3	
syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"	T3	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	T3	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml	T3	
syringe, enfit, non-sterile syringe 5 ml	T3	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	T3	
syringe, enfit, sterile syringe 10 ml	T3	
syringe, enfit, sterile syringe 20 ml	T3	
syringe, enfit, sterile syringe 5 ml	T3	
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	T3	
T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***)	T3	
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	T3	PA; DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	T3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	T3	PA; DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump|insulin pump cartridge***)	T3	DD
TANDEM T:SLIM X2 STARTER KIT (***subcutaneous insulin pump***)	T3	PA; DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	T2	DD
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	T3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (***syringe with needle,disposable, 5 ml***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	T3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	T3	
THIN LANCETS 26 GAUGE (***lancets***)	T2	DD
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	T3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	T3	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	T3	
TOUCH-TROL 10 FR (***catheter***)	T3	
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	T2	DD
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUE-COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	T2	DD
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	T3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	EHB	CT; EHB; IF QL=60 THEN $0 COPAY

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T3	
TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	T3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	T3	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***)	T2	DD
TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	T2	DD; QL (1 EA per 365 days)
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	T2	DD
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***)	T3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***)	T3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	T3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	T3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	T3	
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	T2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	T2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***)	T2	DD
ULTRA TLC LANCETS (***lancets***)	T2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	T2	DD
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	T2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	T2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	T2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	T2	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***)	T2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	T2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	T2	DD
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	T2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	T2	DD
UNILET GP LANCET (***lancets***)	T2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	T2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	T2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	T2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***)	T2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***)	T2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	T2	DD
UNISTIK 3 DUAL LANCET 18 GAUGE (***lancets***)	T2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	T2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	T2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	T2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	T2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	T2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	T2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	T2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	T2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD
UNIVERSAL 1 LANCETS 26 GAUGE (***lancets***)	T2	DD
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	T3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***)	T3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	T3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	T3	
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	T3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	T2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T2	DD
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	T2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	T2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	T2	DD
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	T3	
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	T3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	T3	
VIVAGUARD LANCET 30 GAUGE (***lancets***)	T2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	T2	DD
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	T3	
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	T3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	T3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	T3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (***pessary***)	T3	
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (***olipudase alfa-rpcp***)	T3	PA; SP
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis - Drugs for Metabolic Disease		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***)	T3	PA; SP
Metabolic Disease Enzyme Replacement, Arginase Deficiency - Drugs for Metabolic Disease		
LOARGYS INJECTION SOLUTION 5 MG/ML (***pegzilarginase-nbln***)	T3	PA; SP
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	T3	PA; SP
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (***pegunigalsidase alfa-iwxj***)	T3	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***)	T3	PA
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (***imiglucerase***)	T3	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (***taliglucerase alfa***)	T3	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (***velaglucerase alfa***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	T2	PA
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (***sebelipase alfa***)	T3	PA; SP
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***)	T3	PA
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***)	T3	SP
AVLAYAH INTRAVENOUS RECON SOLN 150 MG (***tividenofusp alfa-eknm***)	T3	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (***idursulfase***)	T3	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (***vestronidase alfa-vjbk***)	T3	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (***galsulfase***)	T3	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (***elosulfase alfa***)	T3	PA; SP
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (***alglucosidase alfa***)	T3	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (***avalglucosidase alfa-ngpt***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POMBILITI INTRAVENOUS RECON SOLN 105 MG (***cipaglucosidase alfa-atga***)	T3	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***)	T3	PA
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T1	
calcitriol oral solution 1 mcg/ml	T1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	T1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	T1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***)	T2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
levocarnitine (with sugar) oral solution 100 mg/ml	T1	
levocarnitine oral solution 100 mg/ml	T1	
levocarnitine oral tablet 330 mg	T1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	T2	
miglustat oral capsule 100 mg	T1	PA
miglustat (Yargesa Oral Capsule 100 Mg)	T1	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
betaine oral powder 1 gram/scoop	T1	PA
