ALAMEDA ALLIANCE FOR HEALTH
GROUP CARE MEDICATION FORMULARY

February 2023

Overview

At Alameda Alliance for Health (Alliance), we are here to help you. As your partner in health, we have put together this **Alliance Group Care Medication Formulary** that contains a complete list of covered and preferred outpatient prescription medications for Alliance Group Care members. The Alliance reviews the list at least four (4) times a year and updates the formulary on a monthly basis as needed.

This printable list may not reflect the latest updates. The formulary is subject to change and all previous versions of the formulary are no longer in effect. For the most up-to-date Medication Formulary, or to print the most current list, please visit the Alliance website at **www.alamedaalliance.org/members/pharmacy-and-medication-benefits/medication-formulary**.

To view the Alliance Group Care Member Handbook also known as the Combined Evidence of Coverage (EOC) and Disclosure Form, please visit the Alliance website at **www.alamedaalliance.org/members/group-care/benefits-and-covered-services**.

If you have any questions, please call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

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How to Use the Medication Formulary

To find a medication on the Medication Formulary, first search for what the medication will treat. All medications will be listed by their generic and brand names in their therapeutic category, class, and in alphabetical order.

Any medication not found in this list is a non-formulary medication. If a generic equivalent for a brand-name drug is not available or is not covered, the medication will not be separately listed by its generic name. This Medication Formulary applies only to outpatient medication prescribed to Alliance members. It does not apply to medication used in inpatient settings.

Description of Coverage

The Alliance covers outpatient prescription drugs, devices, and Food and Drug Administration (FDA)-approved products for preventative, contraceptive, and diabetes care through our retail and/or specialty pharmacies.

Please Note: Some of the products used with medically necessary drugs include needles and syringes, inhaler spacers, and diabetic testing supplies (e.g. test strips, lancets, and pens).

The Alliance covers various FDA-approved prescription contraceptives (e.g. oral contraceptives, emergency contraceptives, rings, patches, cervical caps, and diaphragms).

If a covered contraceptive drug/device is unavailable or not medically recommended by your provider, you can ask your doctor to submit the Prescription Drug Prior Authorization (PA) Form for a non-covered contraceptive/device as prescribed.

The Alliance also covers folic acid supplements that can be used for pregnant women and tobacco cessation drugs/products.

Words to Know

Brand Name Medication – A medication that is marketed under a proprietary, trademark-protected name.

Generic Medication – The same medication as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic medication is listed in bold and italicized lowercase letters in the medication formulary.

Generic Substitutions – The health plan has a mandatory generic program. This program promotes the use of generic over brand-name options, when medically appropriate. When your prescribing doctor writes you a prescription for a brand-name medication, they must submit a Prescription Drug Prior Authorization (PA) Request Form. The health plan will review the request and will inform the doctor of the decision within **one (1) business day**.

Please Note: Formulary drugs are in a categorical list that reflects the following:

1. A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.
2. The generic name of a brand-name drug is included after the brand name in parenthesis.
3. If the 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.
4. In the event a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and in a regular typeface with the first letter of each word capitalized.

Co-Insurance – 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 medication benefit.

Copayment – 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 medication benefit.

Deductible – 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.

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

Exception Request – A request for coverage of a prescription medication. If an enrollee, their designee, or prescribing doctor submits an exception request for coverage of a prescription medication. The health plan must cover the prescription medication when it is determined to be medically necessary to treat the enrollee's condition.

Exigent Circumstances – 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 non-formulary medication.

Intravenous Solutions of Other Unlisted Medication – Dispensing following inpatient discharge from an acute care hospital, when IV therapy with the same medication was started before discharge. Quantity and day supply limitations may apply.

Please Note: Non-compounded products must be billed using the product's National Drug Code (NDC) number. Compounded solutions must be billed as a compound claim.

Intravenous Solutions of Unlisted Antibiotics – Dispensing following inpatient discharge from an acute care hospital, when IV therapy with the same antibiotic was started before discharge. Quantity and day supply limitations may apply.

Please Note: Non-compounded products must be billed using the product's National Drug Code (NDC) number. Compounded solutions must be billed as a compound claim.

Medication Coverage Requirements or Limits – A health plan may request an omission, deviation or substitution of the stated definitions to the Medical Director for review and approval. There are some processes and limits that may apply to medications in the formulary.

Reviews may be marked with a code as seen on the list below:

CODE	MEANING	DEFINITION
DY	Day	A type of duration
EA	Each	Items used separately
GM	Gram	A mass unit of measurement
INH	Inhaler	Medication formulation type
MAX	Maximum	The largest amount possible
MIN	Minimum	The smallest needed amount
ML	Milliliter	A liquid unit of measurement
PA	Prior authorization	Requires specific request process
QL	Quantity limit	Coverage may be limited to specific quantities per prescription and/or time period
QTY	Quantity	An amount of a given product
SP	Specialty products	Products that may need particular care
ST	Step therapy	Coverage may depend on previous use of another drug
T2	Tier 2	Formulary generic drugs
T3	Tier 3	Formulary brand drugs

Medication Tier – A group of prescription medication that correspond to a specified cost sharing tier in the health plan's prescription medication coverage. The tier in which a prescription medication is placed determines the enrollee's portion of the cost.

Out-of-Pocket Cost – Copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Please Note: Types of tiers on the Alliance formulary include – Tier 2 (generic medications) and Tier 3 (brand medications). Tier 2 medications have a $10 copayment for a **30-day** supply and Tier 3 medications have a $15 copayment for a 30-day supply. The Alliance has a mandatory generic medication program that promotes the use of generic over brand-name options.

Non-Formulary Medications – A medication not listed on the health plan's medication formulary.

These medications are reserved for members who:

- Have used (or cannot/should not use) up to **three (3)** formulary alternatives that are used to treat the documented diagnosis; OR
- Meet off-label criteria; OR
- Have tried and failed or are unable to use separate components (or therapeutic equivalents) of a combination medication or are unable to use a consolidated dose form.

Each outpatient prescription request will be reviewed via a prior authorization (PA) exception request within **24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received. Coverage determination documents will be sent to the enrollee (or their designee) and the enrollee's prescribing provider within this time based on urgent or non-urgent status. Coverage determination documents will include information on appeal rights, procedures, and duration of coverage. If the plan fails to respond to a completed prior authorization exception request within **24** (for urgent requests) to **72 hours** (for non-urgent requests), then the request will be approved.

Please Note: Non-formulary medication will also be covered when determined to be medically necessary (e.g., once reviewed with a PA request). The enrollee may file a grievance, appeal, or complaint for a denial of coverage (this information is in the coverage determination documents in the appeal rights and procedures).

Duration of Coverage – When a formulary exception request is approved, there is an approval window that limits the length of time an authorization can be used (e.g., for the duration of the prescription, including refills). Coverage determination documents with this information are sent to the enrollee or their designee and the enrollee's prescribing provider.

Prescribing Provider (doctor) – A health care provider authorized to write a prescription to treat a medical condition for an enrollee.

Prescription – An oral, written, or electronic order by a prescribing doctor for a specific enrollee (and requires prescription under applicable law) that contains the name of the prescription medication, the quantity, the route of administration, directions for use, the date of issue, the name and contact information of the prescribing doctor and their signature, if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the medication is being prescribed. Other requirements may apply depending on the request.

Please Note: The presence of a prescription medication on the formulary does not guarantee the enrollee will be prescribed that prescription medication by their prescribing doctor for a particular medication condition.

Prescription Medication – A medication that is prescribed by the enrollee's prescribing doctor and requires a prescription under applicable law.

Prior Authorization (PA) – The health plan requires that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription medication before the health plan will cover the medication. The health plan shall grant a prior authorization (PA), when medically necessary.

Prior Authorization (PA) Exception Process – The prescribing doctor may submit a Prescription Drug Prior Authorization (PA) Request to request a medication that is not on the Medication Formulary or has restrictions. Restrictions may occur when the quantity of medication prescribed is more than the plan allows or if a medication has Step Therapy (ST) requirements. A Medication Review Guideline (also known as criteria) has been developed for these medications and will be referenced upon receipt of the doctor's request. The health plan will review the request and will inform the prescribing provider of the decision within **24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received. If the plan fails to respond to a completed prior authorization request within **24** (for urgent requests) to **72 hours** (for non-urgent requests), then the request will be approved.

Quantity Limits (QL) – For certain medications, the health plan has a limit on the number of pills that can be covered. In general, a **30-day** supply is covered. If you require a medication that exceeds the limit, the prescribing doctor can submit a Prescription Drug Prior Authorization (PA) Request. The health plan will review the request and will inform the prescribing provider of the decision with**in 24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received.

Step Therapy (ST) Exception Process – In some cases, the health plan may require you to try a certain medication before a different medication is covered. The prescribing provider can request an exception by submitting a Prescription Drug Prior Authorization (PA) Request. The health plan will review the request and will inform the prescribing provider of the decision within **24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received. If the plan fails to respond to a completed step therapy exception request within **24** (for urgent requests) to **72 hours** (for non-urgent requests), then the request will be approved.

Please Note: The Alliance reviews the list at least four (4) times a year, and will update the formulary with any changes on a monthly basis. The types of formulary changes may relate to quantity limits and step therapy requirements.

Subscriber – The person who is responsible for payment to the health plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Therapeutic Interchange – The health plan may use Therapeutic Interchange to promote rational pharmaceutical therapy when evidence suggests that outcomes can be improved by substituting a medication that is therapeutically equivalent but chemically different from the prescribed medication.

Therapeutic Interchange protocols are never automatic; a dispensing provider may not substitute a therapeutically equivalent alternative medication for the prescribed medication without the knowledge and authorization of the prescribing doctor.

Previously Plan Approved Medications – If the plan has previously approved drug coverage for an enrollee condition that a provider continues to appropriately prescribe in a safe and effective manner, then the plan will not limit or exclude continued coverage.

Authorization and Billing Instructions

Providers can supply in-office injectable medication to Alliance members by purchasing directly from suppliers/manufacturers (commonly known as buy and bill) or Diplomat Specialty Pharmacy (Diplomat).

The authorization and billing processes differ based on the method of obtaining the medication and the member's delegate:

METHOD OF PROCUREMENT	DELEGATE	REQUIRES AUTHORIZATION	WHERE TO SUBMIT THE AUTHORIZATION	WHOM TO BILL
PerformSpecialty (Pharmacy Benefit)	All	Yes	PerformRx	Not necessary (Pharmacy bills the Alliance directly)
Buy and Bill (Medical Benefit)	Alliance	Please refer to the list below for the Alliance delegate or check with the member's delegate.	Alliance	Alliance
	Children First Medical Group (CFMG)		Children First Medical Group (CFMG)	
	Community Health Center Network (CHCN)		Community Health Center Network (CHCN)	

Please use the corresponding authorization form for the type of request:

- Medical Benefit:
  - Alliance Prescription Drug Prior Authorization (PA) Request form
- Pharmacy Benefit:
  - PerformRx Medication Request Form (Alliance Group Care)
  - Request for Medicare Prescription Drug Coverage Determination (Medicare)

Please Note: Drugs covered under the Medical Benefit are medications that are given at a provider's office or clinic, while drugs covered under the Pharmacy Benefit (outpatient prescription drugs) are received at a retail or specialty pharmacy.

Filling Your Prescription at a Network Retail Pharmacy

In most cases, you can fill prescriptions at any network retail pharmacy, except for prescriptions for a specialty drug. To find a network retail pharmacy, please use the Alliance Provider Directory, or visit the Alliance website at **www.alamedaalliance.org/help/find-a-pharmacy**.

You can also call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

PerformSpecialty Pharmacy

PerformSpecialty is the Alliance specialty pharmacy for and Alliance Group Care members. Retail pharmacies may not dispense specialty medication for Alliance Group Care members.

Please refer to the attached Medication Formulary list of available medication from PerformSpecialty. Certain medications are only available from specific distributors and not PerformSpecialty. The clinic can purchase these medication directly from the distributors and bill the Alliance or have the distributor bill the Alliance. These medication, along with the name and contact of the alternate distributors, are listed on the Limited Distribution Drug List.

Prior authorization (PA) is required for new specialty medication orders and for renewals (usually annually). The same review process is used for specialty medication orders as is used for other retail medications that require a PA.

Prior Authorization (PA) process for PerformSpecialty:

- The prescribing doctor will fax the appropriate medication request form to PerformRX (please see above).

- The Alliance will process requests within **24 to 72 hours** from the time received.
- A notification of the decision will be sent to the doctor's office/clinic and Diplomat.
- Upon approval by PerformRx, PerformSpecialty will call the doctor's office/clinic to obtain the prescription and dispense the medication by mail.

Contacts for Additional Information

For the complete list of specialty drugs provided by PerformSpecialty, or questions related to dispensing of the medication, please call:

PerformSpecialty Pharmacy
Toll-Free: **1.855.287.7888**

For questions related to prior authorizations (PA), please call:

PerformRx
Toll-Free: **1.855.508.1713**

For questions related to specialty drugs from PerformSpecialty, please call:

Alliance Pharmacy Services Department
Phone Number: **1.510.747.4541**

We Are Here for You

If you have any questions, please contact:

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Alameda IHSS Formulary

CURRENT AS OF 2/10/2023

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
NF = Non-Formulary
T2 = Formulary Generic Drugs
T3 = Formulary Brand Drugs

Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamine Drugs - Drugs For Allergy		
Ethanolamine Derivatives - Drugs For Allergy		
clemastine oral tablet 1.34 mg, 2.68 mg	T2	
DIPHENHIST ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T2	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T2	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
First Gen. Antihist. Derivatives, Misc. - Drugs For Allergy		
cyproheptadine oral syrup 2 mg/5 ml	T2	
cyproheptadine oral tablet 4 mg	T2	
First Generation Antihistamines - Drugs For Allergy		
clemastine oral tablet 1.34 mg, 2.68 mg	T2	
cyproheptadine oral syrup 2 mg/5 ml	T2	
cyproheptadine oral tablet 4 mg	T2	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T2	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
Phenothiazine Derivatives - Drugs For Allergy		
promethazine oral syrup 6.25 mg/5 ml	T2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T2	
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T2	
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T2	AL (Min 12 Years)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; INH = Inhaler; AL = Age Limits; SP = Specialty Product; T2 = Formulary Generic Drugs, T3 = Formulary Brand Drugs; QY = Quantity; QTY = Quantity; DY = Day; EA = Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine-dm oral syrup 6.25-15 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 4 Years)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	T2	AL (Min 12 Years)
promethazine hcl (Promethegan Rectal Suppository 50 Mg)	T2	
Piperazine Derivatives - Drugs For Allergy		
hydroxyzine hcl oral solution 10 mg/5 ml	T2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T2	
meclizine oral tablet 12.5 mg, 25 mg	T2	
Propylamine Derivatives - Drugs For Allergy		
APRODINE ORAL TABLET 2.5-60 MG (***triprolidine hcl/pseudoephedrine hcl***)	T2	
WAL-PHED ORAL TABLET 4-60 MG (***chlorpheniramine maleate/pseudoephedrine hcl***)	T2	
Second Generation Antihistamines - Drugs For Allergy		
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (***cetirizine hcl***)	T2	
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG (***loratadine***)	T2	
cetirizine oral solution 1 mg/ml	T2	
cetirizine oral tablet 5 mg	T2	
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	T2	
desloratadine oral tablet 5 mg	T2	
fexofenadine oral tablet 180 mg, 60 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg	T2	ST
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	T2	ST
levocetirizine oral solution 2.5 mg/5 ml	T2	
levocetirizine oral tablet 5 mg	T2	
loratadine oral tablet 10 mg	T2	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (***fexofenadine hcl/pseudoephedrine hcl***)	T2	ST
WAL-ITIN ORAL SOLUTION 5 MG/5 ML (***loratadine***)	T2	
Anti-Infective Agents - Drugs For Infections		
1St Generation Cephalosporin Antibiotics - Antibiotics		
cefadroxil oral capsule 500 mg	T2	
cefazolin injection recon soln 1 gram	T2	
cephalexin oral capsule 250 mg, 500 mg	T2	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T2	
cephalexin oral tablet 250 mg, 500 mg	T2	
2Nd Generation Cephalosporin Antibiotics - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	T2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	T2	
cefuroxime axetil oral tablet 500 mg	T2	
3Rd Generation Cephalosporin Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefdinir oral capsule 300 mg	T2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (***cefixime***)	T3	
Adamantane Antivirals - Drugs For Viral Infections		
amantadine hcl oral capsule 100 mg	T2	
amantadine hcl oral tablet 100 mg	T2	
Allylamine Antifungals - Drugs For Fungus		
terbinafine hcl oral tablet 250 mg	T2	QL (30 Qty per 30 days)
Amebicides - Drugs For The Mouth And Throat		
metronidazole oral tablet 250 mg, 500 mg	T2	
Aminoglycoside Antibiotics - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
neomycin oral tablet 500 mg	T2	QL (10 EA per 1 fill)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Aminopenicillin Antibiotics - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	T2	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	T2	
amoxicillin oral tablet 875 mg	T2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	T2	
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	T2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	T2	
ampicillin oral capsule 500 mg	T2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (***amoxicillin/potassium clavulanate***)	T3	
Anthelmintics - Drugs For Parasites		
albendazole oral tablet 200 mg	T2	PA
ivermectin oral tablet 3 mg	T2	QL (30 EA per 365 days)
Antifungals, Miscellaneous - Drugs For Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	T2	AL (Max 12 Years)
griseofulvin microsize oral tablet 500 mg	T2	ST
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T2	
Antimalarials - Drugs For The Mouth And Throat		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	T2	PA
chloroquine phosphate oral tablet 250 mg	T2	
chloroquine phosphate oral tablet 500 mg	T2	
hydroxychloroquine oral tablet 200 mg	T2	
mefloquine oral tablet 250 mg	T2	
primaquine oral tablet 26.3 mg	T3	
pyrimethamine oral tablet 25 mg	T2	PA
quinidine sulfate oral tablet 200 mg, 300 mg	T2	
quinine sulfate oral capsule 324 mg	T2	PA
Antimycobacterials, Miscellaneous - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	T2	
Antiprotozoals, Miscellaneous - Drugs For The Mouth And Throat		
atovaquone oral suspension 750 mg/5 ml	T2	PA
dapsone oral tablet 100 mg, 25 mg	T2	
metronidazole oral tablet 250 mg, 500 mg	T2	
pentamidine inhalation recon soln 300 mg	T2	PA
Antituberculosis Agents - Antibiotics		
ciprofloxacin hcl oral tablet 100 mg	T2	QL (60 per per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T2	QL (60 Qty per 30 days)
clarithromycin oral tablet 250 mg, 500 mg	T2	
cycloserine oral capsule 250 mg	T2	ST
ethambutol oral tablet 100 mg, 400 mg	T2	
isoniazid oral solution 50 mg/5 ml	T2	

