2026
Premium Standard Formulary

For the most current list of covered medications or if you have questions:

Call the number on your member ID card.

Visit your plan's website on your member ID card or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Optum Rx®

HEALTH CHOICES

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-833-728-0538** and ask how you can have your prescriptions delivered right to your home or doctor's office.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes		Helpful tips
Tier 1	$	**Lower-cost** generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$	**Mid-range cost** preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	$$$	**Higher-cost** brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.

Drug tier	Includes	Helpful tips
Specialty	$$$$ **Brand specialty**	
Tier E	⊗ **Excluded**	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	**Prior authorization** – Your doctor is required to give more information to determine coverage.
QL	**Quantity limit** – Medication may be limited to a certain quantity.
SP	**Specialty medication** – Medication is designated as specialty.
ST	**Step therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	**Benefit design options** – Coverage is determined by your prescription medication benefit plan.
HCR$0	Due to Healthcare Reform, this drug may be available at a $0 member share.

Medical Associates Health Plan

Table of Contents

Drug	Tier	Coverage Requirements and Limits
Analgesics - Drugs For Pain - Drugs For Pain And Fever		
acetaminophen intravenous solution	1	
acetaminophen-codeine	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	
BELBUCA	2	PA; QL
buprenorphine	1	PA; QL
buprenorphine hcl injection	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL
codeine sulfate	1	QL
DEMEROL	3	
DILAUDID INJECTION	3	
DURAMORPH	3	
endocet	1	QL
fentanyl	1	PA; QL
fentanyl citrate injection solution prefilled syringe 100 mcg/2ml	1	
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-%	3	
hydrocodone bitartrate er	1	PA; QL
hydrocodone-acetaminophen	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl er	1	PA; QL
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	1	
HYDROMORPHONE HCL INJECTION SOLUTION 0.5 MG/ML	3	
HYDROMORPHONE HCL INTRAVENOUS SOLUTION 1 MG/ML	3	
hydromorphone hcl oral	1	QL
hydromorphone hcl pf	1	
hydromorphone hcl solution 0.2 mg/ml injection	1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	3	

UPPERCASE BOLD = Brand name drugs; *lowercase italics* = Generic drugs
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Drug	Tier	Coverage Requirements and Limits
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	
hydromorphone hcl solution 1 mg/ml injection	1	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
HYSINGLA ER	2	PA; QL
INFUMORPH 200	3	
INFUMORPH 500	3	
JOURNAVX	3	QL
meperidine hcl injection	1	
meperidine hcl oral	1	QL
methadone hcl injection	1	
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	PA
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	
mitigo	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL
morphine sulfate (pf)	1	
morphine sulfate er	1	PA; QL
morphine sulfate er beads	1	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	1	
morphine sulfate oral	1	QL

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Drug	Tier	Coverage Requirements and Limits
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	3	
nalbuphine hcl injection	1	
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	PA; QL
pentazocine-naloxone hcl	1	QL
remifentanil hcl	1	
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
tramadol hcl er	1	PA; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
ULTIVA	3	
XTAMPZA ER	2	PA; QL
Analgesics - Drugs For Pain And Inflammation - Drugs For Pain And Fever		
CALDOLOR	3	
celecoxib oral	1	QL
COMBOGESIC INTRAVENOUS	3	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diflunisal oral	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
ibuprofen lysine	1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
indomethacin sodium	1	
ketoprofen oral capsule 50 mg	1	
ketorolac tromethamine +rfid solution 30 mg/ml injection	1	

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Drug	Tier	Coverage Requirements and Limits
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
LODINE	3	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
NEOPROFEN	3	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	1	
ZYNRELEF	3	
Analgesics - Drugs For Pain And Inflammation - Drugs For The Skin		
diclofenac sodium external solution 1.5 %	1	PA
Anesthetics - Drugs For Pain And Fever		
ARTICADENT DENTAL	3	
bupivacaine fisiopharma	1	
bupivacaine hcl (pf)	1	

Drug	Tier	Coverage Requirements and Limits
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	3	
bupivacaine hcl solution 0.25 % injection	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	3	
bupivacaine hcl solution 0.5 % injection	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	3	
bupivacaine-epinephrine	1	
bupivacaine-epinephrine (pf)	1	
chloroprocaine hcl (pf)	1	
EXPAREL	3	
LIDOCAINE HCL (BUFFERED)	3	
lidocaine hcl (pf)	1	
lidocaine hcl injection solution 0.5 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 200 MG/10ML, 9 MG/ML	3	
lidocaine hcl solution 1 % injection	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
lidocaine hcl solution 2 % injection	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	3	