Metabolic Modifier - Neimann Pick Disease Type C (NPC) - Drugs that Alter Metabolism		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (***levacetylleucine***)	T2	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (***arimoclomol citrate***)	T2	PA
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***)	T3	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG (***alpelisib***)	T3	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***)	T3	PA
Metabolic Modifier - Pompe Disease - GCS inhibitor - Drugs that Alter Metabolism		
OPFOLDA ORAL CAPSULE 65 MG (***miglustat***)	T3	PA
Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs that Alter Metabolism		
HARLIKU ORAL TABLET 2 MG (***nitisinone***)	T3	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	T1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	T2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	T2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	T2	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
glycerol phenylbutyrate oral liquid 1.1 gram/ml	T1	PA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***)	T3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***)	T3	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***)	T3	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	T1	PA
sodium phenylbutyrate oral tablet 500 mg	T1	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	T3	PA
carglumic acid oral tablet, dispersible 200 mg	T1	PA
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	T3	PA
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	T1	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	T1	
sapropterin oral powder in packet 100 mg, 500 mg	T1	
sapropterin oral tablet,soluble 100 mg	T1	
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (***sepiapterin***)	T3	PA
sapropterin dihydrochloride (Zelvysia Oral Powder In Packet 100 Mg, 500 Mg)	T1	
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	T3	PA
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	T3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	T1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	T1	
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	T1	
fluoride (sodium) dental cream 1.1 %	T1	
fluoride (sodium) dental gel 1.1 %	T1	
fluoride (sodium) dental paste 1.1 %	T1	
fluoride (sodium) dental solution 0.2 %	T1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	EHB	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	EHB	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	T3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	T3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	T3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	T3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	T3	
SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	T1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (***fluoride (sodium)***)	T1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	T1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	T1	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
clotrimazole mucous membrane troche 10 mg	T1	
nystatin oral suspension 100,000 unit/ml	T1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***)	T3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	T1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	T1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	T3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (***sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos***)	T3	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	T1	
triamcinolone acetonide dental paste 0.1 %	T1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	T3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
cevimeline oral capsule 30 mg	T1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	T1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
doxycycline hyclate oral tablet 20 mg	T1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	T1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab-sztn***)	T3	PA; SP
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab***)	T3	PA
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	T2	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (***ocrelizumab***)	T3	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (***ocrelizumab-hyaluronidase-ocsq***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (***alemtuzumab***)	T3	PA; SP
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***)	T2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	T2	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***)	T2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	T2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T2	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	T2	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	T2	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	T2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	T2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	T2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	T2	PA
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	T1	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	T1	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	T2	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	T1	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T2	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T2	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T2	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T2	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T2	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T2	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T2	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
teriflunomide oral tablet 14 mg, 7 mg	T1	PA
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
fingolimod oral capsule 0.5 mg	T1	PA
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	T3	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	T2	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	T2	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (***fingolimod lauryl sulfate***)	T3	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	T3	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	T3	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	T3	PA
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (***chondroitin sulfate a sodium/pf***)	T3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	T2	
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (***faricimab-svoa***)	T3	PA; SP
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML (***faricimab-svoa***)	T3	PA; SP
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	T3	
Miotics - Direct Acting - Drugs for Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	T3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	T1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-2.5 %- 0.5 %	T1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	T1	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	T1	
tropic 1%-cyclopent 1%-pe 10%-ktrlc 0.5% eye drop (cmpd-rx) 1 %-1 %-10 %- 0.5 %	T1	
tropic 1%-cyclopent 1%-pe 10%-ktrlc 0.5% eye drop (cmpd-rx) 1 %-1 %-10 %- 0.5 %	T3	
Ophth - Beta Blocker-Adrenerg-Carbonic Anhyd Inh-Prostaglandin Analog - Drugs for Glaucoma		
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %	T1	
timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %	T1	
timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %	T1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***oxymetazoline hcl/pf***)	T3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	T1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	T2	ST: TRIAL OF DORZOLAMIDE OR DORZOLAMIDE/TIMOLOL IN THE PAST 120 DAYS
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for the Eye		
brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %	T1	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