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Drug Tier
NF = Non-Formulary
T2 = Formulary Generic Drugs
T3 = Formulary Brand Drugs

Coverage Requirements and Limits
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isoniazid oral tablet 100 mg, 300 mg	T2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T2	
moxifloxacin oral tablet 400 mg	T2	ST
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***)	T3	ST
pretomanid oral tablet 200 mg	T3	PA
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T3	QL (24 EA per 28 days)
pyrazinamide oral tablet 500 mg	T2	
rifabutin oral capsule 150 mg	T2	PA
rifampin oral capsule 150 mg, 300 mg	T2	
SIRTURO ORAL TABLET 100 MG (***bedaquiline fumarate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIRTURO ORAL TABLET 20 MG (***bedaquiline fumarate***)	T3	PA
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	T3	ST
Antivirals, Miscellaneous - Drugs For Viral Infections		
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG (***nirmatrelvir/ritonavir***)	T3	QL (20 EA per 30 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	T3	QL (30 EA per 30 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG (***baloxavir marboxil***)	T3	PA
Azole Antifungals - Drugs For Fungus		
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	T2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T2	
itraconazole oral capsule 100 mg	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketoconazole oral tablet 200 mg	T2	
SPORANOX ORAL SOLUTION 10 MG/ML (***itraconazole***)	T3	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	T2	PA
voriconazole oral tablet 200 mg, 50 mg	T2	PA
Erythromycin Antibiotics - Antibiotics		
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	T2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	T2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	T2	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	T2	
erythromycin oral tablet 250 mg, 500 mg	T2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	T2	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (***vancomycin hcl***)	T3	QL (200 ML per 28 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML (***vancomycin hcl***)	T3	QL (400 ML per 28 days)
vancomycin oral capsule 125 mg	T2	QL (40 EA per 28 days)
vancomycin oral capsule 250 mg	T2	QL (80 EA per 28 days)
Hcv Polymerase Inhibitor Antivirals - Drugs For Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL TABLET 45-200 MG (***ledipasvir/sofosbuvir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ledipasvir-sofosbuvir 90-400 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
sofosbuvir-velpatasvir oral tablet 400-100 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SOVALDI ORAL TABLET 200 MG (***sofosbuvir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Hcv Protease Inhibitor Antivirals - Drugs For Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Hcv Replication Complex Inhibitors - Drugs For Viral Infections		

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Drug Tier
NF = Non-Formulary
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Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL TABLET 45-200 MG (***ledipasvir/sofosbuvir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ledipasvir-sofosbuvir 90-400 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
sofosbuvir-velpatasvir oral tablet 400-100 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Hiv Entry And Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	T3	
maraviroc oral tablet 150 mg, 300 mg	T2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	T3	
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELZENTRY ORAL TABLET 25 MG, 75 MG (***maraviroc***)	T3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***)	T3	
Hiv Integrase Inhibitor Antiretrovirals - Drugs For Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***)	T3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	T3	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	T3	
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	T3	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	T3	
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	T3	
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***)	T3	
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	T3	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	T3	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	T3	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (***dolutegravir sodium***)	T3	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***)	T3	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T3	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T3	
Hiv Nonnucleoside Rev.Transcrip. Inhib. - Drugs For Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	T3	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	T3	
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	T3	
efavirenz oral capsule 200 mg, 50 mg	T2	
efavirenz oral tablet 600 mg	T2	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	T2	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	T2	
etravirine oral tablet 100 mg, 200 mg	T2	
INTELENCE ORAL TABLET 25 MG (***etravirine***)	T3	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	T3	
nevirapine oral suspension 50 mg/5 ml	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nevirapine oral tablet 200 mg	T2	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	T2	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	T3	
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	T3	
Hiv Nucleoside, Nucleotide Rt Inhibitors - Drugs For Viral Infections		
abacavir oral solution 20 mg/ml	T2	
abacavir oral tablet 300 mg	T2	
abacavir-lamivudine oral tablet 600-300 mg	T2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	T3	
CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	T3	
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	T3	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	T3	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	T3	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	T2	
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	T3	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	T2	
emtricitabine oral capsule 200 mg	T2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	T2	
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	T3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (***lamivudine***)	T3	PA
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	T3	
lamivudine oral solution 10 mg/ml	T2	
lamivudine oral tablet 100 mg	T2	PA
lamivudine oral tablet 150 mg, 300 mg	T2	
lamivudine-zidovudine oral tablet 150-300 mg	T2	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	T3	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	T3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	T2	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	T3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T3	
tenofovir disoproxil fumarate oral tablet 300 mg	T2	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T3	
TRIZIVIR ORAL TABLET 300-150-300 MG (***abacavir sulfate/lamivudine/zidovudine***)	T3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T3	PA
zidovudine oral capsule 100 mg	T2	
zidovudine oral syrup 10 mg/ml	T2	
zidovudine oral tablet 300 mg	T2	
Hiv Protease Inhibitor Antiretrovirals - Drugs For Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	T3	
atazanavir oral capsule 150 mg, 200 mg	T2	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	T3	
INVIRASE ORAL TABLET 500 MG (***saquinavir mesylate***)	T3	
KALETRA ORAL SOLUTION 400-100 MG/5 ML (***lopinavir/ritonavir***)	T3	
LEXIVA ORAL SUSPENSION 50 MG/ML (***fosamprenavir calcium***)	T3	
LEXIVA ORAL TABLET 700 MG (***fosamprenavir calcium***)	T3	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	T2	
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	T3	
NORVIR ORAL SOLUTION 80 MG/ML (***ritonavir***)	T3	
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG (***nirmatrelvir/ritonavir***)	T3	QL (20 EA per 30 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	T3	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	T3	
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir ethanolate***)	T3	
PREZISTA ORAL TABLET 150 MG, 75 MG, 800 MG (***darunavir ethanolate***)	T3	
PREZISTA ORAL TABLET 600 MG (***darunavir ethanolate***)	T3	QL (60 Qty per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	T3	
ritonavir oral tablet 100 mg	T2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T3	
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	T3	
Interferon Antivirals - Drugs For Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T3	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	T3	PA
Lincomycin Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg	T2	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	T2	AL (Max 12 Years)
Monobactam Antibiotics - Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Monoclonal Antibody Antivirals - Drugs For Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVUSHELD (EUA) INTRAMUSCULAR SOLUTION 150 MG/1.5 ML- 150 MG/1.5 ML (***tixagevimab/cilgavimab***)	T3	QL (1 dose per 6 months)
Natural Penicillin Antibiotics - Antibiotics		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	T2	
penicillin v potassium oral tablet 250 mg, 500 mg	T2	
Neuraminidase Inhibitor Antivirals - Drugs For Viral Infections		
oseltamivir oral capsule 30 mg	T2	QL (28 EA per 30 days)
oseltamivir oral capsule 45 mg	T2	QL (16 EA per 30 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	T2	QL (120 ML per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	T3	
TAMIFLU ORAL CAPSULE 75 MG (***oseltamivir phosphate***)	T3	QL (14 EA per 30 days)
Nucleoside And Nucleotide Antivirals - Drugs For Viral Infections		
acyclovir oral capsule 200 mg	T2	
acyclovir oral suspension 200 mg/5 ml	T2	
acyclovir oral tablet 400 mg, 800 mg	T2	
adefovir oral tablet 10 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	T3	PA
entecavir oral tablet 0.5 mg, 1 mg	T2	PA
famciclovir oral tablet 125 mg, 250 mg, 500 mg	T2	

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Coverage Requirements and Limits
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PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ganciclovir sodium intravenous recon soln 500 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ribavirin oral tablet 200 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T3	
valacyclovir oral tablet 1 gram, 500 mg	T2	
valganciclovir oral recon soln 50 mg/ml	T2	QL (60 ML per 30 days); AL (Min 21 Years)
valganciclovir oral tablet 450 mg	T2	QL (60 Qty per 30 days); AL (Min 21 Years)
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	T3	PA
Other Macrolide Antibiotics - Antibiotics		
azithromycin oral packet 1 gram	T2	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	T2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T2	
clarithromycin oral tablet 250 mg, 500 mg	T2	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	T2	ST
linezolid oral tablet 600 mg	T2	ST
Penicillinase-Resistant Penicillins - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	T2	
Polyene Antifungals - Drugs For Fungus		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin oral suspension 100,000 unit/ml	T2	
nystatin oral tablet 500,000 unit	T2	
Quinolone Antibiotics - Antibiotics		
ciprofloxacin hcl oral tablet 100 mg	T2	QL (60 per per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T2	QL (60 Qty per 30 days)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T2	
moxifloxacin oral tablet 400 mg	T2	ST
ofloxacin oral tablet 300 mg	T2	
Rifamycin Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (***rifamycin sodium***)	T3	PA
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T3	QL (24 EA per 28 days)
rifabutin oral capsule 150 mg	T2	PA
rifampin oral capsule 150 mg, 300 mg	T2	
XIFAXAN ORAL TABLET 200 MG, 550 MG (***rifaximin***)	T3	PA
Sulfonamide Antibiotics (Systemic) - Antibiotics		
sulfadiazine oral tablet 500 mg	T2	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	T2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T2	
sulfasalazine oral tablet 500 mg	T2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	T2	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	T2	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T2	QL (180 days per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral tablet 100 mg	T2	QL (180 days per 365 days)
minocycline oral capsule 100 mg	T2	ST
tetracycline oral capsule 250 mg, 500 mg	T2	QL (180 days per 365 days)
Urinary Anti-Infectives - Drugs For The Urinary System		
methenamine mandelate oral tablet 0.5 g, 1 gram	T2	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	T2	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	T2	
nitrofurantoin oral suspension 25 mg/5 ml	T2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	T3	
trimethoprim oral tablet 100 mg	T2	
Antineoplastic Agents - Drugs For Cancer		
Antineoplastic Agents - Drugs For Cancer		
abiraterone oral tablet 250 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
abiraterone oral tablet 500 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (***everolimus***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
AFINITOR ORAL TABLET 10 MG (***everolimus***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
anastrozole oral tablet 1 mg	T2	
bexarotene oral capsule 75 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
bexarotene topical gel 1 %	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
bicalutamide oral tablet 50 mg	T2	
BOSULIF ORAL TABLET 100 MG, 500 MG (***bosutinib***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
capecitabine oral tablet 150 mg, 500 mg	T2	PA ; AL (Min 21 Years)
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	T2	PA
cyclophosphamide oral capsule 25 mg, 50 mg	T2	PA
diclofenac sodium topical gel 3 %	T2	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	T3	
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erlotinib oral tablet 100 mg, 150 mg, 25 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
etoposide oral capsule 50 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
exemestane oral tablet 25 mg	T2	
fluorouracil topical cream 5 %	T2	
fluorouracil topical solution 2 %, 5 %	T2	
flutamide oral capsule 125 mg	T2	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
hydroxyurea oral capsule 500 mg	T2	AL (Min 21 Years)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
imatinib oral tablet 100 mg, 400 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KYPROLIS INTRAVENOUS RECON SOLN 60 MG (***carfilzomib***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
lapatinib oral tablet 250 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
lenalidomide oral capsule 2.5 mg, 20 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 22 Years)
letrozole oral tablet 2.5 mg	T2	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
leuprolide subcutaneous kit 1 mg/0.2 ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUMAKRAS ORAL TABLET 120 MG (***sotorasib***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LYSODREN ORAL TABLET 500 MG (***mitotane***)	T3	

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Coverage Requirements and Limits
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	T2	
megestrol oral tablet 20 mg, 40 mg	T2	
melphalan hcl intravenous recon soln 50 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
melphalan oral tablet 2 mg	T2	AL (Min 21 Years)
mercaptopurine oral tablet 50 mg	T2	
methotrexate sodium (pf) injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium oral tablet 2.5 mg	T2	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	T3	
NILANDRON ORAL TABLET 150 MG (***nilutamide***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T2	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REVLIMID ORAL CAPSULE 10 MG (***lenalidomide***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	T3	
sorafenib oral tablet 200 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRYCEL ORAL TABLET 100 MG (***dasatinib***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
SPRYCEL ORAL TABLET 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (***sunitinib malate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
SUTENT ORAL CAPSULE 37.5 MG (***sunitinib malate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TABLOID ORAL TABLET 40 MG (***thioguanine***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	T2	PA
tamoxifen oral tablet 10 mg, 20 mg	T2	
TASIGNA ORAL CAPSULE 150 MG (***nilotinib hcl***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 20 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 200 MG (***nilotinib hcl***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
temozolomide oral capsule 5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
toremifene oral tablet 60 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
tretinoin (antineoplastic) oral capsule 10 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Max 21 Years)
VOTRIENT ORAL TABLET 200 MG (***pazopanib hcl***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ZYKADIA ORAL CAPSULE 150 MG (***ceritinib***)	T3	PA
Antitoxins,Immune Glob,Toxoids,Vaccines - Drugs For The Immune System		
Toxoids - 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***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adult***)	T2	QL (0.5 EA per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
Vaccines - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	T3	QL (0.5 EA per 1 fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf***)	T3	QL (1 fill per 270 days); AL (Min 12 Years)
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2022-23 (6 mos and up)***)	T3	QL (1 fill per 270 days); AL (Min 12 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	T3	QL (1 ML per 1 fill); AL (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	T3	QL (1 ML per 1 fill); AL (Min 19 Years)
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf***)	T3	QL (1 fill per 270 days); AL (Min 65 Years)
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T3	QL (1 fill per 270 days); AL (Min 12 Years)
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T3	QL (1 fill per 270 days); AL (Min 12 Years)
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)***)	T3	QL (1 fill per 270 days); AL (Min 12 Years and Max 49 Years)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (***influenza virus vaccine quadrival split 2022-23(65 yr up)/pf***)	T3	QL (1 fill per 270 days); AL (Min 65 Years)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T3	QL (1 fill per 270 days); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T3	QL (1 fill per 270 days); AL (Min 12 Years)
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2022-23 (6 mos and up)***)	T3	QL (1 fill per 270 days); AL (Min 12 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	T3	QL (1 ML per 1 fill); AL (Min 19 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	T3	QL (1 EA per 1 fill); AL (Min 19 Years)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (***rabies vaccine, human diploid cell/pf***)	T3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	T3	PA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML (***covid-19 vac, ad26.cov2.s (janssen)/pf***)	T3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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***)	T3	QL (0.5 EA per 1 fill); AL (Min 19 Years)
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***)	T3	AL (Min 19 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	T3	QL (0.5 EA per 1 fill); AL (Min 19 Years)
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (***covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf***)	T3	
MODERNA COVID-19 BIVALENT BOOSTER (6YR UP)(ORIG-BA.4/5)(EUA) INNER, MUV, P/F (***covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf***)	T3	
MODERNA COVID-19 BIVALENT BOOSTER (6YR UP)(ORIG-BA.4/5)(EUA) OUTER, MUV, P/F (***covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf***)	T3	
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (***covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf***)	T3	
NOVAVAX COVID-19 VACCINE, ADJUVANTED VIAL (EUA) P/F, MUV, INNER (***covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf***)	T3	
NOVAVAX COVID-19 VACCINE, ADJUVANTED VIAL (EUA) P/F, MUV, OUTER (***covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf***)	T3	
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) INNER, MUV, P/F (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) INNER, SUV, P/F (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	T3	
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) OUTER, MUV, P/F (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	T3	
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) OUTER, SUV, P/F (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	T3	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (***covid-19 vac mrna,tris(pfizer)/pf***)	T3	
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML (***covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf***)	T3	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	T3	QL (1 EA per 1 fill); AL (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	T3	QL (1 EA per 1 Fill); AL (Min 19 Years)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (***hepatitis b virus vaccine recombinant,isoforms,m,l/pf***)	T3	QL (1 ML per 1 fills); AL (Min 19 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	T3	QL (2 fills per 1 lifetime); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (***rabies vaccine, purified chicken embryo cell (pcec)/pf***)	T3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	T3	QL (1 ML per 1 fill); AL (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	T3	QL (1 ML per 1 fill); AL (Min 19 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	T3	QL (1 EA per 1 fill); AL (Min 19 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (***covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf***)	T3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	T3	QL (1 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	T3	QL (2 fills per 1 lifetime); AL (Min 19 Years)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	T3	QL (0.5 ML per 1 fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	T3	AL (Min 6 Years)
Autonomic Drugs - Drugs For The Nervous System		
Alpha- And Beta-Adrenergic Agonists - Drugs For Heart And Lungs		
APRODINE ORAL TABLET 2.5-60 MG (***triprolidine hcl/pseudoephedrine hcl***)	T2	
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	T2	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	T2	
fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg	T2	ST
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	T2	ST
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (***epinephrine***)	T3	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (***fexofenadine hcl/pseudoephedrine hcl***)	T2	ST
WAL-PHED ORAL TABLET 4-60 MG (***chlorpheniramine maleate/pseudoephedrine hcl***)	T2	
Alpha-Adrenergic Agonists - Drugs For Heart And Lungs		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T2	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	T2	ST ; QL (4 Qty per 30 days)
methyldopa oral tablet 250 mg, 500 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	T2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	T2	QL (90 Qty per 30 days)
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T2	
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T2	AL (Min 12 Years)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	T2	AL (Min 12 Years)
Antimuscarinics/Antispasmodics - Drugs For Parkinson		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	T3	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T3	
dicyclomine oral capsule 10 mg	T2	
dicyclomine oral tablet 20 mg	T2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	T2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T2	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	T2	QL (600 ML per 30 days)
glycopyrrolate oral tablet 1 mg	T2	QL (120 Qty per 30 days)
glycopyrrolate oral tablet 2 mg	T2	QL (120 Qty per 30 days)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 6 Years)
hyoscyamine sulfate oral drops 0.125 mg/ml	T2	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	T2	
hyoscyamine sulfate oral tablet 0.125 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	T2	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	T2	
hyoscyamine sulfate sublingual tablet 0.125 mg	T2	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	T3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	T2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	T3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T3	QL (4 GM per 30 days)
Antiparkinsonian Agents - Drugs For Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	T2	
trihexyphenidyl oral elixir 0.4 mg/ml	T2	
trihexyphenidyl oral tablet 2 mg, 5 mg	T2	
Autonomic Drugs, Miscellaneous - Drugs For The Nervous System		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (***nicotine***)	T3	QL (84 Qty per 365 days)
nicotine (polacrilex) buccal gum 2 mg, 4 mg	T2	QL (360 Qty per 30 days)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	T2	QL (360 EA per 30 days)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	T2	QL (84 Qty per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG (***nicotine***)	T3	QL (504 EA per 30 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***)	T3	QL (120 ML per 30 days)