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Drug	Tier	Coverage Requirements and Limits
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	3	
LIDOCAINE-EPINEPHRINE (3 ML)	3	
lidocaine-epinephrine (pf)	1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	1	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	3	
lidocaine-epinephrine solution 1 %-1:100000 injection	1	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
LIDOCAINE-SODIUM BICARBONATE	3	
MARCAINE	3	
MARCAINE PRESERVATIVE FREE	3	
MARCAINE/EPINEPHRINE	3	
MARCAINE/EPINEPHRINE PF	3	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	3	
NESACAINE	3	
NESACAINE-MPF	3	
ORABLOC	3	
POLOCAINE	3	
POLOCAINE-MPF	3	
ropivacaine hcl injection	1	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 %	3	
SENSORCAINE	3	
SENSORCAINE/EPINEPHRINE	3	
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE	3	
XYLOCAINE MPF +RFID	3	
XYLOCAINE/EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF +RFID	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
Anesthetics - Drugs For The Heart		
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 60 MG/3ML	3	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1	
lidocaine hcl (cardiac) pf	1	

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Drug	Tier	Coverage Requirements and Limits
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	3	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
Anesthetics - Drugs For The Nose		
COCAINE HCL NASAL	3	
Anesthetics - Drugs For The Skin		
ethyl chloride	1	
glydo	1	
L.E.T.	3	
L.E.T. (RACEPINEPHRINE)	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDO-RACEPINEPHRINE-TETRACAINE	3	
PREPIV SUPPLY	3	
STERILE TOPICAL L.E.T. GEL	3	
TOPICAL L.E.T.	3	
VENIPUNCTURE PX1 PHLEBOTOMY	3	

Drug	Tier	Coverage Requirements and Limits
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Overdose Or Poisoning		
ft naloxone hcl	1	
KLOXXADO	2	
NALMEFENE HCL	3	
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
OPVEE	2	
REXTOVY	2	
VIVITROL	Specialty	
ZIMHI	3	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Pain And Fever		
BRIXADI	Specialty	
BRIXADI (WEEKLY)	Specialty	
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
SUBLOCADE	Specialty	
ZUBSOLV	2	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For The Nervous System		
acamprosate calcium	1	
bupropion hcl er (smoking det)	1	QL; HCR$0
disulfiram oral	1	
lofexidine hcl	1	QL

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Drug	Tier	Coverage Requirements and Limits
NICOTROL NS	3	QL; HCR$0
varenicline tartrate	1	QL; HCR$0
varenicline tartrate (starter)	1	QL; HCR$0
varenicline tartrate(continue)	1	QL; HCR$0
Antibacterials - Antiseptics And Disinfectants		
benzalkonium chloride external solution	1	
hydrogen peroxide	1	
LUGOLS STRONG IODINE	3	
Antibacterials - Drugs For Infections		
amikacin sulfate injection	1	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
ARIKAYCE	Specialty	PA
AUGMENTIN	3	
AUGMENTIN ES-600	3	
AVIDOXY	3	ST
AVYCAZ	3	
AZACTAM	3	
azithromycin intravenous	1	
azithromycin oral	1	
aztreonam	1	
BACTRIM	3	
BACTRIM DS	3	

Drug	Tier	Coverage Requirements and Limits
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
CEFAZOLIN IN SODIUM CHLORIDE	3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	3	
cefazolin sodium injection solution reconstituted	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	3	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	

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Drug	Tier	Coverage Requirements and Limits
cefepime-dextrose	1	
cefixime	1	
CEFOTAN	3	
CEFOTAXIME SODIUM	3	
cefotetan disodium	1	
cefoxitin sodium	1	
CEFOXITIN SODIUM-DEXTROSE	3	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
chloramphenicol sod succinate	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	

Drug	Tier	Coverage Requirements and Limits
CLEOCIN PHOSPHATE	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
clindamycin phosphate injection	1	
colistimethate sodium (cba)	1	
COLY-MYCIN M	3	
DALVANCE	3	
daptomycin	1	
DAPTOMYCIN-SODIUM CHLORIDE	3	
demeclocycline hcl	1	
dicloxacillin sodium	1	
DIFICID	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400	3	
E.E.S. GRANULES	3	
EMBLAVEO	3	

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Drug	Tier	Coverage Requirements and Limits
ertapenem sodium	1	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin lactobionate	1	
erythromycin oral	1	
EXTENCILLINE	3	
FETROJA	3	
fidaxomicin	1	
FIRVANQ	3	
fosfomycin tromethamine	1	
gentamicin in saline	1	
gentamicin sulfate injection	1	
HIPREX	3	
HUMATIN	2	
imipenem-cilastatin	1	
KIMYRSA	3	
LENTOCILIN	3	
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral	1	
LINCOCIN	3	
lincomycin hcl injection	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	1	QL
MACRODANTIN	3	
meropenem	1	
MEROPENEM-SODIUM CHLORIDE	3	