pilocarpine hcl ophthalmic (eye) drops 1.25 %	T1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (***pilocarpine hcl***)	T3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % (***aceclidine hcl***)	T3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 % (***carbachol/brimonidine tartrate***)	T3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***)	T2	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	T1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	T1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	T1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin sulfate/prednisolone acetate***)	T3	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	T1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	T1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	T1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	T2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	T1	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	T1	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	T1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	T1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	T1	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %	T1	
Ophthalmic - Antibacterial-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %	T1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vancomycin in water ophthalmic (eye) drops 2.5 %	T1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %	T1	
atropine ophthalmic (eye) drops 1 %	T1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	T1	
cyclopentolate hcl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %)	T3	
cyclopentolate ophthalmic (eye) drops 1 %	T1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***)	T1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	T1	
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	T1	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***)	T3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	T1	
ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	T1	
azelastine ophthalmic (eye) drops 0.05 %	T1	QL (12 ML per 30 days)
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	T1	
epinastine ophthalmic (eye) drops 0.05 %	T1	QL (10 ML per 30 days)
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	T1	
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	T1	
olopatadine ophthalmic (eye) drops 0.1 %	T1	
olopatadine ophthalmic (eye) drops 0.2 %	T1	QL (3 ML per 30 days)
WAL-ZYR (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	T1	

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Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
clobetasol ophthalmic (eye) drops,suspension 0.05 %	T1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	T1	QL (15 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	T1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***)	T2	QL (8.3 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	T1	QL (10 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***)	T2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***)	T2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	T1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	T1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	T1	QL (20 ML per 14 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	T3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	T1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	T1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	T1	QL (20 ML per 14 days)
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	T3	SP
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
cyclosporine ophthalmic (eye) dropperette 0.05 %	T1	QL (60 EA per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	T1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***cyclosporine***)	T3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	T2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***)	T3	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (60 EA per 15 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bromfenac ophthalmic (eye) drops 0.07 %	T1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	T1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %	T1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	T1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	T1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	T2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	T1	
ketorolac ophthalmic (eye) drops 0.5 %	T1	QL (20 ML per 30 days)
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	T1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs for Glaucoma		
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %	T1	
timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	T1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	T1	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	T1	
Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %	T1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
brinzolamide ophthalmic (eye) drops,suspension 1 %	T1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	T1	
dorzolamide ophthalmic (eye) drops 2 %	T1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***)	T2	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	T2	PA
Ophthalmic - Decongestants - Drugs for Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	T1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	T1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	T1	
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	T1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	T1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	T1	
Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***)	T3	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	T1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***)	T3	
carteolol ophthalmic (eye) drops 1 %	T1	
levobunolol ophthalmic (eye) drops 0.5 %	T1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	T1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	T1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	T1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	T1	
timolol ophthalmic (eye) drops 0.5 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	T1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	T1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl***)	T1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	T1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	T1	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	T3	PA; SP
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	T1	PA; SP
bevacizumab intravitreal syringe 2.25 mg/0.09 ml, 2.75 mg/0.11 ml	T1	PA; SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	T2	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	T2	PA; SP
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	T3	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	T3	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	T3	PA; SP
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	T3	PA; SP
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	T3	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	T3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	T3	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	T3	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	T3	PA; SP
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	T3	PA; SP
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
cromolyn ophthalmic (eye) drops 4 %	T1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***)	T1	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***)	T3	SP
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	T3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
Ophthalmic - TRPM8 Agonist - Drugs for the Eye		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % (***acoltremon***)	T2	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	T1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	T1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	T1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	T1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	T1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	T1	
tobramycin 0.3% eye drop	T1	
tobramycin 0.3% eye drop	T3	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	T1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	T2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	T1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***)	T2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***)	T2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	T1	