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TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***)	T3	PA
varenicline oral tablet 0.5 mg, 1 mg	T2	QL (60 EA per 30 days)
Centrally Acting Skeletal Muscle Relaxnt - Drugs For Relaxing Muscles		
cyclobenzaprine oral tablet 10 mg, 5 mg	T2	
methocarbamol oral tablet 500 mg, 750 mg	T2	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	T2	QL (120 Qty per 30 days)
tizanidine oral tablet 2 mg, 4 mg	T2	QL (120 Qty per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant - Drugs For Relaxing Muscles		
baclofen oral tablet 10 mg, 20 mg	T2	
Non-Sel. Beta-Adrenergic Blocking Agents - Drugs For The Heart		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T2	
pindolol oral tablet 10 mg, 5 mg	T2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T2	ST ; QL (30 Qty per 30 days)
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	T2	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T2	QL (60 Qty per 30 days)
Non-Sel.Alpha-1-Adrenergic Blocking Agts - Drugs For The Heart		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prazosin oral capsule 1 mg, 2 mg, 5 mg	T2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T2	
Non-Sel.Alpha-Adrenergic Blocking Agents - Drugs For The Heart		
ergoloid oral tablet 1 mg	T2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	T3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine tartrate/caffeine***)	T2	
phenoxybenzamine oral capsule 10 mg	T2	PA
Non-Selective Beta-Adrenergic Agonists - Drugs For Heart And Lungs		
ISUPREL INJECTION SOLUTION 0.2 MG/ML (***isoproterenol hcl***)	T3	
Parasympathomimetic (Cholinergic Agents) - Drugs For Bladder Incontinence		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	T2	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML (***neostigmine methylsulfate***)	T3	PA
donepezil oral tablet 10 mg, 5 mg	T2	
donepezil oral tablet,disintegrating 10 mg, 5 mg	T2	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	T2	PA
galantamine oral solution 4 mg/ml	T2	PA
galantamine oral tablet 12 mg, 4 mg, 8 mg	T2	PA
guanidine oral tablet 125 mg	T2	PA
physostigmine salicylate injection solution 1 mg/ml	T2	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	T2	PA
pyridostigmine bromide oral syrup 60 mg/5 ml	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pyridostigmine bromide oral tablet 60 mg	T2	PA
pyridostigmine bromide oral tablet extended release 180 mg	T2	PA
REGONOL INJECTION SOLUTION 5 MG/ML (***pyridostigmine bromide***)	T3	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	T2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	T2	PA
Selective Alpha-1-Adrenergic Block.Agent - Drugs For The Heart		
alfuzosin oral tablet extended release 24 hr 10 mg	T2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
tamsulosin oral capsule 0.4 mg	T2	
Selective Beta-2-Adrenergic Agonists - Drugs For Heart And Lungs		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	T3	PA
albuterol hfa 90 mcg inhaler	T2	QL (2 INH 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	T2	
albuterol sulfate oral syrup 2 mg/5 ml	T2	
albuterol sulfate oral tablet 2 mg, 4 mg	T2	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T3	PA
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T2	PA
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T2	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T2	
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	T2	ST
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	T2	ST
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	T3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T3	QL (4 GM per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	T2	
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T2	
Selective Beta-Adrenergic Blocking Agent - Drugs For The Heart		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	T2	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T2	
metoprolol tartrate oral tablet 100 mg, 50 mg	T2	
metoprolol tartrate oral tablet 25 mg	T2	
Skeletal Muscle Relaxants, Miscellaneous - Drugs For Relaxing Muscles		
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T3	PA
Blood Formation, Coagulation, Thrombosis - Drugs For The Blood		
Blood Form.,Coag,Thrombosis Agents Misc. - Drugs To Prevent Bleeding		
OXBRYTA ORAL TABLET 500 MG (***voxelotor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (***voxelotor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Coumarin Derivatives - Drugs To Prevent Blood Clots		
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T2	
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***)	T3	QL (74 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	T3	QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	T3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***)	T3	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	T3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	T3	QL (60 EA per 30 days)
Direct Thrombin Inhibitors - Drugs To Prevent Blood Clots		
dabigatran etexilate oral capsule 150 mg, 75 mg	T2	QL (60 EA per 30 days)
PRADAXA ORAL CAPSULE 110 MG (***dabigatran etexilate mesylate***)	T3	QL (60 EA per 30 days)
Hematopoietic Agents - Drugs For Anemia		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (***darbepoetin alfa in polysorbate 80***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (***darbepoetin alfa in polysorbate 80***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML (***darbepoetin alfa in polysorbate 80***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (***epoetin alfa***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-pbbk***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (***plerixafor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	T3	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML (***filgrastim-aafi***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML (***filgrastim-aafi***)	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG (***romiplostim***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG (***romiplostim***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-ayow***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-ayow***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
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***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-fpgk***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	T3	PA
Hemorrheologic Agents - Drugs For Blood Flow		
pentoxifylline oral tablet extended release 400 mg	T2	
Hemostatics - Drugs To Prevent Bleeding		
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	T2	
desmopressin oral tablet 0.1 mg, 0.2 mg	T2	
tranexamic acid oral tablet 650 mg	T2	PA ; QL (30 EA per 5 days)
Heparins - Drugs To Prevent Blood Clots		
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	T2	QL (20 ML per 1 fill)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	T2	QL (16 ML per 1 fill)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	T2	QL (6 ML per 1 fill)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	T2	QL (8 ML per 1 fill)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	T2	QL (12 ML per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin (porcine) injection solution 5,000 unit/ml	T2	
Iron Preparations - Vitamins And Minerals		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (***folic acid/multivit with iron, minerals/lutein***)	T2	
ferrous gluconate oral tablet 324 mg (37.5 mg iron)	T2	
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran complex***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (***pediatric multivitamin no.45/sodium fluoride/ferrous sulfate***)	T2	AL (Max 5 Years)
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	T3	AL (Max 50 Years)
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
Platelet-Aggregation Inhibitors - Drugs To Prevent Blood Clots		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	T2	QL (60 EA per 30 days); AL (Min 21 Years)
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	T3	PA
cilostazol oral tablet 100 mg, 50 mg	T2	QL (60 Qty per 30 days)
clopidogrel oral tablet 75 mg	T2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T2	
prasugrel oral tablet 10 mg, 5 mg	T2	
Cardiovascular Drugs - Drugs For The Heart		
Alpha-Adrenergic Blocking Agents - Drugs For High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	T2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alpha-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure & Angina		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	T2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T2	
Angiotensin Ii Receptor Antagon.(Hypotn) - Drugs For High Blood Pressure & Angina		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T2	
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	T2	PA
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T2	PA
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	T2	PA
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	T3	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***)	T3	PA
eprosartan oral tablet 600 mg	T2	PA ; QL (30 Qty per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T2	QL (30 Qty per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T2	QL (30 Qty per 30 days)
losartan oral tablet 100 mg, 25 mg, 50 mg	T2	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T2	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	T2	PA
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T2	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T2	PA
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T2	PA
valsartan oral tablet 160 mg, 40 mg, 80 mg	T2	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	T2	QL (30 Qty per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T2	QL (30 Qty per 30 days)
Angiotensin Ii Receptor Antagonists - Drugs For The Heart		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T2	
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	T2	PA
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T2	PA
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	T2	PA
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	T3	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***)	T3	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	T3	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eprosartan oral tablet 600 mg	T2	PA ; QL (30 Qty per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T2	QL (30 Qty per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T2	QL (30 Qty per 30 days)
losartan oral tablet 100 mg, 25 mg, 50 mg	T2	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T2	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	T2	
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	T2	PA
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T2	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T2	PA
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T2	PA
valsartan oral tablet 160 mg, 40 mg, 80 mg	T2	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	T2	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T2	QL (30 Qty per 30 days)
Angiotensin-Convert.Enzyme Inhib(Hypotn) - Drugs For High Blood Pressure & Angina		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T2	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T2	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T2	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	T2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T2	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T2	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T2	QL (60 Qty per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T2	
Angiotensin-Converting Enzyme Inhibitors - Drugs For The Heart		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T2	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T2	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	T2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T2	

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Coverage Requirements and Limits
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PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T2	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T2	QL (60 Qty per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T2	
Antiarrhythmics, Miscellaneous - Drugs For Angina		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	T3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	T2	
Antilipemic Agents, Miscellaneous - Drugs For Cholesterol		
icosapent ethyl oral capsule 0.5 gram, 1 gram	T2	PA
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T3	PA
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	T3	PA
niacin oral capsule, extended release 250 mg, 500 mg	T2	
niacin oral tablet 100 mg, 50 mg, 500 mg	T2	
niacin oral tablet 250 mg	T2	
niacin oral tablet extended release 1,000 mg	T2	
niacin oral tablet extended release 250 mg, 500 mg	T2	
omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)	T2	QL (160 Qty per 30 days)
omega-3 acid ethyl esters oral capsule 1 gram	T2	QL (120 EA per 30 days)
Beta-Adrenergic Blocking Agents - Drugs For Abnormal Heart Rhythms		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T2	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bisoprolol fumarate oral tablet 10 mg, 5 mg	T2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T2	
metoprolol tartrate oral tablet 100 mg, 50 mg	T2	
metoprolol tartrate oral tablet 25 mg	T2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T2	
pindolol oral tablet 10 mg, 5 mg	T2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T2	ST ; QL (30 Qty per 30 days)
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	T2	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T2	QL (60 Qty per 30 days)
Beta-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure & Angina		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T2	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T2	
metoprolol tartrate oral tablet 100 mg, 50 mg	T2	
metoprolol tartrate oral tablet 25 mg	T2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T2	
pindolol oral tablet 10 mg, 5 mg	T2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T2	ST ; QL (30 Qty per 30 days)
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	T2	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T2	QL (60 Qty per 30 days)
Bile Acid Sequestrants - Drugs For Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	T2	
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	T2	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (***colestipol hcl***)	T3	
Calcium-Channel Block.Agt,Misc(Hypoten) - Drugs For High Blood Pressure & Angina		
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	QL (30 Qty per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 360 mg	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T2	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 300 Mg)	T2	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg	T2	QL (30 Qty per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	T2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T2	
verapamil oral tablet extended release 120 mg, 180 mg	T2	QL (30 Qty per 30 days)
verapamil oral tablet extended release 240 mg	T2	
Calcium-Channel Blocking Agents - Drugs For High Blood Pressure & Angina		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T2	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T2	
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	T2	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	QL (30 Qty per 30 days)

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Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 360 mg	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T2	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 300 Mg)	T2	PA
nicardipine oral capsule 20 mg, 30 mg	T2	
nifedipine oral capsule 10 mg, 20 mg	T2	
nifedipine oral tablet extended release 24hr 30 mg	T2	QL (30 EA per 30 days)
nifedipine oral tablet extended release 24hr 60 mg	T2	QL (60 EA per 30 days)
nifedipine oral tablet extended release 24hr 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 30 mg, 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 60 mg	T2	QL (60 Qty per 30 days)
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	T2	PA
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T2	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg	T2	QL (30 Qty per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	T2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil oral tablet extended release 120 mg, 180 mg	T2	QL (30 Qty per 30 days)
verapamil oral tablet extended release 240 mg	T2	
Calcium-Channel Blocking Agents(Hypoten) - Drugs For High Blood Pressure & Angina		
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 360 mg	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T2	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 300 Mg)	T2	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg	T2	QL (30 Qty per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	T2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T2	
verapamil oral tablet extended release 120 mg, 180 mg	T2	QL (30 Qty per 30 days)
verapamil oral tablet extended release 240 mg	T2	
Calcium-Channel Blocking Agents, Misc. - Drugs For High Blood Pressure & Angina		
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	QL (30 Qty per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 360 mg	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T2	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 300 Mg)	T2	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg	T2	QL (30 Qty per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	T2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T2	
verapamil oral tablet extended release 120 mg, 180 mg	T2	QL (30 Qty per 30 days)
verapamil oral tablet extended release 240 mg	T2	
Carbonic Anhydrase Inhibitors(Hypoten) - Drugs For High Blood Pressure & Angina		
acetazolamide oral capsule, extended release 500 mg	T2	
acetazolamide oral tablet 125 mg, 250 mg	T2	
Cardiac Drugs, Miscellaneous - Drugs For Angina		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***)	T3	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	T3	PA
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiotonic Agents - Drugs For Angina		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	T3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	T2	
Central Alpha-Agonists - Drugs For High Blood Pressure & Angina		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T2	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	T2	ST ; QL (4 Qty per 30 days)
guanfacine oral tablet 1 mg, 2 mg	T2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	T2	QL (30 EA per 30 days)
methyldopa oral tablet 250 mg, 500 mg	T2	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	T2	
Cholesterol Absorption Inhibitors - Drugs For Cholesterol		
ezetimibe oral tablet 10 mg	T2	ST
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	T3	PA
Class Ia Antiarrhythmics - Drugs For Angina		
quinidine sulfate oral tablet 200 mg, 300 mg	T2	
Class Ib Antiarrhythmics - Drugs For Angina		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	T3	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	T3	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T3	

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Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	T3	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	T2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	T3	
phenytoin sodium intravenous solution 50 mg/ml	T2	
phenytoin sodium intravenous syringe 50 mg/ml	T2	
Class Ic Antiarrhythmics - Drugs For Angina		
flecainide oral tablet 100 mg, 150 mg, 50 mg	T2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	T2	
propafenone oral tablet 150 mg, 225 mg, 300 mg	T2	
Class Ii Antiarrhythmics - Drugs For Angina		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T2	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T2	
metoprolol tartrate oral tablet 100 mg, 50 mg	T2	
metoprolol tartrate oral tablet 25 mg	T2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T2	
pindolol oral tablet 10 mg, 5 mg	T2	

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Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T2	ST ; QL (30 Qty per 30 days)
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	T2	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T2	QL (60 Qty per 30 days)
Class Iii Antiarrhythmics - Drugs For Angina		
amiodarone oral tablet 200 mg	T2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	T2	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	T3	PA
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T2	QL (60 Qty per 30 days)
Class Iv Antiarrhythmics - Drugs For Angina		
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 360 mg	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T2	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 300 Mg)	T2	PA

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lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
NF = Non-Formulary
T2 = Formulary Generic Drugs
T3 = Formulary Brand Drugs

Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg	T2	QL (30 Qty per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	T2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T2	
verapamil oral tablet extended release 120 mg, 180 mg	T2	QL (30 Qty per 30 days)
verapamil oral tablet extended release 240 mg	T2	
Dihydropyridines - Drugs For High Blood Pressure & Angina		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T2	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T2	
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	T2	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T2	
nicardipine oral capsule 20 mg, 30 mg	T2	
nifedipine oral capsule 10 mg, 20 mg	T2	
nifedipine oral tablet extended release 24hr 30 mg	T2	QL (30 EA per 30 days)
nifedipine oral tablet extended release 24hr 60 mg	T2	QL (60 EA per 30 days)
nifedipine oral tablet extended release 24hr 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 30 mg, 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 60 mg	T2	QL (60 Qty per 30 days)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	T2	PA
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T2	PA
Dihydropyridines (Antihypertensive) - Drugs For High Blood Pressure & Angina		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T2	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T2	
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	T2	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T2	
nicardipine oral capsule 20 mg, 30 mg	T2	
nifedipine oral capsule 10 mg, 20 mg	T2	
nifedipine oral tablet extended release 24hr 30 mg	T2	QL (30 EA per 30 days)
nifedipine oral tablet extended release 24hr 60 mg	T2	QL (60 EA per 30 days)
nifedipine oral tablet extended release 24hr 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 30 mg, 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 60 mg	T2	QL (60 Qty per 30 days)
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	T2	PA
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T2	PA
Direct Vasodilators - Drugs For High Blood Pressure & Angina		

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Drug Tier
NF = Non-Formulary
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T3 = Formulary Brand Drugs

Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T2	
isosorbide-hydralazine oral tablet 20-37.5 mg	T2	SP (Prescriber must be cardiologist. For all other requests, BiDil is non-formulary)
minoxidil oral tablet 10 mg, 2.5 mg	T2	
Diuretics, Miscellaneous (Hypotensive) - Drugs For High Blood Pressure & Angina		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T3	
theophylline oral elixir 80 mg/15 ml	T2	
theophylline oral tablet extended release 12 hr 450 mg	T2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T2	
Fibric Acid Derivatives - Drugs For Cholesterol		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	T2	QL (30 EA per 30 days)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	T2	QL (30 Qty per 30 days)
fenofibrate oral tablet 160 mg, 54 mg	T2	QL (30 Qty per 30 days)
gemfibrozil oral tablet 600 mg	T2	
Hmg-Coa Reductase Inhibitors - Drugs For Cholesterol		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T2	AL (Min 21 Years)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	T2	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T2	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T2	
simvastatin oral tablet 80 mg	T2	QL (30 EA per 30 days)

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Drug Tier
NF = Non-Formulary
T2 = Formulary Generic Drugs
T3 = Formulary Brand Drugs

Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hypotensive Agents, Miscellaneous - Drugs For High Blood Pressure & Angina		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T2	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T2	
nicardipine oral capsule 20 mg, 30 mg	T2	
nifedipine oral capsule 10 mg, 20 mg	T2	
nifedipine oral tablet extended release 24hr 30 mg	T2	QL (30 EA per 30 days)
nifedipine oral tablet extended release 24hr 60 mg	T2	QL (60 EA per 30 days)
nifedipine oral tablet extended release 24hr 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 30 mg, 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 60 mg	T2	QL (60 Qty per 30 days)
phenoxybenzamine oral capsule 10 mg	T2	PA
pindolol oral tablet 10 mg, 5 mg	T2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T2	ST ; QL (30 Qty per 30 days)
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T2	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T2	QL (60 Qty per 30 days)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T2	
Loop Diuretics (Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T2	ST
ethacrynic acid oral tablet 25 mg	T2	PA
furosemide oral solution 10 mg/ml	T2	PA
furosemide oral tablet 20 mg, 40 mg, 80 mg	T2	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T2	
Mineralocorticoid (Aldosterone) Antagnts - Drugs For The Heart		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	
Mineralocorticoid(Aldoster.)Antag(Hypot) - Drugs For High Blood Pressure & Angina		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	
Nitrates And Nitrites - Drugs For The Heart		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	T2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	T2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	T2	
isosorbide-hydralazine oral tablet 20-37.5 mg	T2	SP (Prescriber must be cardiologist. For all other requests, BiDil is non-formulary)
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	T3	
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	T2	

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Drug Tier
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T2 = Formulary Generic Drugs
T3 = Formulary Brand Drugs

Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	T2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	T2	
Pcsk9 Inhibitors - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Phosphodiesterase Type 5 Inhibitors - Drugs For The Heart		
cilostazol oral tablet 100 mg, 50 mg	T2	QL (60 Qty per 30 days)
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
sildenafil (pulm.hypertension) oral tablet 20 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (90 EA per 30 days)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tadalafil (pulm. hypertension) oral tablet 20 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TADLIQ 20 MG/5 ML SUSPENSION (***tadalafil***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Potassium-Sparing Diuretics (Hypoten) - Drugs For High Blood Pressure & Angina		
amiloride oral tablet 5 mg	T2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T2	
Renin Inhibitors - Drugs For The Heart		
aliskiren oral tablet 150 mg, 300 mg	T2	PA
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren hemifumarate/hydrochlorothiazide***)	T3	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc - Drugs For The Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	T3	QL (60 EA per 30 days)
Thiazide Diuretics(Hypotensive Agents) - Drugs For High Blood Pressure & Angina		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	T2	PA
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	T2	PA
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T2	
hydrochlorothiazide oral capsule 12.5 mg	T2	
hydrochlorothiazide oral tablet 12.5 mg	T2	
hydrochlorothiazide oral tablet 25 mg, 50 mg	T2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T2	QL (30 Qty per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T2	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	T2	
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	T2	PA
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	T2	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren hemifumarate/hydrochlorothiazide***)	T3	PA
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T2	PA
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	T2	QL (30 Qty per 30 days)
valsartan-hydrochlorothiazide oral tablet 80-12.5 mg	T2	QL (30 Qty per 30 days)
Thiazide-Like Diuretics(Hypotensive Agt) - Drugs For High Blood Pressure & Angina		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T2	
chlorthalidone oral tablet 25 mg, 50 mg	T2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***)	T3	PA
indapamide oral tablet 1.25 mg, 2.5 mg	T2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T2	ST ; QL (30 Qty per 30 days)
Vasodilating Agents, Miscellaneous - Drugs For The Heart		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; INH = Inhaler; AL = Age Limits; SP = Specialty Product; T2 = Formulary Generic Drugs, T3 = Formulary Brand Drugs; QY = Quantity; QTY = Quantity; DY = Day; EA = Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

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Drug Tier
NF = Non-Formulary
T2 = Formulary Generic Drugs
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Coverage Requirements and Limits
AL = Age Limit Applies
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
SP = Specialty Product
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ambrisentan oral tablet 10 mg, 5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T2	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T2	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	T2	QL (60 EA per 30 days); AL (Min 21 Years)
bosentan oral tablet 125 mg, 62.5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 360 mg	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	QL (30 Qty per 30 days)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T2	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 300 Mg)	T2	PA
nicardipine oral capsule 20 mg, 30 mg	T2	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral capsule 10 mg, 20 mg	T2	
nifedipine oral tablet extended release 24hr 30 mg	T2	QL (30 EA per 30 days)
nifedipine oral tablet extended release 24hr 60 mg	T2	QL (60 EA per 30 days)
nifedipine oral tablet extended release 24hr 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 30 mg, 90 mg	T2	QL (30 Qty per 30 days)
nifedipine oral tablet extended release 60 mg	T2	QL (60 Qty per 30 days)
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
UPTRAVI ORAL TABLET 1,000 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
UPTRAVI ORAL TABLET 1,200 MCG, 1,400 MCG, 1,600 MCG (***selexipag***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg	T2	QL (30 Qty per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	T2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T2	
verapamil oral tablet extended release 120 mg, 180 mg	T2	QL (30 Qty per 30 days)

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Coverage Requirements and Limits
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil oral tablet extended release 240 mg	T2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T3	PA
Central Nervous System Agents - Drugs For The Nervous System		
Adamantanes (Cns) - Drugs For Parkinson		
amantadine hcl oral capsule 100 mg	T2	
amantadine hcl oral tablet 100 mg	T2	
Amphetamine Derivatives - Drugs For The Nervous System		
phentermine oral capsule 15 mg, 30 mg	T2	PA
phentermine oral tablet 37.5 mg	T2	PA
Amphetamines - Drugs For The Nervous System		
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T2	QL (120 EA per 30 days); AL (Min 3 Years and Max 18 Years)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 5 mg	T2	QL (60 Qty per 30 days); AL (Min 4 Years and Max 18 Years)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 15 mg	T2	QL (60 Qty per 30 days); AL (Min 4 Years and Max 18 Years)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg	T2	QL (30 Qty per 30 days); AL (Min 4 Years and Max 18 Years)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 25 mg, 30 mg	T2	QL (30 Qty per 30 days); AL (Min 4 Years and Max 18 Years)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	T2	QL (60 EA per 30 days); AL (Min 3 Years and Max 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	T3	PA
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG (***lisdexamfetamine dimesylate***)	T3	PA
VYVANSE ORAL TABLET,CHEWABLE 60 MG (***lisdexamfetamine dimesylate***)	T3	PA ; AL (Max 13 Years)
Analgesics And Antipyretics, Misc. - Drugs For Pain		
acetaminophen-codeine oral solution 120-12 mg/5 ml	T2	QL (1350 ML per 30 days); AL (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T2	QL (90 Qty per 30 days); AL (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T2	AL (Min 12 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg)	T2	QL (90 QTY per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T2	
gabapentin oral solution 250 mg/5 ml	T2	
gabapentin oral tablet 600 mg, 800 mg	T2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T2	QL (1350 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T2	QL (90 QTY per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T2	QL (90 QTY per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T2	QL (90 EA per 30 days)
pregabalin oral solution 20 mg/ml	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	T2	PA
Anorexigenic Agents, Miscellaneous - Drugs For The Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone hcl/bupropion hcl***)	T3	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine hcl/topiramate***)	T3	PA
Anticholinergic Agents (Cns) - Drugs For Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	T2	
trihexyphenidyl oral elixir 0.4 mg/ml	T2	
trihexyphenidyl oral tablet 2 mg, 5 mg	T2	
Anticonvulsants, Miscellaneous - Drugs For Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (***eslicarbazepine acetate***)	T3	PA
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	T2	
carbamazepine oral suspension 100 mg/5 ml	T2	
carbamazepine oral tablet 200 mg	T2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T2	
carbamazepine oral tablet,chewable 100 mg	T2	
divalproex oral capsule, delayed rel sprinkle 125 mg	T2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T2	
gabapentin oral solution 250 mg/5 ml	T2	
gabapentin oral tablet 600 mg, 800 mg	T2	
lacosamide oral solution 10 mg/ml	T2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T2	QL (60 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T2	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	T2	PA
lamotrigine oral tablet, chewable dispersible 25 mg	T2	
lamotrigine oral tablet, chewable dispersible 5 mg	T2	QL (150 Qty per 30 days)
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	T2	
levetiracetam intravenous solution 500 mg/5 ml	T2	
levetiracetam oral solution 100 mg/ml	T2	QL (900 ML per 30 days)
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	T2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	T2	QL (120 Qty per 30 days)
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T2	QL (90 EA per 30 days)
pregabalin oral solution 20 mg/ml	T2	PA
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rufinamide oral suspension 40 mg/ml	T2	PA
rufinamide oral tablet 200 mg, 400 mg	T2	PA
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T2	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	T2	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T2	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	T2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T2	
valproic acid oral capsule 250 mg	T2	
vigabatrin oral powder in packet 500 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
vigabatrin oral tablet 500 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
zonisamide oral capsule 100 mg	T2	QL (180 Qty per 30 days)
zonisamide oral capsule 25 mg, 50 mg	T2	
Antidepressants, Miscellaneous - Drugs For Depression & Psychosis		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	T2	
bupropion hcl oral tablet 100 mg, 75 mg	T2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	T2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	T2	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet 7.5 mg	T2	
mirtazapine oral tablet,disintegrating 15 mg, 45 mg	T2	
mirtazapine oral tablet,disintegrating 30 mg	T2	QL (30 EA per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine hcl***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Antimanic Agents - Drugs For Personality Disorder		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T2	
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	T2	
carbamazepine oral suspension 100 mg/5 ml	T2	
carbamazepine oral tablet 200 mg	T2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T2	
carbamazepine oral tablet,chewable 100 mg	T2	
divalproex oral capsule, delayed rel sprinkle 125 mg	T2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T2	

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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	T2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T2	
lamotrigine oral tablet, chewable dispersible 25 mg	T2	
lamotrigine oral tablet, chewable dispersible 5 mg	T2	QL (150 Qty per 30 days)
lithium carbonate oral capsule 150 mg, 600 mg	T2	
lithium carbonate oral capsule 300 mg	T2	
lithium carbonate oral tablet 300 mg	T2	
lithium carbonate oral tablet extended release 300 mg, 450 mg	T2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T2	QL (30 Qty per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T2	QL (60 Qty per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	T2	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML (***risperidone microspheres***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
risperidone oral solution 1 mg/ml	T2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T2	QL (60 Qty per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	T2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T2	QL (60 EA per 30 days)
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	T2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T2	
valproic acid oral capsule 250 mg	T2	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T2	QL (60 Qty per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (***olanzapine pamoate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Antimigraine Agents, Miscellaneous - Migraine Treatment		
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T2	AL (Min 12 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	
divalproex oral capsule, delayed rel sprinkle 125 mg	T2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	T2	
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	T3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine tartrate/caffeine***)	T2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T2	ST ; QL (30 Qty per 30 days)
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T2	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	T2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T2	
valproic acid oral capsule 250 mg	T2	
Antipsychotics, Miscellaneous - Drugs For Depression & Psychosis		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T2	
Anxiolytics,Sedatives,And Hypnotics,Misc - Drugs For Anxiety & Sleep Disorder		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T2	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (***zolpidem tartrate***)	T3	PA
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T2	QL (30 EA per 30 days)
hydroxyzine hcl oral solution 10 mg/5 ml	T2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T2	
meprobamate oral tablet 200 mg, 400 mg	T2	PA
promethazine oral syrup 6.25 mg/5 ml	T2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T2	
promethazine hcl (Promethegan Rectal Suppository 50 Mg)	T2	
ramelteon oral tablet 8 mg	T2	PA
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
zaleplon oral capsule 10 mg, 5 mg	T2	QL (30 Qty per 30 days)
zolpidem oral tablet 10 mg, 5 mg	T2	QL (30 Qty per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	T2	QL (30 EA per 30 days)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***zolpidem tartrate***)	T3	PA
Atypical Antipsychotics - Drugs For Depression & Psychosis		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T2	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML (***paliperidone palmitate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T2	QL (30 Qty per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T2	QL (60 Qty per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	T2	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML (***risperidone microspheres***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
risperidone oral solution 1 mg/ml	T2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T2	QL (60 Qty per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	T2	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T2	QL (60 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T2	QL (60 Qty per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (***olanzapine pamoate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Barbiturates (Anticonvulsants) - Drugs For Seizures		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	T2	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	T2	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	T2	
primidone oral tablet 250 mg, 50 mg	T2	
Barbiturates (Anxiolytic, Sedative/Hyp) - Drugs For Anxiety & Sleep Disorder		
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T2	AL (Min 12 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	T2	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	T2	