Drug	Tier	Coverage Requirements and Limits
methenamine hippurate	1	
metronidazole intravenous	1	
metronidazole oral tablet 250 mg, 500 mg	1	
MINOCIN	3	
minocycline hcl oral capsule	1	
MONDOXYNE NL	3	ST
moxifloxacin hcl in nacl	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
moxifloxacin hcl oral	1	
nafcillin sodium	1	
NAFCILLIN SODIUM IN DEXTROSE	3	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	QL
ofloxacin oral	1	
ORBACTIV	3	
oxacillin sodium	1	
OXACILLIN SODIUM IN DEXTROSE	3	
PENICILLIN G POT IN DEXTROSE	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
PFIZERPEN	3	
piperacillin sod-tazobactam so	1	
polymyxin b sulfate injection	1	

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Drug	Tier	Coverage Requirements and Limits
PRIMAXIN IV	3	
RECARBRIO	3	
SEYSARA	3	ST
SIVEXTRO INTRAVENOUS	3	QL
SOLOSEC	3	ST
streptomycin sulfate intramuscular	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
tazicef injection	1	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1	
TEFLARO	3	
tetracycline hcl oral capsule	1	
tigecycline	1	
tinidazole oral	1	
tobramycin sulfate injection	1	
trimethoprim oral	1	
TYGACIL	3	
UNASYN	3	
VABOMERE	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 750-0.9 MG/250ML-%	3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
vancomycin hcl intravenous	1	
vancomycin hcl oral	1	
VIBATIV	3	
XERAVA	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI	3	
ZERBAXA	3	
ZEVTERA	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN	3	

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Drug	Tier	Coverage Requirements and Limits
ZYVOX INTRAVENOUS	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL
Antibacterials - Drugs For The Skin		
gentamicin sulfate external	1	
mupirocin external	1	
silver sulfadiazine external	1	
ssd	1	
Antibacterials - Drugs For The Urinary System		
neomycin-polymyxin b gu	1	
Antibacterials - Drugs For Women		
clindamycin phosphate vaginal	1	
CLINDESSE	3	
metronidazole vaginal	1	
VANDAZOLE	3	ST
XACIATO	3	
Anticoagulants - Drugs For The Blood		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANTICOAGULANT SODIUM CITRATE	3	
argatroban intravenous solution 50 mg/50ml	1	
ARIXTRA	3	
bivalirudin trifluoroacetate intravenous solution reconstituted	1	
dabigatran etexilate mesylate	1	QL
DEFENCATH	3	
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
fondaparinux sodium	1	
FRAGMIN	3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin sod (porcine) in d5w	1	
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX	3	
PRADAXA ORAL CAPSULE	2	QL
PRADAXA ORAL PACKET	3	QL
rivaroxaban	1	QL
SAVAYSA	3	QL

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Drug	Tier	Coverage Requirements and Limits
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	3	
TRICITRASOL	3	
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs For Seizures - Drugs For The Nervous System		
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine er	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable 100 mg	1	
CEREBYX	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DIACOMIT	Specialty	PA
diazepam rectal	1	QL
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	Specialty	PA
eslicarbazepine acetate	1	
ethosuximide oral	1	
felbamate	1	
FINTEPLA	Specialty	PA
fosphenytoin sodium	1	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA INTRAVENOUS	3	
lacosamide	1	
LAMICTAL XR ORAL KIT	3	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
methsuximide	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
oxcarbazepine	1	
oxcarbazepine er	1	ST
pentobarbital sodium injection	1	
perampanel	1	
phenobarbital oral	1	

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Drug	Tier	Coverage Requirements and Limits
phenobarbital sodium injection	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide	1	PA
SEZABY	3	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	PA
tiagabine hcl	1	
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate er oral capsule extended release 24 hour	1	ST
topiramate oral	1	
valproate sodium intravenous	1	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
vigabatrin	Generic Specialty	PA
VIGAFYDE	Specialty	PA
XCOPRI	3	ST
ZARONTIN	3	
zonisamide oral	1	
ZTALMY	Specialty	PA
Antidementia Agents - Drugs For Alzheimer's Disease And Dementia - Drugs For The Nervous System		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	QL
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
memantine hcl-donepezil hcl	1	QL
rivastigmine tartrate	1	
Antidepressants - Drugs For The Nervous System		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	

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Drug	Tier	Coverage Requirements and Limits
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	QL
EMSAM	3	QL
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
imipramine hcl oral	1	
imipramine pamoate	1	
MARPLAN	3	
mirtazapine oral	1	
nefazodone hcl	1	
NORPRAMIN	3	

Drug	Tier	Coverage Requirements and Limits
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	QL
paroxetine hcl	1	
paroxetine hcl er	1	
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
protriptyline hcl	1	
RALDESY	3	PA
REMERON SOLTAB	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	Specialty	PA
SPRAVATO (84 MG DOSE)	Specialty	PA
SYMBYAX	3	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
vilazodone hcl	1	QL
ZURZUVAE	3	PA; QL
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Lungs		
PHENERGAN	3	
promethazine hcl injection	1	