gatifloxacin ophthalmic (eye) drops 0.5 %	T1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	T1	
moxifloxacin ophthalmic (eye) drops 0.5 %	T1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ofloxacin ophthalmic (eye) drops 0.3 %	T1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	T1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	T1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	T3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	T3	
Ophthalmic Antiparasitics - Drugs for the Eye		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***)	T2	PA
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***)	T3	
povidone-iodine ophthalmic (eye) solution 5 %	T1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	T1	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
Ophthalmic Complement Inhibitors - Drugs for the Eye		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	T3	PA; SP
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
apraclonidine ophthalmic (eye) drops 0.5 %	T1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	T1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***)	T3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	T1	
bimatoprost ophthalmic (eye) drops 0.03 %	T1	QL (2.5 ML per 25 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (***bimatoprost***)	T3	SP
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (***travoprost***)	T3	SP
latanoprost ophthalmic (eye) drops 0.005 %	T1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	T1	QL (2.5 ML per 25 days)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	T1	QL (1 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	T1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***)	T3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***)	T3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***)	T3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	T3	PA; SP
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	T1	PA; SP
bevacizumab intravitreal syringe 2.25 mg/0.09 ml, 2.75 mg/0.11 ml	T1	PA; SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	T2	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	T2	PA; SP
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	T3	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	T3	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	T3	PA; SP
Vascular Endothelial Growth Factor(VEGF-A and PlGF)Receptor Inhibitors - Drugs for the Eye		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	T3	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	T3	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	T3	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	T3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	T3	PA; SP
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	T1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	T1	
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	T1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***)	T3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	T1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	T1	
Otic (Ear) - Anti-infectives other - Antibiotics		
acetic acid otic (ear) solution 2 %	T1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	T1	
ofloxacin 0.3% ear drops	T1	
ofloxacin 0.3% ear drops	T3	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	T1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	T1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	T1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	T1	
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	T3	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED
Antihistamine - 1st Generation - Alkylamines - Drugs for Allergies		
brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml	T1	
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	T1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	T1	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	T1	Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 Ml)	T1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	T1	
clemastine fumarate (Clemsza Oral Tablet 2.68 Mg)	T1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenhydramine hcl oral elixir 12.5 mg/5 ml	T1	
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
promethazine oral syrup 6.25 mg/5 ml	T1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	T1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
cyproheptadine oral syrup 2 mg/5 ml	T1	
cyproheptadine oral tablet 4 mg	T1	
Antihistamines - 1st Generation - Drugs for Allergies		
brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml	T1	
carbinoxamine maleate oral liquid 4 mg/5 ml	T1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	T1	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	T1	Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 Ml)	T1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	T1	
clemastine fumarate (Clemsza Oral Tablet 2.68 Mg)	T1	
cyproheptadine oral syrup 2 mg/5 ml	T1	
cyproheptadine oral tablet 4 mg	T1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	T1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	T1	
promethazine oral syrup 6.25 mg/5 ml	T1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine rectal suppository 12.5 mg, 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	T1	
Antihistamines - 2nd Generation - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	T1	
desloratadine oral tablet 5 mg	T1	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	T1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
levocetirizine oral solution 2.5 mg/5 ml	T1	ST: TRIAL OF DESLORATADINE TABLET, LEVOCETIRIZINE TABLET, OR CETIRIZINE SOLUTION IN THE PAST 120 DAYS
levocetirizine oral tablet 5 mg	T1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	T1	
levocetirizine oral solution 2.5 mg/5 ml	T1	ST: TRIAL OF DESLORATADINE TABLET, LEVOCETIRIZINE TABLET, OR CETIRIZINE SOLUTION IN THE PAST 120 DAYS
levocetirizine oral tablet 5 mg	T1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
desloratadine oral tablet 5 mg	T1	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	T1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitussives - Non-Opioid - Drugs for Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	T1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab-igec***)	T2	PA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	T2	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	T2	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	T2	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	T2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***)	T2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	T2	QL (1 EA per 30 days)
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	T1	QL (17.4 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	T1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	T1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	T1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	T1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	T1	QL (24 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	T1	QL (21.2 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T2	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T2	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T2	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (***reslizumab***)	T3	PA; SP
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	T2	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	T2	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***)	T2	PA
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	T2	PA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***)	T2	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
montelukast oral granules in packet 4 mg	T1	
montelukast oral tablet 10 mg	T1	
montelukast oral tablet,chewable 4 mg, 5 mg	T1	
zafirlukast oral tablet 10 mg, 20 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