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lowercase bold italics = Generic drugs
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Drug Tier
NF = Non-Formulary
T2 = Formulary Generic Drugs
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	T2	
Benzodiazepines (Anticonvulsants) - Drugs For Seizures		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T2	QL (90 EA per 30 days)
diazepam oral tablet 10 mg, 2 mg	T2	QL (90 Qty per 30 days)
diazepam oral tablet 5 mg	T2	QL (90 Qty per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	T2	QL (2 Qty per 365 days)
diazepam rectal kit 2.5 mg	T2	QL (2 Qty per 365 days)
lorazepam injection solution 2 mg/ml	T2	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (120 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp) - Drugs For Anxiety & Sleep Disorder		
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	T2	QL (120 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T2	QL (90 EA per 30 days)
diazepam oral tablet 10 mg, 5 mg	T2	QL (90 Qty per 30 days)
diazepam oral tablet 2 mg	T2	QL (90 Qty per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg	T2	QL (2 Qty per 365 days)
diazepam rectal kit 2.5 mg, 5-7.5-10 mg	T2	QL (2 Qty per 365 days)
flurazepam oral capsule 15 mg, 30 mg	T2	QL (30 EA per 30 days)
lorazepam injection solution 2 mg/ml	T2	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (120 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
temazepam oral capsule 22.5 mg, 7.5 mg	T2	PA
triazolam oral tablet 0.125 mg, 0.25 mg	T2	QL (30 EA per 30 days)
Butyrophenones - Drugs For Depression & Psychosis		
haloperidol lactate oral concentrate 2 mg/ml	T2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	T2	
Calcitonin Gene-Related Peptide Antag. - Migraine Treatment		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	T3	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***)	T3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	T3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	T3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	T3	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	T3	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	T3	PA
Catechol-O-Methyltransferase(Comt)Inhib. - 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	T2	ST
entacapone oral tablet 200 mg	T2	ST
tolcapone oral tablet 100 mg	T2	PA
Central Nervous System Agents, Misc. - Drugs For Attention Deficit Disorder		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acamprosate oral tablet,delayed release (dr/ec) 333 mg	T2	
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	T2	QL (30 EA per 30 days)
guanfacine oral tablet 1 mg, 2 mg	T2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	T2	QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	T2	ST
memantine oral tablet 10 mg, 5 mg	T2	
memantine oral tablets,dose pack 5-10 mg	T2	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***)	T3	PA
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***)	T3	PA
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	T3	PA
Cyclooxygenase-2 (Cox-2) Inhibitors - Drugs For Pain		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	T2	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	T2	QL (30 EA per 30 days)
Dopamine Precursors - Drugs For Parkinson		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	T2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	T2	
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	T2	ST
Ergot-Deriv. Dopamine Receptor Agonists - Drugs For Parkinson		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bromocriptine oral tablet 2.5 mg	T2	
cabergoline oral tablet 0.5 mg	T2	AL (Min 21 Years)
Fibromyalgia Agents - Drugs For Nerve Pain		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg	T2	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	T2	QL (30 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T2	QL (90 EA per 30 days)
pregabalin oral solution 20 mg/ml	T2	PA
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	T2	PA
Hydantoins - Drugs For Seizures		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	T3	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	T3	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	T3	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	T2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	T3	
phenytoin sodium intravenous syringe 50 mg/ml	T2	
Monoamine Oxidase B Inhibitors - Drugs For Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	T2	PA
selegiline hcl oral capsule 5 mg	T2	
selegiline hcl oral tablet 5 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Monoamine Oxidase Inhibitors - Drugs For Depression & Psychosis		
phenelzine oral tablet 15 mg	T2	
rasagiline oral tablet 0.5 mg, 1 mg	T2	PA
selegiline hcl oral capsule 5 mg	T2	
selegiline hcl oral tablet 5 mg	T2	
tranylcypromine oral tablet 10 mg	T2	PA
Nonergot-Deriv.Dopamine Receptor Agonist - Drugs For Parkinson		
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***)	T3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	T2	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	T2	
Opiate Agonists - Drugs For Pain		
acetaminophen-codeine oral solution 120-12 mg/5 ml	T2	QL (1350 ML per 30 days); AL (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T2	QL (90 Qty per 30 days); AL (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T2	AL (Min 12 Years)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	T2	QL (480 ML per 30 days); AL (Min 6 Years)
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg)	T2	QL (90 QTY per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T2	QL (1350 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T2	QL (90 QTY per 30 days)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 6 Years)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	T2	QL (90 QTY per 30 days)
hydromorphone rectal suppository 3 mg	T2	QL (6 Qty per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	T2	PA
methadone oral tablet 10 mg, 5 mg	T2	PA
methadone oral tablet,soluble 40 mg	T2	PA
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	T2	QL (90 ML per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	T2	QL (450 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	T2	QL (90 QTY per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	T2	PA ; QL (90 Qty per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg	T2	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T2	QL (90 QTY per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG (***oxycodone hcl***)	T3	PA
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T2	AL (Min 12 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	T2	AL (Min 12 Years)
tramadol oral tablet 50 mg	T2	QL (120 Qty per 30 days); AL (Min 18 Years)
Opiate Antagonists - Drugs For Overdose Or Poisoning		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	T3	
naloxone injection solution 0.4 mg/ml	T3	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	T3	
naloxone nasal spray,non-aerosol 4 mg/actuation	T2	
naltrexone oral tablet 50 mg	T2	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	T3	
Opiate Partial Agonists - Drugs For Pain		
buprenorphine hcl sublingual tablet 2 mg	T2	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 8 mg	T2	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T2	PA
buprenorphine-naloxone sublingual tablet 2-0.5 mg	T2	QL (180 EA per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	T2	QL (90 EA per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	T2	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, 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	T3	PA
Other Nonsteroidal Anti-Inflam. Agents - Drugs For Pain		
diclofenac epolamine transdermal patch 12 hour 1.3 %	T2	PA
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac sodium topical drops 1.5 %	T2	PA
diclofenac sodium topical gel 1 %	T2	QL (400 GM per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	T2	PA
etodolac oral capsule 200 mg, 300 mg	T2	
etodolac oral tablet 400 mg, 500 mg	T2	
ibuprofen oral suspension 100 mg/5 ml	T2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T2	
indomethacin oral capsule 25 mg, 50 mg	T2	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	T2	
ketorolac oral tablet 10 mg	T2	QL (20 EA per 5 days)
meloxicam oral tablet 15 mg, 7.5 mg	T2	
nabumetone oral tablet 500 mg, 750 mg	T2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T2	
piroxicam oral capsule 10 mg, 20 mg	T2	
sulindac oral tablet 150 mg, 200 mg	T2	
Phenothiazines - Drugs For Depression & Psychosis		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T2	
prochlorperazine (Compro Rectal Suppository 25 Mg)	T2	
fluphenazine hcl oral concentrate 5 mg/ml	T2	
fluphenazine hcl oral elixir 2.5 mg/5 ml	T2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	T2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T2	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	T2	
Respiratory And Cns Stimulants - Drugs For The Nervous System		
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T2	AL (Min 12 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	T2	QL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg	T2	AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	T2	QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	T2	QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	T2	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet extended release 10 mg	T2	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet extended release 20 mg	T2	QL (90 Qty per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	T2	QL (30 EA per 30 days); AL (Min 4 Years and Max 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral tablet extended release 24hr 36 mg	T2	QL (60 EA per 30 days); AL (Min 4 Years and Max 18 Years)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	T2	PA
Salicylates - Drugs For Pain		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	T2	QL (60 EA per 30 days); AL (Min 21 Years)
salsalate oral tablet 500 mg, 750 mg	T2	
Sel.Serotonin,Norepi Reuptake Inhibitor - Drugs For Depression & Psychosis		
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	T2	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg	T2	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	T2	QL (30 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	T3	ST
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	T3	ST
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	T2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T2	
Selective Serotonin Agonists - Migraine Treatment		
naratriptan oral tablet 1 mg, 2.5 mg	T2	QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***)	T3	PA
rizatriptan oral tablet 10 mg, 5 mg	T2	QL (12 EA per 30 days)

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Drug Tier
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	T2	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	T2	ST ; QL (6 Qty per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	T2	QL (18 Qty per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	T2	PA
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	T2	PA
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	T2	PA
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	T2	PA
zolmitriptan oral tablet 2.5 mg, 5 mg	T2	ST ; QL (6 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	T2	ST ; QL (6 EA per 30 days)
Selective-Serotonin Reuptake Inhibitors - Drugs For Depression & Psychosis		
citalopram oral solution 10 mg/5 ml	T2	
citalopram oral tablet 10 mg, 20 mg	T2	
citalopram oral tablet 40 mg	T2	QL (30 EA per 30 days)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T2	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	T2	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	T2	
fluoxetine oral tablet 10 mg	T2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	T2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T2	
PAXIL ORAL SUSPENSION 10 MG/5 ML (***paroxetine hcl***)	T3	AL (Max 5 Years)
sertraline oral concentrate 20 mg/ml	T2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Serotonin Modulators - Drugs For Depression & Psychosis		
trazodone oral tablet 100 mg, 150 mg, 50 mg	T2	
Succinimides - Drugs For Seizures		
ethosuximide oral capsule 250 mg	T2	
ethosuximide oral solution 250 mg/5 ml	T2	
Thioxanthenes - Drugs For Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T2	
Tricyclics, Other Norepi-Ru Inhibitors - Drugs For Depression & Psychosis		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	T2	PA
clomipramine oral capsule 25 mg, 50 mg, 75 mg	T2	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T2	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T2	
doxepin oral concentrate 10 mg/ml	T2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	T2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	T2	
nortriptyline oral solution 10 mg/5 ml	T2	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T2	
protriptyline oral tablet 10 mg, 5 mg	T2	PA
Wakefulness-Promoting Agents - Drugs For The Nervous System		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	T2	PA
modafinil oral tablet 100 mg, 200 mg	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Devices - Medical Supplies And Durable Medical Equipment		
Devices - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	T3	QL (200 QY per 30 DYs)
ADVOCATE LANCET 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	T3	QL (200 QY per 30 DYs)
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	T3	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	T2	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	T2	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	T2	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	T2	QL (2 QY per 365 DYs)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	T2	QL (2 QY per 365 DYs)
AIR TUBE WITH AIR PLUGS (***nebulizer accessories***)	T3	QL (1 Qty per 365 days)
AIRS ADULT AEROSOL MASK (***nebulizer accessories***)	T3	QL (1 Qty per 365 days)
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	T3	QL (1 Qty per 365 days)
AIRZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T3	
ASSURE HAEMOLANCE PLUS 25 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
ASSURE LANCE 28 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
ASTHMA CHECK METER DEVICE (***peak flow meter***)	T3	

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BD AUTOSHIELD DUO PEN NEEDLE NEEDLE (***pen needle, diabetic disposable, safety***)	T3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	T3	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1" (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	T3	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
BD LUER-LOK SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	T3	QL (30 Qty per 30 days)
BD NANO 2 GEN PEN NDL 32G 4MM (***pen needle, diabetic***)	T3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 1 ml***)	T3	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD UF MICRO PEN NEEDLE 6MMX32G (***pen needle, diabetic***)	T3	
BD UF NANO PEN NEEDLE 4MMX32G (***pen needle, diabetic***)	T3	
BD UF SHORT PEN NEEDLE 8MMX31G (***pen needle, diabetic***)	T3	
BD ULTRA FINE LANCETS 33 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
BD ULTRA-FINE II LANCETS 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE (***pen needle, diabetic***)	T3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE (***pen needle, diabetic***)	T3	
BINAXNOW COVID-19 AG SELF TEST (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
BUBBLES THE FISH PEDI MASK (***nebulizer accessories***)	T3	QL (1 Qty per 365 days)
CARESTART COVID-19 AG HOME TST (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	T3	QL (1 Qty per 365 days)
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	T3	QL (1 Qty per 365 days)
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	T3	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH TWIST LANCETS 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
ELLUME COVID-19 HOME TEST (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	T3	
FINGERSTIX LANCETS (***lancets***)	T3	QL (200 Qty per 30 days)
FLOWFLEX COVID-19 AG HOME TEST (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
FORACARE LANCETS 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
FREESTYLE FREEDOM LITE KIT (***blood-glucose meter***)	T3	
FREESTYLE INSULINX (***blood-glucose meter***)	T3	
FREESTYLE LANCETS 28 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
FREESTYLE LITE METER KIT (***blood-glucose meter***)	T3	
IHEALTH COVID-19 AG HOME TEST (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
INJECT EASE LANCETS 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	T3	QL (1 Qty per 365 days)
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	T3	QL (1 Qty per 365 days)
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 29 , 1/2 ml 30 gauge	T3	QL (200 QY per 30 DYs)
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"	T3	QL (200 Qty per 30 days)
INTELISWAB COVID-19 HOME TEST (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
lancets 30 gauge, 33 gauge	T3	QL (200 QY per 30 DYs)
LANCETS,THIN 23 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
LANCETS,ULTRA THIN 26 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
LC PLUS (***nebulizer***)	T3	QL (1 Qty per 365 days)
LITE TOUCH LANCETS 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	T3	QL (8 EA per 30 days)
MICROLET LANCET (***lancets***)	T3	QL (200 Qty per 30 days)
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	T3	
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
ONETOUCH ULTRASOFT LANCETS (***lancets***)	T3	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
PEAK AIR PEAK FLOW METER DEVICE (***peak flow meter***)	T3	QL (1 Qty per 365 days)
PERSONAL BEST FULL RANGE DEVICE (***peak flow meter***)	T3	QL (1 Qty per 365 days)
PERSONAL BEST LOW RANGE DEVICE (***peak flow meter***)	T3	
POCKET PEAK FLOW METER DEVICE (***peak flow meter***)	T3	QL (1 Qty per 365 days)
PRECISION XTRA MONITOR (***blood-glucose meter***)	T3	
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	T3	QL (1 Qty per 365 days)
QUICKVUE AT-HOME COVID-19 TEST (***covid-19 antigen immunoassay test***)	T3	QL (8 EA per 30 days)
REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***)	T3	QL (1 Qty per 365 days)
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	T3	QL (1 Qty per 365 days)
sodium chloride inhalation solution for nebulization 0.9 %	T2	
SOFT TOUCH LANCETS (***lancets***)	T3	QL (200 QY per 30 DYs)
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	T3	QL (1 Qty per 365 days)
TECHLITE LANCETS 28 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8" (***syringe with needle,insulin,0.3 ml***)	T3	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
TRUEPLUS INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	T3	QL (200 EA per 30 days)
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T3	
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)
ULTILET CLASSIC LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
ULTILET LANCETS 28 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	T3	QL (200 QY per 30 DYs)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	T3	QL (200 QY per 30 DYs)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 QY per 30 DYs)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	T3	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	T3	QL (200 Qty per 30 days)
ULTRA THIN LANCETS 28 GAUGE, 33 GAUGE (***lancets***)	T3	QL (200 QY per 30 DYs)
UNILET COMFORTOUCH LANCET (***lancets***)	T3	QL (200 EA per 30 days)
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	T3	QL (200 EA per 30 days)
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	T3	QL (1 Qty per 365 days)
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	T2	QL (2 QY per 365 DYs)
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	T2	QL (2 QY per 365 DYs)
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	T2	QL (2 QY per 365 DYs)
WING TIP TUBING (***nebulizer accessories***)	T3	QL (1 Qty per 365 days)
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Diabetes Mellitus		
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	T3	
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	T3	
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	T3	
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	T3	
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ketones		
KETONE URINE TEST STRIP (***urine acetone test,strips***)	T3	QL (100 Qty per 30 days)
Myasthenia Gravis		
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML (***neostigmine methylsulfate***)	T3	PA
Sugar		
DIASTIX STRIP (***urine glucose test strip***)	T3	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
PHOSPHO-TRIN K500 ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	T2	
Alkalinizing Agents		
potassium citrate oral tablet extended release 10 meq (1,080 mg)	T2	QL (180 EA per 30 days)
potassium citrate oral tablet extended release 5 meq (540 mg)	T2	QL (60 Qty per 30 days)
Ammonia Detoxicants		
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	T2	
lactulose oral solution 10 gram/15 ml	T2	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	T2	
Carbonic Anhydrase Inhibitors - Drugs For Water Balance		
acetazolamide oral capsule, extended release 500 mg	T2	
acetazolamide oral tablet 125 mg, 250 mg	T2	
Diuretics, Miscellaneous - Drugs For Water Balance		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T3	
theophylline oral elixir 80 mg/15 ml	T2	
theophylline oral tablet extended release 12 hr 450 mg	T2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T2	
Irrigating Solutions		
sodium chloride irrigation solution 0.9 %	T2	SP (Quantity limit of 20,000 ml per 30 days)
Loop Diuretics - Drugs For Water Balance		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T2	ST
ethacrynic acid oral tablet 25 mg	T2	PA
furosemide oral solution 10 mg/ml	T2	PA
furosemide oral tablet 20 mg, 40 mg, 80 mg	T2	
Phosphate-Removing Agents		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	T3	PA
calcium acetate(phosphat bind) oral capsule 667 mg	T2	
calcium acetate(phosphat bind) oral tablet 667 mg	T2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	T3	PA
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	T2	PA
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	T2	PA
sevelamer carbonate oral tablet 800 mg	T2	
sevelamer hcl oral tablet 400 mg, 800 mg	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	T3	PA
Potassium-Removing Agents		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	T3	QL (34 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	T3	ST ; QL (30 EA per 30 days)
Potassium-Sparing Diuretics - Drugs For Water Balance		
amiloride oral tablet 5 mg	T2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T2	
Replacement Preparations		
potassium chloride (Klor-Con Oral Packet 20 Meq)	T2	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
potassium chloride oral capsule, extended release 10 meq, 8 meq	T2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	T2	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	T2	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
sodium chloride inhalation solution for nebulization 0.9 %	T2	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
Thiazide Diuretics - Drugs For Water Balance		
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	T2	PA
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	T2	PA
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrochlorothiazide oral capsule 12.5 mg	T2	
hydrochlorothiazide oral tablet 12.5 mg	T2	
hydrochlorothiazide oral tablet 25 mg, 50 mg	T2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T2	QL (30 Qty per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T2	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	T2	
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	T2	PA
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	T2	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren hemifumarate/hydrochlorothiazide***)	T3	PA
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T2	PA
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T2	QL (30 Qty per 30 days)
Thiazide-Like Diuretics - Drugs For Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T2	
chlorthalidone oral tablet 25 mg, 50 mg	T2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***)	T3	PA
indapamide oral tablet 1.25 mg, 2.5 mg	T2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T2	ST ; QL (30 Qty per 30 days)
Uricosuric Agents		
probenecid oral tablet 500 mg	T2	
probenecid-colchicine oral tablet 500-0.5 mg	T2	
Enzymes		
Enzymes		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent) - Drugs For The Eye		
brimonidine ophthalmic (eye) drops 0.2 %	T2	
Antiallergic Agents - Drugs For Allergy		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	T2	QL (10 ML per 30 days)
azelastine nasal aerosol,spray 137 mcg (0.1 %)	T2	
azelastine ophthalmic (eye) drops 0.05 %	T2	
bepotastine besilate ophthalmic (eye) drops 1.5 %	T2	PA
cromolyn ophthalmic (eye) drops 4 %	T2	
epinastine ophthalmic (eye) drops 0.05 %	T2	ST ; QL (5 ML per 30 days)
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % (***alcaftadine***)	T3	PA
olopatadine ophthalmic (eye) drops 0.1 %	T2	ST ; QL (5 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.2 %	T2	ST ; QL (2.5 ML per 30 days)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.7 % (***olopatadine hcl***)	T3	PA
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (***cetirizine hcl***)	T3	PA
Antibacterials (Eent) - Drugs For Infections		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (***azithromycin***)	T3	PA
bacitracin ophthalmic (eye) ointment 500 unit/gram	T2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***)	T3	ST
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	T2	QL (2 fills per 365 days)
ciprofloxacin hcl otic (ear) dropperette 0.2 %	T2	PA
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	T2	QL (2 fills per 365 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gentamicin sulfate (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	T2	
gentamicin ophthalmic (eye) drops 0.3 %	T2	QL (2 fills per 365 days)
moxifloxacin ophthalmic (eye) drops 0.5 %	T2	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	T2	PA
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	T2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	T2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	T2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	T2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	T2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	T2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	T2	
ofloxacin ophthalmic (eye) drops 0.3 %	T2	QL (2 fills per 365 days)
ofloxacin otic (ear) drops 0.3 %	T2	
bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	T2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	T2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	T2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	T3	QL (2 fills per 365 days)
tobramycin ophthalmic (eye) drops 0.3 %	T2	QL (2 fills per 365 days)
Antivirals (Eent) - Drugs For Infections		
trifluridine ophthalmic (eye) drops 1 %	T2	
Beta-Adrenergic Blocking Agents (Eent) - Drugs For The Eye		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	T2	
levobunolol ophthalmic (eye) drops 0.5 %	T2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	T2	
Carbonic Anhydrase Inhibitors (Eent) - Drugs For The Eye		
acetazolamide oral capsule, extended release 500 mg	T2	
acetazolamide oral tablet 125 mg, 250 mg	T2	
dorzolamide ophthalmic (eye) drops 2 %	T2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	T2	
methazolamide oral tablet 25 mg, 50 mg	T2	
Corticosteroids (Eent) - Drugs For Inflammation		
budesonide nasal spray,non-aerosol 32 mcg/actuation	T2	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	T2	
difluprednate ophthalmic (eye) drops 0.05 %	T2	PA ; QL (5 ML per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	T2	ST
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	T2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone-acetic acid otic (ear) drops 1-2 %	T2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	T3	
mometasone nasal spray,non-aerosol 50 mcg/actuation	T2	ST ; QL (17 GM per 30 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	T2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	T2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	T2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***)	T3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	T2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	T2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	T3	QL (2 fills per 365 days)
triamcinolone acetonide nasal aerosol,spray 55 mcg	T2	
Eent Anti-Infectives, Miscellaneous - Drugs For Infections		
acetic acid otic (ear) solution 2 %	T2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	T2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	T2	
Eent Anti-Inflammatory Agents, Misc. - Drugs For Inflammation		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	T3	PA
cyclosporine ophthalmic (eye) dropperette 0.05 %	T2	ST