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Drug	Tier	Coverage Requirements and Limits
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Nervous System		
COMPRO	3	
droperidol injection	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Stomach		
AKYNZEO (READY-TO-USE)	3	
AKYNZEO (TO-BE-DILUTED)	3	
AKYNZEO INTRAVENOUS	3	
AKYNZEO ORAL	3	QL
ANZEMET	3	QL
APONVIE	3	
aprepitant	1	QL
BARHEMSYS	3	
BONJESTA	3	PA; QL
CINVANTI	3	
DICLEGIS	3	PA; QL
dimenhydrinate injection	1	
doxylamine-pyridoxine	1	PA; QL
dronabinol	1	PA; QL
EMEND INTRAVENOUS	3	
EMEND ORAL	3	QL
FOCINVEZ	3	
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
ondansetron hcl +rfid	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
palonosetron hcl	1	
scopolamine	1	
SUSTOL	3	QL
SYNDROS	3	PA; QL
TIGAN	3	
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals - Drugs For Infections		
AMBISOME	3	
amphotericin b intravenous	1	
amphotericin b liposome	1	

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Drug	Tier	Coverage Requirements and Limits
ANCOBON	3	
caspofungin acetate	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
ERAXIS	3	
fluconazole in sodium chloride	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral	1	PA
ketoconazole oral	1	
micafungin sodium	1	
MICAFUNGIN SODIUM-NACL	3	
MYCAMINE	3	
NOXAFIL INTRAVENOUS	3	
NOXAFIL ORAL	3	PA
nystatin oral	1	
posaconazole intravenous	1	
posaconazole oral	1	PA
SPORANOX	3	PA
terbinafine hcl oral	1	QL
VFEND	3	PA
VFEND IV	3	
voriconazole intravenous	1	
voriconazole oral	1	PA

Drug	Tier	Coverage Requirements and Limits
Antifungals - Drugs For The Mouth And Throat		
clotrimazole mouth/throat	1	
nystatin mouth/throat	1	
Antifungals - Drugs For The Skin		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole-betamethasone	1	
econazole nitrate external cream	1	
EXODERM EXTERNAL LOTION	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
MYCOZYL AL	3	
nyamyc	1	
nystatin external	1	
nystatin-triamcinolone	1	
nystop	1	
tavaborole	1	PA
Antifungals - Drugs For Women		
GYNAZOLE-1	3	
miconazole 3	1	
terconazole	1	