cromolyn inhalation solution for nebulization 20 mg/2 ml	T1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	T2	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	T2	PA
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T2	
theophylline oral elixir 80 mg/15 ml	T1	
theophylline oral solution 80 mg/15 ml	T1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	T1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T1	
Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors - Drugs for Asthma/COPD		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (***ensifentrine***)	T3	PA
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
roflumilast oral tablet 250 mcg, 500 mcg	T1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	T2	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	T2	QL (4 GM per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	T1	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***)	T3	QL (90 ML per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	T1	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	T1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***)	T2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	T1	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	T1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	T2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
albuterol hfa 90 mcg inhaler 90 mcg/actuation	T1	18gm/Pkg; QL (54 GM per 30 days)
albuterol hfa 90 mcg inhaler 90 mcg/actuation	T1	6.7gm/Pkg; QL (20.1 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
albuterol hfa 90 mcg inhaler 90 mcg/actuation	T1	8.5gm/Pkg; QL (25.5 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	T1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	T1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	T1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	T1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
albuterol sulfate oral syrup 2 mg/5 ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
terbutaline oral tablet 2.5 mg, 5 mg	T1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	T2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T2	4gm/Pkg
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	T2	QL (12 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***)	T2	10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	T2	QL (60 EA per 30 days)
budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	T1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T2	QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T1	QL (60 EA per 30 days)
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	T2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T2	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bronchiectasis Therapy Agents - Drugs for Cystic Fibrosis		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (***brensocatib***)	T2	PA; QL (1 EA per 1 day)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	T2	PA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	T1	PA
tobramycin inhalation solution for nebulization 300 mg/4 ml	T1	PA
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	T1	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	T2	PA
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	T3	ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***)	T2	PA
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	T2	PA
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (***vanzacaftor calcium/tezacaftor/deutivacaftor***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	T2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	T2	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	T2	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	T2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	T2	PA
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***)	T3	PA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (***alpha-1-proteinase inhibitor***)	T3	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***)	T3	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (***alpha-1-proteinase inhibitor***)	T3	PA
Mucolytics - Drugs for the Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	T1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	T2	PA
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	T1	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	T1	
olopatadine nasal spray,non-aerosol 0.6 %	T1	
Nasal Corticosteroids - Allergy		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	T1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	T1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	T1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone dipropionate***)	T2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***)	T2	ST: TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***)	T2	PA
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
brompheniramine maleate/pseudoephedrine hcl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	T1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	T1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
promethazine-dm oral solution 6.25-15 mg/5 ml	T1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	T1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine solution 6.25-10 mg/5 ml	T1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***)	T3	ST: TRIAL OF PROMETHAZINE/CODEINE REQUIRED IN THE PREVIOUS 120 DAYS.; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	T1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	T1	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 Ml)	T1	QL (30 ML per 1 day); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
pirfenidone oral capsule 267 mg	T1	PA
pirfenidone oral tablet 267 mg, 801 mg	T1	PA
pirfenidone oral tablet 534 mg	T1	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
nintedanib oral capsule 100 mg, 150 mg	T1	PA
Pulmonary Fibrosis Treatment Agents - PDE4 Inhibitors - Drugs for Cystic Fibrosis		
JASCAYD ORAL TABLET 18 MG, 9 MG (***nerandomilast***)	T2	PA; QL (2 EA per 1 day)
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	T3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***)	T3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***)	T2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***)	T1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
terconazole vaginal cream 0.4 %, 0.8 %	T1	
terconazole vaginal suppository 80 mg	T1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	T1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***)	T3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	T3	
RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	T3	
Vaginal Estrogens - Drugs for Women		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	T1	
estradiol vaginal tablet 10 mcg	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	T2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	T2	
Vaginal-Cervical Care and Treatment Agents - Drugs for Women		
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***pessary***)	T3	
Weight Loss/Gain Agents - Drugs for Eating Disorders		
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists - Drugs for Eating Disorders		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	T2	PA; QL (2 ML per 28 days)
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (***semaglutide***)	T2	PA; QL (1 EA per 1 day)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (***semaglutide***)	T2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	T2	PA; QL (3 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	QL (2 EA per 1 day)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
megestrol oral suspension 400 mg/10 ml (10 ml)	T1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	T1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	T1	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION REQUIRED
Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	T3	PA
Treatment of Hyperphagia in Prader-Willi Syndrome (PWS) - Drugs for Eating Disorders		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (***diazoxide choline***)	T3	PA

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