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RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	T3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	T3	PA
Eent Drugs, Miscellaneous		
apraclonidine ophthalmic (eye) drops 0.5 %	T2	PA
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % (***mineral oil/petrolatum,white***)	T2	QL (15 GM per 30 days)
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE (***dextran 70/hypromellose***)	T2	QL (60 EA per 30 days)
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % (***dextran 70/hypromellose/pf***)	T2	QL (60 EA per 30 days)
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (***polyvinyl alcohol***)	T2	QL (60 ML per 30 days)
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS , 0.1-0.3 % (***dextran 70/hypromellose***)	T2	QL (60 ML per 30 days)
ARTIFICIAL TEARS(GLYCERIN-PEG) OPHTHALMIC (EYE) DROPS 1-0.3 % (***glycerin/propylene glycol***)	T2	QL (60 ML per 30 days)
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % (***polyvinyl alcohol/povidone***)	T2	QL (60 ML per 30 days)
DRY EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.2-0.2 % (***polyethylene glycol 400/hypromellose/glycerin***)	T2	QL (60 ML per 30 days)
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT (***mineral oil/petrolatum,white***)	T2	QL (15 GM per 30 days)
GENTEAL TEARS MODERATE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 % (***dextran/hypromellose/glycerin***)	T2	QL (60 ML per 30 days)
ISOPTO TEARS OPHTHALMIC (EYE) DROPS 0.5 % (***hypromellose***)	T2	QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUBRICANT DRY EYE RELIEF OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
LUBRICANT EYE (CMC-GLYCER)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % (***carboxymethylcellulose sodium/glycerin/pf***)	T2	
LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 % (***propylene glycol***)	T2	QL (60 ML per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 % (***carboxymethylcellulose sodium***)	T2	QL (60 EA per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %, 57.7-31.9 % (***mineral oil/petrolatum,white***)	T2	QL (15 GM per 30 days)
LUBRICANT GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.25-0.3 % (***carboxymethylcellulose sodium/hypromellose***)	T2	QL (60 ML per 30 days)
PURE AND GENTLE EYE OPHTHALMIC (EYE) DROPS 0.3 % (***hypromellose***)	T2	QL (60 ML per 30 days)
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (60 EA per 30 days)
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 % (***polyvinyl alcohol/povidone/pf***)	T2	QL (60 EA per 30 days)
REFRESH CONTACTS OPHTHALMIC (EYE) DROPS (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 % (***mineral oil/petrolatum,white***)	T2	QL (15 GM per 30 days)

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REFRESH OPTIVE ADVANCED (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (***carboxymethylcellulose sodium/glycerin/polysorbate 80/pf***)	T2	QL (60 EA per 30 days)
REFRESH OPTIVE ADVANCED OPHTHALMIC (EYE) DROPS 0.5-1-0.5 % (***carboxymethylcellulose sodium/glycerin/polysorbate 80***)	T2	QL (60 ML per 30 days)
REFRESH OPTIVE OPHTHALMIC (EYE) DROPS,GEL 1-0.9 % (***carboxymethylcellulose sodium/glycerin***)	T2	QL (60 ML per 30 days)
REFRESH OPTIVE SENSITIVE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % (***carboxymethylcellulose sodium/glycerin/pf***)	T2	
RETAINE PM OPHTHALMIC (EYE) OINTMENT 80-20 % (***mineral oil/petrolatum,white***)	T2	QL (15 GM per 30 days)
SOOTHE HYDRATION OPHTHALMIC (EYE) DROPS 1.25 % (***povidone***)	T2	QL (60 ML per 30 days)
SOOTHE LUBRICANT OPHTHALMIC (EYE) DROPPERETTE 0.6-0.6 % (***glycerin/propylene glycol***)	T2	QL (60 EA per 30 days)
STERILE LUBRICANT OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.7 % (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
SYSTANE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 % (***propylene glycol/polyethylene glycol 400/pf***)	T2	QL (60 EA per 30 days)
SYSTANE (PROPYLENE GLYCOL) OPHTHALMIC (EYE) DROPS 0.4-0.3 % (***propylene glycol/polyethylene glycol 400***)	T2	QL (60 ML per 30 days)
SYSTANE BALANCE OPHTHALMIC (EYE) DROPS 0.6 % (***propylene glycol***)	T2	QL (60 ML per 30 days)
SYSTANE GEL OPHTHALMIC (EYE) DROPS,GEL 0.4-0.3 % (***propylene glycol/polyethylene glycol 400***)	T2	QL (60 ML per 30 days)
SYSTANE GEL OPHTHALMIC (EYE) GEL 0.3 % (***hypromellose***)	T2	QL (60 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % (***mineral oil/petrolatum,white***)	T2	QL (15 GM per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 % (***carboxymethylcellulose sodium***)	T2	QL (60 EA per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (60 EA per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 % (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
ULTRA FRESH PM OPHTHALMIC (EYE) OINTMENT (***lanolin/mineral oil/petrolatum,white***)	T2	QL (15 GM per 30 days)
VISINE TIRED EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.36-0.2 % (***polyethylene glycol 400/hypromellose/glycerin***)	T2	QL (60 ML per 30 days)
Eent Nonsteroidal Anti-Inflam. Agents - Drugs For Inflammation		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***)	T3	PA
bromfenac ophthalmic (eye) drops 0.09 %	T2	PA
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (***bromfenac sodium***)	T3	PA
diclofenac sodium ophthalmic (eye) drops 0.1 %	T2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	T2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	T3	PA
ketorolac ophthalmic (eye) drops 0.4 %	T2	PA
ketorolac ophthalmic (eye) drops 0.5 %	T2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***nepafenac***)	T3	PA
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (***bromfenac sodium***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Local Anesthetics (Eent) - Drugs For Numbing		
lidocaine hcl mucous membrane jelly 2 %	T2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	T2	
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	T2	
proparacaine ophthalmic (eye) drops 0.5 %	T2	
tetracaine hcl ophthalmic (eye) drops 0.5 %	T2	
Miotics - Drugs For The Eye		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	T2	
Mydriatics - Drugs For The Eye		
atropine ophthalmic (eye) drops 1 %	T2	
atropine ophthalmic (eye) ointment 1 %	T2	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	T2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***)	T2	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	T2	
Prostaglandin Analogs - Drugs For The Eye		
latanoprost ophthalmic (eye) drops 0.005 %	T2	
travoprost ophthalmic (eye) drops 0.004 %	T2	ST
Vasoconstrictors		
ADRENALIN NASAL SOLUTION 1 MG/ML (***epinephrine hcl***)	T3	QL (60 ML per 1 fill)
phenylephrine hcl ophthalmic (eye) drops 10 %	T2	
Gastrointestinal Drugs		
Antacids And Adsorbents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
magnesium oxide oral tablet 400 mg magnesium	T2	
Gastrointestinal Drugs - Drugs For The Stomach		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea		
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
granisetron (pf) intravenous solution 100 mcg/ml	T2	PA
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
granisetron hcl oral tablet 1 mg	T2	PA
ondansetron hcl oral tablet 4 mg	T2	QL (60 Qty per 30 days)
ondansetron hcl oral tablet 8 mg	T2	QL (60 Qty per 30 days)
ondansetron oral tablet,disintegrating 4 mg	T2	QL (60 Qty per 30 days)
ondansetron oral tablet,disintegrating 8 mg	T2	QL (60 Qty per 30 days)
palonosetron intravenous solution 0.25 mg/2 ml	T2	PA
palonosetron intravenous solution 0.25 mg/5 ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
palonosetron intravenous syringe 0.25 mg/5 ml	T2	PA
ZUPLENZ ORAL FILM 4 MG, 8 MG (***ondansetron***)	T3	PA
Antidiarrhea Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG (***loperamide hcl***)	T2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T2	
Antiemetics, Miscellaneous - Drugs For Vomiting And Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T2	PA ; QL (60 EA per 30 days)
Antihistamines (Gi Drugs) - Drugs For Vomiting And Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	T2	
meclizine oral tablet 12.5 mg, 25 mg	T2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T2	
trimethobenzamide oral capsule 300 mg	T2	PA
Anti-Inflammatory Agents (Gi Drugs) - Drugs For Inflammation		
balsalazide oral capsule 750 mg	T2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (***alosetron hcl***)	T3	PA
mesalamine oral capsule (with del rel tablets) 400 mg	T2	ST
mesalamine oral capsule, extended release 500 mg	T2	PA
mesalamine oral capsule,extended release 24hr 0.375 gram	T2	ST
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	T2	ST
mesalamine oral tablet,delayed release (dr/ec) 800 mg	T2	PA
mesalamine rectal enema 4 gram/60 ml	T2	
mesalamine rectal suppository 1,000 mg	T2	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	T2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (***mesalamine***)	T3	PA
Cathartics And Laxatives - Drugs For Constipation		
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM (***psyllium husk/aspartame***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3.4 GRAM/12 GRAM (***psyllium husk (with sugar)***)	T2	
DAILY FIBER ORAL CAPSULE 0.4 GRAM (***psyllium husk***)	T2	
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM (***psyllium husk***)	T2	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	T2	QL (4000 ML per 90 days)
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	T2	QL (4000 ML per 90 days)
GERI-MUCIL (ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM (***psyllium husk/aspartame***)	T2	
KONSYL (SUGAR) ORAL POWDER IN PACKET 3.4 GRAM (***psyllium husk (with sugar)***)	T2	
KONSYL DAILY FIBER (STEVIA) ORAL POWDER IN PACKET 3.5 GRAM (***psyllium husk/sweetleaf***)	T3	
KONSYL FORMULA-D ORAL POWDER 3.4 GRAM/ 6.5 GRAM (***psyllium husk (with dextrose)***)	T3	
lubiprostone oral capsule 24 mcg, 8 mcg	T2	PA
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM (***psyllium husk (with sugar)***)	T2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	T2	QL (4000 ML per 90 days)
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (***polyethylene glycol 3350***)	T2	
sorbitol solution 70 %	T3	
Cholelitholytic Agents - Drugs For The Stomach		
ursodiol oral capsule 300 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Digestants - 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***)	T3	AL (Min 21 Years)
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 (***lipase/protease/amylase***)	T3	AL (Min 21 Years)
Gi Drugs, Miscellaneous - Drugs For The Stomach		
ALLI ORAL CAPSULE 60 MG (***orlistat***)	T3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	T3	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T3	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T3	PA
orlistat oral capsule 120 mg	T2	PA
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
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T2** = Formulary Generic Drugs **T3** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T3	PA
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T3	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	T3	PA
Histamine H2-Antagonists - Drugs For Ulcers And Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	T2	ST
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T2	ST
famotidine oral tablet 10 mg, 20 mg, 40 mg	T2	
Neurokinin-1 Receptor Antagonists - Drugs For Vomiting And Nausea		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	T2	PA
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	T2	PA
fosaprepitant intravenous recon soln 150 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Prokinetic Agents - Drugs For The Stomach		
metoclopramide hcl oral solution 5 mg/5 ml	T2	
metoclopramide hcl oral tablet 10 mg, 5 mg	T2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (***prucalopride succinate***)	T3	PA

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Coverage Requirements and Limits
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostaglandins - Drugs For Ulcers And Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	T2	
Protectants - Drugs For Ulcers And Stomach Acid		
sucralfate oral suspension 100 mg/ml	T2	
sucralfate oral tablet 1 gram	T2	
Proton-Pump Inhibitors - Drugs For Ulcers And Stomach Acid		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	T2	PA
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	T2	ST ; QL (60 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	T2	ST
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	T2	
omeprazole oral capsule,delayed release(dr/ec) 20 mg	T2	QL (60 EA per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	T2	QL (60 Qty per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	T2	QL (60 Qty per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	T2	ST ; QL (60 EA per 30 days)
Heavy Metal Antagonists - Drugs To Reduce Iron		
Heavy Metal Antagonists - Drugs To Reduce Iron		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	T2	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	T2	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
deferoxamine injection recon soln 2 gram, 500 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
DEPEN TITRATABS ORAL TABLET 250 MG (***penicillamine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
penicillamine oral capsule 250 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
trientine oral capsule 250 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Hormones And Synthetic Substitutes - Hormones		
Adrenals - Hormones		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	T3	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	T3	
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	T2	PA
budesonide oral capsule,delayed,extend.release 3 mg	T2	QL (540 EA per 365 days)
budesonide oral tablet,delayed and ext.release 9 mg	T2	PA
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral elixir 0.5 mg/5 ml	T2	
dexamethasone oral solution 0.5 mg/5 ml	T2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	T2	
dexamethasone oral tablet 1 mg, 2 mg	T2	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T3	PA
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
EMFLAZA ORAL TABLET 18 MG, 36 MG (***deflazacort***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
EMFLAZA ORAL TABLET 30 MG, 6 MG (***deflazacort***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone propionate***)	T3	
fludrocortisone oral tablet 0.1 mg	T2	
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T2	PA
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T2	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T2	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	T3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T2	
methylprednisolone oral tablets,dose pack 4 mg	T2	
prednisolone (Millipred Oral Tablet 5 Mg)	T3	
prednisolone oral solution 15 mg/5 ml	T2	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	T2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	T3	
prednisone oral solution 5 mg/5 ml	T2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T2	
prednisone oral tablets,dose pack 10 mg, 5 mg	T2	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T3	
UCERIS RECTAL FOAM 2 MG/ACTUATION (***budesonide***)	T3	PA
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T2	
Alpha-Glucosidase Inhibitors - Drugs For Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acarbose oral tablet 100 mg, 25 mg, 50 mg	T2	
Amylinomimetics - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (***pramlintide acetate***)	T3	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (***pramlintide acetate***)	T3	PA
Androgens - Hormones		
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) (***testosterone***)	T3	PA
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	T2	
COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	T2	
danazol oral capsule 100 mg, 200 mg, 50 mg	T2	PA
methyltestosterone oral capsule 10 mg	T2	PA
oxandrolone oral tablet 10 mg, 2.5 mg	T2	PA
testosterone cypionate intramuscular oil 100 mg/ml	T2	QL (10 ML per 30 days)
testosterone cypionate intramuscular oil 200 mg/ml	T2	QL (5 ML per 30 days)
testosterone enanthate intramuscular oil 200 mg/ml	T2	PA ; QL (5 ML per 30 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	T2	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	T2	QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	T2	QL (150 GM per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	T2	PA
Antiestrogens - Drugs For Women		
anastrozole oral tablet 1 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
exemestane oral tablet 25 mg	T2	
letrozole oral tablet 2.5 mg	T2	
Antigonadtropins - Hormones		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	T3	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Antiparathyroid Agents - Drugs For Bones		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	T2	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	T2	
Antithyroid Agents - Drugs For The Thyroid		
methimazole oral tablet 10 mg, 5 mg	T2	
propylthiouracil oral tablet 50 mg	T2	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T2	
Biguanides - Drugs For Diabetes		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	T2	ST
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	T2	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T3	ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin/metformin hcl***)	T3	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***linagliptin/metformin hcl***)	T3	PA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***saxagliptin hcl/metformin hcl***)	T3	PA
metformin oral tablet 1,000 mg, 500 mg, 850 mg	T2	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	T2	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (***ertugliflozin pidolate/metformin hcl***)	T3	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	T3	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	T3	PA
Contraceptives - Drugs For Women		
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T2	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T2	
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	T2	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T2	
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	T2	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T2	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T2	
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	T2	
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T2	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	T2	PA
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T3	
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	T2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	T2	PA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	T2	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (***levonorgestrel/ethinyl estradiol***)	T2	
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T2	
norethindrone acetate-ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T2	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T2	
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T2	
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T2	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	T2	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	T2	PA
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T2	
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T2	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	T2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	T2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T3	PA
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	T2	
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	T2	PA
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T2	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***)	T3	PA
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	T2	PA
norethindrone (contraceptive) oral tablet 0.35 mg	T2	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	T2	PA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	T2	
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***)	T2	
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T2	
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T2	
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T2	
OCELLA ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***)	T2	
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 1-35 Mg-Mcg)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	T2	
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	T2	
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	T2	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T2	
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T2	
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	T2	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***)	T3	
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	T2	
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	T2	
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	T2	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors - Drugs For Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	T2	ST
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	T2	ST
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T2	ST
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	T3	PA