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Drug	Tier	Coverage Requirements and Limits
Antigout Agents - Drugs For Pain And Fever		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
ALOPRIM	3	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	
Antimigraine Agents - Drugs For The Nervous System		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	1	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
ERGOMAR	3	PA; QL
ergotamine-caffeine	1	PA; QL
MIGERGOT	3	PA; QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
zolmitriptan nasal solution 5 mg	1	QL
zolmitriptan oral	1	QL
Antimyasthenic Agents - Drugs For Nerves And Muscles		
BLOXIVERZ	3	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 5 MG/5ML	3	
neostigmine methylsulfate rfid intravenous solution	1	
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral	1	
REGONOL	3	
Antimyasthenic Agents - Vitamins And Minerals		
VYVGART	Specialty	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
Antimycobacterials - Drugs For Infections		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid injection	1	
isoniazid oral	1	
PRETOMANID	3	
PRIFTIN	3	
pyrazinamide oral	1	
rifabutin	1	
RIFADIN	3	
rifampin intravenous	1	
rifampin oral	1	
SIRTURO	3	
Antineoplastics - Drugs For Cancer - Drugs For Cancer		
abiraterone acetate	Generic Specialty	PA
abirtega	Generic Specialty	PA
ABRAXANE	Specialty	
ADCETRIS	Specialty	PA
adriamycin	Generic Specialty	
ALECENSA	Specialty	PA
ALIMTA	Specialty	
ALUNBRIG	Specialty	PA; QL
anastrozole oral	1	HCR$0
ANKTIVA	Specialty	PA
ARRANON	Specialty	
arsenic trioxide intravenous	Generic Specialty	
ARZERRA	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
ASPARLAS	Specialty	
AUGTYRO	Specialty	PA
AVASTIN	Specialty	PA
AVMAPKI FAKZYNJA CO-PACK	Specialty	PA
AXTLE	Specialty	
AYVAKIT	Specialty	PA; QL
azacitidine	Generic Specialty	
BALVERSA	Specialty	PA
BAVENCIO	Specialty	PA
BELEODAQ	Specialty	PA
bendamustine hcl intravenous solution reconstituted	Generic Specialty	PA
BENDEKA	Specialty	PA
BESPONSA	Specialty	PA
BESREMI	Specialty	PA
bexarotene	Generic Specialty	PA
bicalutamide	1	
BIZENGRI (750 MG DOSE)	Specialty	PA
bleomycin sulfate	Generic Specialty	
BLINCYTO	Specialty	PA
bortezomib	Generic Specialty	PA
BORUZU	Specialty	PA
BOSULIF	Specialty	PA
BRAFTOVI	Specialty	PA
BRUKINSA	Specialty	PA
busulfan	Generic Specialty	
BUSULFEX	Specialty	
CABOMETYX ORAL TABLET 20 MG	Specialty	PA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
CALQUENCE	Specialty	PA
CAMPTOSAR	Specialty	
capecitabine	Generic Specialty	
CAPRELSA ORAL TABLET 100 MG	Specialty	PA; QL
CAPRELSA ORAL TABLET 300 MG	Specialty	PA
carboplatin	Generic Specialty	
carmustine	Generic Specialty	
CASODEX	3	
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml	Generic Specialty	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	Specialty	
cisplatin solution 50 mg/50ml intravenous	Generic Specialty	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	Specialty	
cladribine	Generic Specialty	
clofarabine	Generic Specialty	
COLUMVI	Specialty	PA
COMETRIQ	Specialty	PA
COPIKTRA	Specialty	PA
COTELLIC	Specialty	PA
cyclophosphamide injection	Generic Specialty	
CYCLOPHOSPHAMIDE INTRAVENOUS	Specialty	
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	2	
CYRAMZA	Specialty	PA
cytarabine	Generic Specialty	
cytarabine (pf)	Generic Specialty	
dacarbazine	Generic Specialty	
dactinomycin	Generic Specialty	
DANYELZA	Specialty	PA
DANZITEN	Specialty	PA
DARZALEX	Specialty	PA
dasatinib	Generic Specialty	PA
DATROWAY	Specialty	PA
daunorubicin hcl	Generic Specialty	
DAURISMO	Specialty	PA
decitabine	Generic Specialty	
dexrazoxane	Generic Specialty	
dexrazoxane hcl	Generic Specialty	
docetaxel	Generic Specialty	
DOCIVYX	Specialty	
DOXIL	Specialty	
doxorubicin hcl	Generic Specialty	
doxorubicin hcl liposomal	Generic Specialty	
ELITEK	Specialty	
ELLENCE	Specialty	
ELREXFIO	Specialty	PA
EMPLICITI	Specialty	PA
EMRELIS	Specialty	PA
ENHERTU	Specialty	PA
ENSACOVE	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
EPKINLY	Specialty	PA
ERBITUX	Specialty	PA
eribulin mesylate	Generic Specialty	PA
ERIVEDGE	Specialty	PA
ERLEADA	Specialty	PA
erlotinib hcl oral tablet 100 mg, 150 mg	Generic Specialty	PA
erlotinib hcl oral tablet 25 mg	Generic Specialty	PA; QL
ETOPOPHOS	Specialty	
etoposide intravenous	Generic Specialty	
etoposide oral	Generic Specialty	
EULEXIN	3	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic Specialty	PA; QL
everolimus oral tablet soluble	Generic Specialty	PA
EVOMELA	Specialty	
exemestane	1	HCR$0
floxuridine	Generic Specialty	
fludarabine phosphate	Generic Specialty	
fluorouracil intravenous	Generic Specialty	
FOLOTYN	Specialty	PA
FRINDOVYX	Specialty	
FRUZAQLA	Specialty	PA
fulvestrant	Generic Specialty	
FYARRO	Specialty	PA
GAVRETO	Specialty	PA
GAZYVA	Specialty	PA
gefitinib	Generic Specialty	PA