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Coverage Requirements and Limits
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T3	ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T3	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	T3	ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin/metformin hcl***)	T3	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***linagliptin/metformin hcl***)	T3	PA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***saxagliptin hcl/metformin hcl***)	T3	PA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (***saxagliptin hcl***)	T3	PA
OSENI ORAL TABLET 12.5-15 MG, 12.5-45 MG (***alogliptin benzoate/pioglitazone hcl***)	T3	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin propanediol/saxagliptin hcl***)	T3	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin pidolate/sitagliptin phosphate***)	T3	ST
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	T3	PA
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	T3	PA
Estrogen Agonist-Antagonists - Drugs For Women		
raloxifene oral tablet 60 mg	T2	QL (30 EA per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tamoxifen oral tablet 10 mg, 20 mg	T2	
toremifene oral tablet 60 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
Estrogens - Drugs For Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	T2	
COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	T2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T2	
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	T2	QL (8 EA per 28 days); AL (Min 40 Years)
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	T2	QL (4 EA per 28 days); AL (Min 40 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	T2	
estradiol vaginal tablet 10 mcg	T2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T2	QL (5 ML per 30 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (***estrogens,esterified***)	T3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	T3	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	T3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	T3	
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***)	T3	
Glycogenolytic Agents - Hormones		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	T3	QL (1 EA per 30 days)
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	T2	QL (1 Qty per 30 days)
Gonadotropins - Hormones		
leuprolide subcutaneous kit 1 mg/0.2 ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Incretin Mimetics - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (***exenatide microspheres***)	T3	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	T3	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	T3	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	T3	ST ; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (***liraglutide***)	T3	PA
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***)	T3	ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	T3	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	T3	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	T3	PA
Insulins - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	T3	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	T3	QL (30 ML per 30 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T3	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T3	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	T3	QL (30 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T3	QL (30 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T3	QL (30 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	T3	QL (20 ML per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	T3	QL (15 ML per 30 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	T2	QL (30 ML per 30 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	T2	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	T3	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T3	QL (30 ML per 30 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	T3	QL (30 ML per 30 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous solution 100 unit/ml	T3	QL (30 ML per 30 days)
Intermediate-Acting Insulins - Drugs For Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T3	QL (30 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T3	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	T3	QL (30 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T3	QL (30 ML per 30 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	T2	QL (30 ML per 30 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	T2	QL (30 ML per 30 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	T2	QL (30 ML per 30 days)
Long-Acting Insulins - Drugs For Diabetes		
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	T3	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T3	QL (30 ML per 30 days)
Meglitinides - Drugs For Diabetes		
repaglinide oral tablet 0.5 mg, 1 mg	T2	
Parathyroid Agents - Drugs For Bones		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (***teriparatide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Pituitary - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	T2	
desmopressin oral tablet 0.1 mg, 0.2 mg	T2	
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
Progestins - Drugs For Women		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	T3	
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (***hydroxyprogesterone caproate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
medroxyprogesterone intramuscular suspension 150 mg/ml	T2	QL (1 ML per 90 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	T2	QL (1 ML per 90 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	T2	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	T2	
megestrol oral tablet 20 mg, 40 mg	T2	
norethindrone acetate oral tablet 5 mg	T2	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	T3	PA
progesterone micronized oral capsule 100 mg, 200 mg	T2	
Rapid-Acting Insulins - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	T3	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	T3	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T3	QL (30 QY per 30 DYs)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	T2	QL (30 ML per 30 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	T2	QL (30 ML per 30 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	T3	QL (30 ML per 30 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous solution 100 unit/ml	T3	QL (30 ML per 30 days)
Short-Acting Insulins - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T3	QL (30 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T3	QL (30 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T3	QL (30 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	T3	QL (20 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	T3	QL (15 ML per 30 days)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	T3	PA
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	T3	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	T3	PA
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin propanediol/saxagliptin hcl***)	T3	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (***ertugliflozin pidolate/metformin hcl***)	T3	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin pidolate***)	T3	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin pidolate/sitagliptin phosphate***)	T3	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	T3	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	T3	PA
Sulfonylureas - Drugs For Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T2	
glipizide oral tablet 10 mg, 5 mg	T2	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	T2	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	T2	AL (Max 65 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	T2	
Thiazolidinediones - Drugs For Diabetes		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T2	ST
OSENI ORAL TABLET 12.5-15 MG, 12.5-45 MG (***alogliptin benzoate/pioglitazone hcl***)	T3	ST
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	T2	
Thyroid Agents - Drugs For The Thyroid		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***)	T3	
levothyroxine oral tablet 112 mcg	T2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	T2	
NP THYROID ORAL TABLET 120 MG, 15 MG (***thyroid,pork***)	T2	
SYNTHROID ORAL TABLET 100 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	T3	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
dutasteride oral capsule 0.5 mg	T2	
finasteride oral tablet 5 mg	T2	
Alcohol Deterrents - Drugs For Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	T2	
naltrexone oral tablet 50 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidotes - Drugs For Overdose Or Poisoning		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	T3	QL (1 EA per 30 days)
deferoxamine injection recon soln 2 gram, 500 mg	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	T3	PA
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	T2	QL (1 Qty per 30 days)
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	T3	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	T2	PA
leucovorin calcium oral tablet 10 mg	T2	AL (Min 21 Years)
leucovorin calcium oral tablet 15 mg	T2	
leucovorin calcium oral tablet 25 mg	T2	
leucovorin calcium oral tablet 5 mg	T2	AL (Min 21 Years)
naloxone injection solution 0.4 mg/ml	T3	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	T3	
naloxone nasal spray,non-aerosol 4 mg/actuation	T2	
physostigmine salicylate injection solution 1 mg/ml	T2	PA
phytonadione (vitamin k1) oral tablet 5 mg	T2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	T2	PA
sevelamer carbonate oral tablet 800 mg	T2	
sevelamer hcl oral tablet 400 mg, 800 mg	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T2	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	T3	
Antigout Agents - Drugs For Gout		
allopurinol oral tablet 100 mg, 300 mg	T2	
colchicine oral capsule 0.6 mg	T2	QL (30 EA per 30 days)
colchicine oral tablet 0.6 mg	T2	QL (30 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	T2	PA
indomethacin oral capsule 25 mg, 50 mg	T2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T2	
probenecid oral tablet 500 mg	T2	
probenecid-colchicine oral tablet 500-0.5 mg	T2	
Bone Anabolic Agents		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (***teriparatide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Bone Resorption Inhibitors - Drugs For Bone Loss		
alendronate oral solution 70 mg/75 ml	T2	QL (300 ML per 30 days)
alendronate oral tablet 10 mg, 5 mg	T2	QL (30 Qty per 30 days)
alendronate oral tablet 35 mg, 70 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	T2	
ibandronate intravenous syringe 3 mg/3 ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ibandronate oral tablet 150 mg	T2	
pamidronate intravenous recon soln 30 mg, 90 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
raloxifene oral tablet 60 mg	T2	QL (30 EA per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
zoledronic acid intravenous solution 4 mg/5 ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Cariostatic Agents - Vitamins And Fluoride		
fluoride (sodium) dental solution 0.2 %	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	T2	
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)	T2	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (***pediatric multivitamin no.45/sodium fluoride/ferrous sulfate***)	T2	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML (***pediatric multivitamin no.2/sodium fluoride***)	T2	AL (Min 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T2	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T2	AL (Max 5 Years)
Disease-Modifying Antirheumatic Agents - Drugs For Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	T3	AL (Min 21 Years)
azathioprine oral tablet 50 mg	T2	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T2	AL (Min 21 Years)
cyclosporine oral capsule 100 mg, 25 mg	T2	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPEN TITRATABS ORAL TABLET 250 MG (***penicillamine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	T2	AL (Min 21 Years)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
hydroxychloroquine oral tablet 200 mg	T2	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
leflunomide oral tablet 10 mg, 20 mg	T2	
methotrexate sodium (pf) injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium oral tablet 2.5 mg	T2	

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ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML (***abatacept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; INH = Inhaler; AL = Age Limits; SP = Specialty Product; T2 = Formulary Generic Drugs, T3 = Formulary Brand Drugs; QY = Quantity; QTY = Quantity; DY = Day; EA = Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
penicillamine oral capsule 250 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	T3	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T3	AL (Min 21 Years)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
sulfasalazine oral tablet 500 mg	T2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	T2	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T3	
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Immunomodulatory Agents - Drugs For The Immune System		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	T3	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG (***teriflunomide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	T3	AL (Min 21 Years)
azathioprine oral tablet 50 mg	T2	AL (Min 21 Years)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (***monomethyl fumarate***)	T3	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T2	AL (Min 21 Years)
cyclosporine oral capsule 100 mg, 25 mg	T2	AL (Min 21 Years)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Coverage Requirements and Limits
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
fingolimod oral capsule 0.5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	T2	AL (Min 21 Years)
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml)	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Coverage Requirements and Limits
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QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
hydroxychloroquine oral tablet 200 mg	T2	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	T3	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
leflunomide oral tablet 10 mg, 20 mg	T2	
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lenalidomide oral capsule 2.5 mg, 20 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 22 Years)
MAYZENT ORAL TABLET 0.25 MG, 2 MG (***siponimod***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
MAYZENT ORAL TABLET 1 MG (***siponimod***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
methotrexate sodium (pf) injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium oral tablet 2.5 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML (***abatacept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T2	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (***ponesimod***)	T3	PA
PONVORY ORAL TABLET 20 MG (***ponesimod***)	T3	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
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***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
REVLIMID ORAL CAPSULE 10 MG (***lenalidomide***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	T3	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T3	AL (Min 21 Years)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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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 ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG (***fingolimod lauryl sulfate***)	T3	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG (***fingolimod lauryl sulfate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
THALOMID ORAL CAPSULE 100 MG, 150 MG (***thalidomide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
THALOMID ORAL CAPSULE 200 MG, 50 MG (***thalidomide***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T3	
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	T3	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG (***ozanimod hydrochloride***)	T3	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	T3	PA
Immunosuppressive Agents - Drugs For Transplant		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	T3	AL (Min 21 Years)
azathioprine oral tablet 50 mg	T2	AL (Min 21 Years)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (***mycophenolate mofetil***)	T3	AL (Min 21 Years)
cyclophosphamide oral capsule 25 mg, 50 mg	T2	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T2	AL (Min 21 Years)
cyclosporine oral capsule 100 mg, 25 mg	T2	AL (Min 21 Years)
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	T2	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T3	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T3	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T3	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T3	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T3	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T3	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	T3	PA
mercaptopurine oral tablet 50 mg	T2	
methotrexate sodium (pf) injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 25 mg/ml	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium oral tablet 2.5 mg	T2	
mycophenolate mofetil oral capsule 250 mg	T2	AL (Min 21 Years)
mycophenolate mofetil oral tablet 500 mg	T2	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	T2	AL (Min 21 Years)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
pimecrolimus topical cream 1 %	T2	ST ; AL (Min 2 Years)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (***methotrexate/pf***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T3	AL (Min 21 Years)
sirolimus oral solution 1 mg/ml	T2	AL (Min 21 Years)
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T2	AL (Min 21 Years)
tacrolimus oral capsule 0.5 mg, 1 mg	T2	AL (Min 21 Years)
tacrolimus oral capsule 5 mg	T2	AL (Max 21 Years)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T3	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (***everolimus***)	T3	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
Kallikrein Inhibitors		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	T3	PA
Other Miscellaneous Therapeutic Agents		
dalfampridine oral tablet extended release 12 hr 10 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	T3	
levocarnitine (with sugar) oral solution 100 mg/ml	T2	
levocarnitine oral solution 100 mg/ml	T2	
melatonin oral capsule 10 mg	T2	
melatonin oral liquid 1 mg/ml	T2	
melatonin oral tablet 1 mg, 5 mg	T2	
melatonin oral tablet 3 mg	T2	
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	T3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T3	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T3	PA
Protective Agents		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	T3	QL (90 EA per 30 days); AL (Min 16 Years)
MESNEX ORAL TABLET 400 MG (***mesna***)	T3	AL (Min 21 Years)
Nonhormonal Contraceptives - Drugs For Women		
Nonhormonal Contraceptives - Drugs For Women		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	T3	
CONDOMS-PREM LUBRICATED DEVICE (***condoms, latex, lubricated***)	T2	
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	T2	
FC2 FEMALE CONDOM (***condoms, female***)	T2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	T3	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (***condoms, latex, non-lubricated***)	T2	
KIMONO MAXX CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T2	
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T2	
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	T2	
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	T2	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (***nonoxynol 9***)	T3	
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	T2	
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	T2	
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T2	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T2	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	T3	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	T2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	T3	
Oxytocics - Drugs For Women		
Oxytocics - Drugs For Women		
methylergonovine oral tablet 0.2 mg	T2	
Respiratory Tract Agents - Drugs For The Lungs		
Alpha And Beta Adrenergic Agonist(Respr) - Drugs For Asthma/Copd		
APRODINE ORAL TABLET 2.5-60 MG (***triprolidine hcl/pseudoephedrine hcl***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	T2	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	T2	
fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg	T2	ST
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	T2	ST
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (***epinephrine***)	T3	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (***fexofenadine hcl/pseudoephedrine hcl***)	T2	ST
WAL-PHED ORAL TABLET 4-60 MG (***chlorpheniramine maleate/pseudoephedrine hcl***)	T2	
Anticholinergic Agents (Respir.Tract) - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	T3	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	T3	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T3	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	T3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	T3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T3	PA
Antifibrotic Agents - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG (***pirfenidone***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
pirfenidone oral tablet 267 mg, 801 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
pirfenidone oral tablet 534 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Antitussives - Drugs For Cough And Cold		
benzonatate oral capsule 100 mg	T2	QL (180 Qty per 30 days)
benzonatate oral capsule 200 mg	T2	QL (90 Qty per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
codeine-guaifenesin oral liquid 10-100 mg/5 ml	T2	QL (480 ML per 30 days); AL (Min 6 Years)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml	T2	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 6 Years)
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***)	T3	PA
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T2	AL (Min 12 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 12 Years)
promethazine-dm oral syrup 6.25-15 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 4 Years)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	T2	AL (Min 12 Years)
Cystic Fibrosis (Cftr) Correctors - Drugs For The Lungs		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORKAMBI ORAL GRANULES IN PACKET 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORKAMBI ORAL TABLET 100-125 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL TABLET 200-125 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Cystic Fibrosis (Cftr) Potentiators - Drugs For The Lungs		
KALYDECO ORAL GRANULES IN PACKET 25 MG (***ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG (***ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL GRANULES IN PACKET 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORKAMBI ORAL TABLET 100-125 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORKAMBI ORAL TABLET 200-125 MG (***lumacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Expectorants - Drugs For The Lungs		
codeine-guaifenesin oral liquid 10-100 mg/5 ml	T2	QL (480 ML per 30 days); AL (Min 6 Years)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml	T2	
guaifenesin oral liquid 100 mg/5 ml	T2	
guaifenesin oral tablet 200 mg, 400 mg	T2	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T2	
First Generation Antihist.(Respir Tract) - Drugs For Allergy		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APRODINE ORAL TABLET 2.5-60 MG (***triprolidine hcl/pseudoephedrine hcl***)	T2	
clemastine oral tablet 1.34 mg, 2.68 mg	T2	
cyproheptadine oral syrup 2 mg/5 ml	T2	
cyproheptadine oral tablet 4 mg	T2	
DIPHENHIST ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T2	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T2	
promethazine oral syrup 6.25 mg/5 ml	T2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T2	
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T2	
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T2	AL (Min 12 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 12 Years)
promethazine-dm oral syrup 6.25-15 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 4 Years)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	T2	AL (Min 12 Years)
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
WAL-PHED ORAL TABLET 4-60 MG (***chlorpheniramine maleate/pseudoephedrine hcl***)	T2	
Interleukin Antagonists - Drugs For Inflammation		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (***reslizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***dupilumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (***benralizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (***mepolizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (***mepolizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	T3	PA