gemcitabine hcl intravenous solution 1 gm/10ml, 1.5 gm/15ml, 2 gm/20ml, 200 mg/2ml, 200 mg/5.26ml	Generic Specialty	
gemcitabine hcl intravenous solution reconstituted	Generic Specialty	
GILOTRIF	Specialty	PA; QL
GLEOSTINE	Specialty	
GOMEKLI	Specialty	PA
GRAFAPEX	Specialty	
HALAVEN	Specialty	PA
HERCEPTIN	Specialty	PA
HERCEPTIN HYLECTA	Specialty	PA
HYCAMTIN	Specialty	
hydroxyurea oral	1	
IBRANCE	Specialty	PA
IBTROZI	Specialty	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	Specialty	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	Specialty	PA
IDAMYCIN PFS	Specialty	
idarubicin hcl	Generic Specialty	
IDHIFA	Specialty	PA; QL
IFEX	Specialty	
ifosfamide	Generic Specialty	
imatinib mesylate oral	Generic Specialty	PA
IMBRUVICA ORAL CAPSULE	Specialty	PA; QL
IMBRUVICA ORAL SUSPENSION	Specialty	PA
IMBRUVICA ORAL TABLET 420 MG	Specialty	PA; QL
IMDELLTRA	Specialty	PA
IMFINZI	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
IMJUDO	Specialty	PA
IMKELDI	Specialty	PA
INLYTA	Specialty	PA
INREBIC	Specialty	PA
IRESSA	Specialty	PA
irinotecan hcl	Generic Specialty	
ISTODAX	Specialty	PA
ITOVEBI ORAL TABLET 3 MG	Specialty	PA; QL
ITOVEBI ORAL TABLET 9 MG	Specialty	PA
IXEMPRA KIT	Specialty	
JAKAFI ORAL TABLET 10 MG, 5 MG	Specialty	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	Specialty	PA
JAYPIRCA ORAL TABLET 100 MG	Specialty	PA
JAYPIRCA ORAL TABLET 50 MG	Specialty	PA; QL
JEMPERLI	Specialty	PA
JEVTANA	Specialty	PA
KADCYLA	Specialty	PA
KANJINTI	Specialty	PA
KEYTRUDA	Specialty	PA
KHAPZORY	Specialty	
KIMMTRAK	Specialty	PA
KISQALI (200 MG DOSE)	Specialty	PA
KISQALI (400 MG DOSE)	Specialty	PA
KISQALI (600 MG DOSE)	Specialty	PA
KOSELUGO ORAL CAPSULE	Specialty	PA
KRAZATI	Specialty	PA
KYPROLIS	Specialty	PA
lapatinib ditosylate	Generic Specialty	PA
LAZCLUZE ORAL TABLET 240 MG	Specialty	PA
LAZCLUZE ORAL TABLET 80 MG	Specialty	PA; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Specialty	PA
letrozole oral	1	
leucovorin calcium injection	1	
leucovorin calcium oral	1	
LEUKERAN	Specialty	
levoleucovorin calcium	Generic Specialty	
levoleucovorin calcium pf	Generic Specialty	
LIBTAYO	Specialty	PA
LONSURF	Specialty	PA
LOQTORZI	Specialty	PA
LORBRENA	Specialty	PA
LUMAKRAS	Specialty	PA
LUNSUMIO	Specialty	PA
LYNPARZA	Specialty	PA
LYSODREN	2	
LYTGOBI (12 MG DAILY DOSE)	Specialty	PA
LYTGOBI (16 MG DAILY DOSE)	Specialty	PA
LYTGOBI (20 MG DAILY DOSE)	Specialty	PA
MARGENZA	Specialty	PA
MATULANE	Specialty	
MEKINIST	Specialty	PA
MEKTOVI	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
melphalan hcl	Generic Specialty	
mercaptopurine oral suspension	Generic Specialty	
mercaptopurine oral tablet	1	
mesna	Generic Specialty	
MESNEX	Specialty	
mitomycin intravenous	Generic Specialty	PA
mitoxantrone hcl	Generic Specialty	PA
MONJUVI	Specialty	PA
MUTAMYCIN	Specialty	PA
MVASI	Specialty	PA
MYLERAN	2	
MYLOTARG	Specialty	PA
nelarabine	Generic Specialty	
NERLYNX	Specialty	PA; QL
NEXAVAR	Specialty	PA
NILANDRON	Specialty	
NILOTINIB D-TARTRATE	Specialty	
nilotinib hcl	Generic Specialty	PA
nilutamide	Generic Specialty	
NINLARO	Specialty	PA
NIPENT	Specialty	
NUBEQA	Specialty	PA
ODOMZO	Specialty	PA
OGSIVEO	Specialty	PA
OJEMDA	Specialty	PA
ONCASPAR	Specialty	
ONIVYDE	Specialty	
ONUREG	Specialty	PA
OPDIVO	Specialty	PA
OPDIVO QVANTIG	Specialty	PA
OPDUALAG	Specialty	PA
ORGOVYX	Specialty	PA
ORSERDU	Specialty	PA
oxaliplatin	Generic Specialty	
paclitaxel	Generic Specialty	
paclitaxel protein-bound part	Generic Specialty	
PADCEV	Specialty	PA
pazopanib hcl	Generic Specialty	PA
PEMETREXED	Specialty	
PEMETREXED DIPOTASSIUM	Specialty	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	Specialty	
pemetrexed disodium intravenous solution reconstituted	Generic Specialty	
PEMFEXY	Specialty	
PEMRYDI RTU	Specialty	
PERJETA	Specialty	PA
PHESGO	Specialty	PA
PHOTOFRIN	Specialty	
PIQRAY	Specialty	PA
POLIVY	Specialty	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	Specialty	PA; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	Specialty	PA
PORTRAZZA	Specialty	PA
POTELIGEO	Specialty	PA
PROLEUKIN	Specialty	
PURIXAN	Specialty	
QINLOCK	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
RETEVMO ORAL TABLET 120 MG, 160 MG	Specialty	PA
RETEVMO ORAL TABLET 40 MG, 80 MG	Specialty	PA; QL
REVUFORJ	Specialty	PA
RITUXAN	Specialty	PA
RITUXAN HYCELA	Specialty	PA
romidepsin	Generic Specialty	PA
ROMVIMZA	Specialty	PA
ROZLYTREK	Specialty	PA
RUXIENCE	Specialty	PA
RYBREVANT	Specialty	PA
RYDAPT	Specialty	PA
RYTELO	Specialty	PA
SARCLISA	Specialty	PA
SCEMBLIX ORAL TABLET 100 MG	Specialty	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Specialty	PA; QL
SOLTAMOX	3	HCR$0
sorafenib tosylate	Generic Specialty	PA
STIVARGA	Specialty	PA
sunitinib malate	Generic Specialty	PA
TABLOID	Specialty	
TABRECTA	Specialty	PA
TAFINLAR	Specialty	PA
TAGRISSO ORAL TABLET 40 MG	Specialty	PA; QL
TAGRISSO ORAL TABLET 80 MG	Specialty	PA
TALVEY	Specialty	PA
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	HCR$0