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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***)	T3	PA
Leukotriene Modifiers - Drugs For Inflammation		
montelukast oral granules in packet 4 mg	T2	QL (30 Qty per 30 days); AL (Min 4 Years and Max 18 Years)
montelukast oral tablet 10 mg	T2	QL (30 Qty per 30 days)
montelukast oral tablet,chewable 4 mg	T2	QL (30 Qty per 30 days); AL (Min 5 Years)
montelukast oral tablet,chewable 5 mg	T2	QL (30 Qty per 30 days); AL (Max 5 Years)
Mast-Cell Stabilizers - Drugs For Inflammation		
cromolyn inhalation solution for nebulization 20 mg/2 ml	T2	
cromolyn ophthalmic (eye) drops 4 %	T2	
cromolyn oral concentrate 100 mg/5 ml	T2	
Mucolytic Agents - Drugs For The Lungs		
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Nasal Preparations (Steroids) - Drugs For Inflammation		
budesonide nasal spray,non-aerosol 32 mcg/actuation	T2	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	T2	ST
fluticasone propionate nasal spray,suspension 50 mcg/actuation	T2	
mometasone nasal spray,non-aerosol 50 mcg/actuation	T2	ST ; QL (17 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide nasal aerosol,spray 55 mcg	T2	
Non-Select.Beta-Adrenergic Agont(Respir) - Drugs For Asthma/Copd		
ISUPREL INJECTION SOLUTION 0.2 MG/ML (***isoproterenol hcl***)	T3	
Orally Inhaled Preparations (Steroids) - Drugs For Inflammation		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	T3	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	T3	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	T3	PA
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	T2	PA
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T3	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone propionate***)	T3	
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	T2	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T2	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T2	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T3	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T3	PA
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T2	
Phosphodiesterase Type 4 Inhibitors - Drugs For The Lungs		
DALIRESP ORAL TABLET 250 MCG (***roflumilast***)	T3	PA
roflumilast oral tablet 500 mcg	T2	PA
Respiratory Tract Agents, Miscellaneous - Drugs For The Lungs		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	T3	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***omalizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Second Generation Antihist(Respir Tract) - Drugs For Allergy		
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (***cetirizine hcl***)	T2	
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG (***loratadine***)	T2	
cetirizine oral solution 1 mg/ml	T2	
cetirizine oral tablet 5 mg	T2	
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	T2	
desloratadine oral tablet 5 mg	T2	
fexofenadine oral tablet 180 mg, 60 mg	T2	
fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg	T2	ST
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	T2	ST
levocetirizine oral solution 2.5 mg/5 ml	T2	
levocetirizine oral tablet 5 mg	T2	
loratadine oral tablet 10 mg	T2	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (***fexofenadine hcl/pseudoephedrine hcl***)	T2	ST
WAL-ITIN ORAL SOLUTION 5 MG/5 ML (***loratadine***)	T2	
Select.Beta-2-Adrenergic Agonist(Respir) - Drugs For Asthma/Copd		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	T3	PA
albuterol hfa 90 mcg inhaler	T2	QL (2 INH 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	T2	
albuterol sulfate oral syrup 2 mg/5 ml	T2	
albuterol sulfate oral tablet 2 mg, 4 mg	T2	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	T3	PA
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T3	PA
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T2	PA
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T2	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T2	
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	T2	ST
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	T2	ST
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	T3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T3	QL (4 GM per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	T2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T3	PA
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T2	
Vasodilating Agents (Respiratory Tract) - Drugs For The Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ambrisentan oral tablet 10 mg, 5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
bosentan oral tablet 125 mg, 62.5 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
sildenafil (pulm.hypertension) oral tablet 20 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (90 EA per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TADLIQ 20 MG/5 ML SUSPENSION (***tadalafil***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	T2	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
UPTRAVI ORAL TABLET 1,000 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
UPTRAVI ORAL TABLET 1,200 MCG, 1,400 MCG, 1,600 MCG (***selexipag***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Xanthine Derivatives - Drugs For Asthma/Copd		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T3	
theophylline oral elixir 80 mg/15 ml	T2	
theophylline oral tablet extended release 12 hr 450 mg	T2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T2	
Skin And Mucous Membrane Agents - Drugs For The Skin		
Allylamines (Skin And Mucous Membrane) - Drugs For The Skin		
terbinafine hcl topical cream 1 %	T2	
Antibacterials (Skin, Mucous Membrane) - Drugs For The Skin		
clindamycin phosphate topical gel 1 %	T2	QL (60 GM per 30 days)
clindamycin phosphate topical lotion 1 %	T2	QL (6 fills per 365 days)
clindamycin phosphate topical solution 1 %	T2	QL (6 fills per 365 days)
clindamycin phosphate topical swab 1 %	T2	QL (6 fills per 365 days)
clindamycin phosphate vaginal cream 2 %	T2	
ERY PADS TOPICAL SWAB 2 % (***erythromycin base in ethanol***)	T2	QL (6 fills per 365 days)
erythromycin with ethanol topical gel 2 %	T2	QL (6 fills per 365 days)
erythromycin with ethanol topical solution 2 %	T2	QL (6 fills per 365 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	T2	QL (6 fills per 365 days)
gentamicin topical cream 0.1 %	T2	QL (2 fills per 365 days)
gentamicin topical ointment 0.1 %	T2	QL (2 fills per 365 days)
metronidazole topical cream 0.75 %	T2	
metronidazole topical gel 0.75 %	T2	
mupirocin topical ointment 2 %	T2	QL (30 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (***metronidazole***)	T3	
Antipruritics And Local Anesthetics - Drugs For The Skin		
lidocaine topical adhesive patch,medicated 5 %	T2	PA
lidocaine topical ointment 5 %	T2	QL (71 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	T2	QL (30 GM per 30 days)
phenazopyridine oral tablet 100 mg, 200 mg	T2	
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T3	PA
Astringents - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***)	T3	
Azoles (Skin And Mucous Membrane) - Drugs For The Skin		
clotrimazole mucous membrane troche 10 mg	T2	
clotrimazole topical cream 1 %	T2	
clotrimazole topical solution 1 %	T2	
clotrimazole-betamethasone topical cream 1-0.05 %	T2	
econazole topical cream 1 %	T2	QL (30 GM per 30 days)
ketoconazole topical cream 2 %	T2	QL (60 GM per 30 days)
ketoconazole topical shampoo 2 %	T2	
miconazole nitrate vaginal cream 2 %	T2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***)	T2	
terconazole vaginal cream 0.4 %, 0.8 %	T2	
Basic Lotions And Liniments - Drugs For The Skin		
ammonium lactate topical lotion 12 %	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cell Stimulants And Proliferants - Drugs For The Skin		
AVITA TOPICAL GEL 0.025 % (***tretinoin***)	T2	QL (45 GM per 30 days); AL (Max 20 Years)
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	T3	PA
tretinoin topical cream 0.025 %	T2	PA ; QL (45 GM per 30 days); AL (Max 20 Years)
tretinoin topical cream 0.05 %, 0.1 %	T2	PA ; QL (45 QY per 30 DYs); AL (Max 21 Years)
tretinoin topical gel 0.01 %	T2	PA ; QL (45 QY per 30 DYs); AL (Max 21 Years)
tretinoin topical gel 0.025 %	T2	PA ; QL (45 GM per 30 days); AL (Max 20 Years)
tretinoin topical gel 0.05 %	T2	PA ; QL (45 GM per 30 days); AL (Max 21 Years)
Corticosteroids (Skin, Mucous Membrane) - Drugs For The Skin		
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	T2	
alclometasone topical cream 0.05 %	T2	
alclometasone topical ointment 0.05 %	T2	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (***hydrocortisone***)	T2	
betamethasone dipropionate topical cream 0.05 %	T2	
betamethasone dipropionate topical lotion 0.05 %	T2	
betamethasone dipropionate topical ointment 0.05 %	T2	
betamethasone valerate topical cream 0.1 %	T2	
betamethasone valerate topical lotion 0.1 %	T2	
betamethasone valerate topical ointment 0.1 %	T2	
betamethasone, augmented topical cream 0.05 %	T2	
clobetasol topical cream 0.05 %	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol topical ointment 0.05 %	T2	
clotrimazole-betamethasone topical cream 1-0.05 %	T2	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	T3	PA
desonide topical ointment 0.05 %	T2	
desoximetasone topical ointment 0.25 %	T2	
fluocinolone topical cream 0.025 %	T2	
fluocinolone topical ointment 0.025 %	T2	
fluocinonide topical cream 0.05 %	T2	
fluocinonide topical gel 0.05 %	T2	
fluocinonide topical ointment 0.05 %	T2	
fluocinonide topical solution 0.05 %	T2	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	T2	
fluticasone propionate topical cream 0.05 %	T2	
fluticasone propionate topical ointment 0.005 %	T2	
hydrocortisone acetate rectal suppository 25 mg	T2	
hydrocortisone acetate rectal suppository 30 mg	T2	PA
hydrocortisone acetate topical cream 0.5 %, 1 %	T2	
hydrocortisone acetate topical ointment 1 %	T2	
hydrocortisone topical cream 0.5 %, 1 %, 2.5 %	T2	
hydrocortisone topical lotion 1 %, 2.5 %	T2	
hydrocortisone topical ointment 1 %, 2.5 %	T2	
hydrocortisone-aloe vera topical cream 1 %	T2	
mometasone topical cream 0.1 %	T2	
mometasone topical ointment 0.1 %	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T3	PA
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T2	
triamcinolone acetonide dental paste 0.1 %	T2	PA
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	T2	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	T2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T2	
Hydroxypyridones (Skin, Mucous Membrane) - Drugs For The Skin		
ciclopirox topical solution 8 %	T2	
ciclopirox topical suspension 0.77 %	T2	
Keratolytic Agents - Drugs For The Skin		
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	T2	
PANOXYL TOPICAL CLEANSER 10 % (***benzoyl peroxide***)	T2	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	T2	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	T2	
urea topical cream 40 %	T2	QL (200 GM per 30 days)
Keratoplastic Agents - Drugs For The Skin		
BETATAR GEL TOPICAL SHAMPOO 2.5 % (***coal tar***)	T2	
MG217 COAL TAR TOPICAL SHAMPOO 3 % (***coal tar***)	T3	
MG217 PSORIASIS (COAL TAR) TOPICAL OINTMENT 2 % (***coal tar***)	T3	
T-PLUS TOPICAL SHAMPOO 0.5 % (***coal tar***)	T2	
Local Anti-Infectives, Miscellaneous - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	T3	
chlorhexidine gluconate (bulk) solution 20 %	T2	
DY-O-DERM SOLUTION (***isopropyl alcohol***)	T2	
selenium sulfide topical lotion 2.5 %	T2	
silver sulfadiazine topical cream 1 %	T2	
sulfacetamide sodium (acne) topical suspension 10 %	T2	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	T2	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	T2	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	T3	ST
Nonsteroidal Anti-Inflammat.Agents(Skin) - Drugs For The Skin		
diclofenac epolamine transdermal patch 12 hour 1.3 %	T2	PA
diclofenac sodium topical drops 1.5 %	T2	PA
diclofenac sodium topical gel 1 %	T2	QL (400 GM per 30 days)
diclofenac sodium topical gel 3 %	T2	PA
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	T2	PA
Polyenes (Skin And Mucous Membrane) - Drugs For The Skin		
nystatin topical cream 100,000 unit/gram	T2	
nystatin topical ointment 100,000 unit/gram	T2	
nystatin topical powder 100,000 unit/gram	T2	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	T2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	T2	
Scabicides And Pediculicides - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLETE LICE TREATMENT TOPICAL KIT 4-0.33-0.5 % (***piperonyl butoxide/pyrethrins/permethrin***)	T2	
EURAX TOPICAL CREAM 10 % (***crotamiton***)	T3	
ivermectin topical lotion 0.5 %	T2	ST
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 % (***permethrin***)	T2	
LICE KILLING TOPICAL SHAMPOO 0.33-4 % (***piperonyl butoxide/pyrethrins***)	T2	
malathion topical lotion 0.5 %	T2	ST
permethrin topical cream 5 %	T2	
spinosad topical suspension 0.9 %	T2	ST
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	T3	ST
Skin And Mucous Membrane Agents, Misc. - Drugs For The Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (***isotretinoin, micronized***)	T3	PA
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	T2	PA
bexarotene topical gel 1 %	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
calcipotriene scalp solution 0.005 %	T2	ST
calcipotriene topical cream 0.005 %	T2	ST
calcipotriene topical ointment 0.005 %	T2	ST
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T2	PA
CONDYLOX TOPICAL GEL 0.5 % (***podofilox***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML (***secukinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
DIFFERIN TOPICAL GEL 0.1 % (***adapalene***)	T3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
fluorouracil topical cream 5 %	T2	
fluorouracil topical solution 2 %, 5 %	T2	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imiquimod topical cream in packet 5 %	T2	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	T2	PA
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T2	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
pimecrolimus topical cream 1 %	T2	ST ; AL (Min 2 Years)
podofilox topical solution 0.5 %	T2	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	T3	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	T3	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML (***risankizumab-rzaa***)	T3	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (***risankizumab-rzaa***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
tacrolimus topical ointment 0.03 %	T2	ST ; QL (30 Qty per 30 days); AL (Min 2 Years)
tacrolimus topical ointment 0.1 %	T2	ST ; QL (30 Qty per 30 days); AL (Min 16 Years)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (***ixekizumab***)	T3	PA ; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T2	PA
Smooth Muscle Relaxants - Drugs To Relax Muscles		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antimuscarinics - Drugs For The Urinary System		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	T2	PA
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	T2	PA
flavoxate oral tablet 100 mg	T2	PA
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (***oxybutynin chloride***)	T3	PA
oxybutynin chloride oral syrup 5 mg/5 ml	T2	
oxybutynin chloride oral tablet 5 mg	T2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	T2	
solifenacin oral tablet 10 mg, 5 mg	T2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	T2	ST
tolterodine oral tablet 1 mg, 2 mg	T2	ST
trospium oral capsule,extended release 24hr 60 mg	T2	ST
trospium oral tablet 20 mg	T2	ST
Respiratory Smooth Muscle Relaxants - Drugs For Lungs		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T3	
theophylline oral elixir 80 mg/15 ml	T2	
theophylline oral tablet extended release 12 hr 450 mg	T2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T2	
Selective Beta-3-Adrenergic Agonists - Drugs For The Urinary System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	T3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	T3	PA
Vitamins		
Multivitamin Preparations		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (***folic acid/multivit with iron, minerals/lutein***)	T2	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
DAILY MULTI-VITAMIN ORAL TABLET (***multivitamin***)	T2	
KPN ORAL TABLET (***prenatal vitamin calcium,iron,folic acid (less than 1 mg)***)	T2	AL (Max 50 Years)
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (***pediatric multivitamin no.45/sodium fluoride/ferrous sulfate***)	T2	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (***pediatric multivitamin no.2/sodium fluoride***)	T2	AL (Min 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T2	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)

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Drug Tier
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Coverage Requirements and Limits
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL-U ORAL CAPSULE 106.5-1 MG (***multivitamin combination no.51/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	T3	AL (Max 50 Years)
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T2	AL (Max 5 Years)
Vitamin A		
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T3	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T2	AL (Max 5 Years)
Vitamin B Complex		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (***folic acid/multivit with iron, minerals/lutein***)	T2	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	T2	
cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg	T2	
folic acid oral tablet 1 mg	T2	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	T2	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	T2	AL (Max 50 Years)
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	T3	AL (Max 50 Years)
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	T2	AL (Max 50 Years)
VITAMIN B-1 ORAL TABLET 100 MG (***thiamine hcl***)	T2	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG (***pyridoxine hcl (vitamin b6)***)	T2	
Vitamin C		
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T3	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T2	AL (Max 5 Years)
Vitamin D		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T2	
cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit)	T2	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	T2	
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	T2	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T3	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T2	AL (Max 5 Years)
VITAMIN D3 ORAL CAPSULE 50 MCG (2,000 UNIT) (***cholecalciferol (vitamin d3)***)	T2	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) (***cholecalciferol (vitamin d3)***)	T2	
Vitamin K Activity		
phytonadione (vitamin k1) oral tablet 5 mg	T2	

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