Drug	Tier	Coverage Requirements and Limits
TASIGNA	Specialty	PA
TECENTRIQ	Specialty	PA
TECENTRIQ HYBREZA	Specialty	PA
TECVAYLI	Specialty	PA
TEMODAR	Specialty	
temozolomide	Generic Specialty	PA
TEPADINA	Specialty	
TEPYLUTE	Specialty	
TEVIMBRA	Specialty	PA
thiotepa injection	Generic Specialty	
TIBSOVO	Specialty	PA
TICE BCG	Specialty	
TIVDAK	Specialty	PA
topotecan hcl	Generic Specialty	
toremifene citrate	1	
torpenz	Generic Specialty	PA; QL
TRAZIMERA	Specialty	PA
tretinoin oral	Generic Specialty	
TRISENOX	Specialty	
TRODELVY	Specialty	PA
TRUQAP	Specialty	PA
TUKYSA	Specialty	PA
TURALIO	Specialty	PA
UNITUXIN	Specialty	PA
UVADEX	3	
valrubicin	Generic Specialty	
VALSTAR	Specialty	
VANFLYTA	Specialty	PA
VECTIBIX	Specialty	
VELCADE	Specialty	PA
VENCLEXTA	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK	Specialty	PA
VERZENIO	Specialty	PA
VIDAZA	Specialty	
vinblastine sulfate	Generic Specialty	
vincristine sulfate	Generic Specialty	
vinorelbine tartrate	Generic Specialty	
VITRAKVI	Specialty	PA
VIZIMPRO ORAL TABLET 15 MG	Specialty	PA; QL
VIZIMPRO ORAL TABLET 30 MG, 45 MG	Specialty	PA
VONJO	Specialty	PA
VORANIGO ORAL TABLET 10 MG	Specialty	PA; QL
VORANIGO ORAL TABLET 40 MG	Specialty	PA
VORAXAZE	3	
VYLOY	Specialty	PA
VYXEOS	Specialty	PA
WELIREG	Specialty	PA
XOFIGO	2	
XOSPATA	Specialty	PA
XPOVIO (100 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (60 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (60 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (80 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (80 MG TWICE WEEKLY)	Specialty	PA
XTANDI	Specialty	PA
YERVOY	Specialty	PA
YONDELIS	Specialty	
ZALTRAP	Specialty	PA
ZEJULA ORAL TABLET 100 MG	Specialty	PA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	Specialty	PA
ZELBORAF	Specialty	PA
ZEPZELCA	Specialty	PA
ZEVALIN Y-90	Specialty	
ZIIHERA	Specialty	PA
ZIRABEV	Specialty	PA
ZOLINZA	Specialty	PA
ZUSDURI	Specialty	PA
ZYDELIG	Specialty	PA
ZYKADIA	Specialty	PA
ZYNLONTA	Specialty	PA
ZYNYZ	Specialty	PA
Antineoplastics - Drugs For Cancer - Drugs For Nutrition		
XROMI	3	PA
Antineoplastics - Drugs For Cancer - Drugs For The Skin		
bexarotene	Generic Specialty	PA
PANRETIN	3	
VALCHLOR	Specialty	PA
Antineoplastics - Drugs For Cancer - Vitamins And Minerals		
lenalidomide	Generic Specialty	PA
REVLIMID	Specialty	PA
SYLVANT	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
THALOMID	Specialty	PA
VIJOICE	Specialty	PA; QL
Antiparasitics - Drugs For Infections		
albendazole oral	1	PA
ARAKODA	3	
ARTESUNATE	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	
BILTRICIDE	2	
chloroquine phosphate oral	1	
COARTEM	3	
EGATEN	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral tablet 3 mg	1	
KRINTAFEL	3	
LAMPIT	3	
MALARONE	3	
mefloquine hcl	1	
MEPRON	3	
NEBUPENT	3	
nitazoxanide oral	1	
PENTAM	3	
pentamidine isethionate	1	
praziquantel oral	1	
primaquine phosphate	1	
pyrimethamine oral	Generic Specialty	PA
PYRIMETHAMINE-LEUCOVORIN	3	
quinine sulfate	1	PA

Drug	Tier	Coverage Requirements and Limits
STROMECTOL	3	
Antiparasitics - Drugs For The Skin		
ELIMITE	3	
malathion	1	
OVIDE	3	
permethrin external	1	
spinosad	1	
sulfurated lime	1	
Antiparkinson Agents - Drugs For The Nervous System		
amantadine hcl oral	1	
apomorphine hcl subcutaneous	Generic Specialty	PA; QL
benztropine mesylate	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
carbidopa-levodopa-entacapone	1	
CREXONT	3	ST
DUOPA	3	PA
entacapone	1	
INBRIJA	Specialty	PA
NEUPRO	3	
NOURIANZ	3	PA
ONAPGO	Specialty	PA; QL
ONGENTYS	3	ST
PARLODEL	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	ST

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Drug	Tier	Coverage Requirements and Limits
selegiline hcl oral	1	
TASMAR	3	
tolcapone	1	
trihexyphenidyl hcl	1	
VYALEV	Specialty	PA
Antiplatelets - Drugs For The Blood		
AGGRASTAT	3	
aspirin-dipyridamole er	1	
CABLIVI	Specialty	PA; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
eptifibatide	1	
KENGREAL	3	
prasugrel hcl	1	
TAVALISSE	Specialty	PA
ticagrelor	1	
tirofiban hcl in nacl	1	
ZONTIVITY	3	
Antipsychotics - Drugs For Mood Disorders - Drugs For The Nervous System		
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	3	PA
aripiprazole	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
asenapine maleate	1	QL
CAPLYTA	3	ST; QL

Drug	Tier	Coverage Requirements and Limits
chlorpromazine hcl injection	1	
chlorpromazine hcl oral	1	
clozapine	1	QL
COBENFY	3	ST; QL
COBENFY STARTER PACK	3	ST; QL
ERZOFRI	3	
FANAPT	3	ST; QL
FANAPT TITRATION PACK A	3	ST; QL
FANAPT TITRATION PACK B	3	ST; QL
FANAPT TITRATION PACK C	3	ST; QL
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
GEODON INTRAMUSCULAR	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
loxapine succinate	1	
lurasidone hcl	1	QL
molindone hcl	1	
NUPLAZID	3	PA
olanzapine intramuscular	1	
olanzapine oral	1	QL
OPIPZA	3	ST; QL
paliperidone er	1	QL

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Drug	Tier	Coverage Requirements and Limits
PERSERIS	3	
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	ST
risperidone	1	QL
risperidone microspheres er	1	
RYKINDO	3	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
UZEDY	3	
VERSACLOZ	3	QL
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ziprasidone mesylate	1	
ZYPREXA RELPREVV	3	
Antivirals - Drugs For Infections		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
acyclovir sodium	1	
adefovir dipivoxil	1	
APRETUDE	3	HCR$0
APTIVUS	2	
atazanavir sulfate	1	
BARACLUDE ORAL SOLUTION	3	QL
BIKTARVY	3	
CABENUVA	2	

Drug	Tier	Coverage Requirements and Limits
cidofovir intravenous	1	
CIMDUO	2	
COMPLERA	3	
darunavir	1	
DELSTRIGO	3	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA; HCR$0
DOVATO	2	
EDURANT	2	
EDURANT PED	2	
efavirenz	1	
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir	1	
emtricitabine	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	HCR$0
emtricitab-rilpivir-tenofov df	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
entecavir	1	QL
EPCLUSA	Specialty	PA; QL
EPIVIR	3	
etravirine	1	
EVOTAZ	2	
famciclovir oral	1	
fosamprenavir calcium	1	
foscarnet sodium	1	

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Drug	Tier	Coverage Requirements and Limits
FOSCAVIR	3	
FUZEON	2	
ganciclovir sodium	1	
GENVOYA	3	
HARVONI	Specialty	PA; QL
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	
LAGEVRIO	3	QL
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet	1	
lamivudine-zidovudine	1	
LIVTENCITY	Specialty	PA
lopinavir-ritonavir	1	
maraviroc	1	PA
MAVYRET	Specialty	PA; QL
nevirapine	1	
nevirapine er	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS	Specialty	PA
PIFELTRO	3	
PREVYMIS	Specialty	
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RAPIVAB	3	
RELENZA DISKHALER	3	QL
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	
REYATAZ ORAL PACKET	2	
ribavirin inhalation	1	
ribavirin oral	Generic Specialty	
rimantadine hcl	1	
ritonavir	1	
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SELZENTRY ORAL TABLET	3	PA
SOVALDI	Specialty	PA; QL
STRIBILD	3	
SUNLENCA	3	PA; QL
SYMFI	2	
SYMTUZA	3	
TEMBEXA	3	
tenofovir disoproxil fumarate	1	HCR$0
TIVICAY	3	
TIVICAY PD	3	
TPOXX	3	
TRIUMEQ	2	
TRIUMEQ PD	3	
TROGARZO	3	
TYBOST	2	
valacyclovir hcl oral	1	QL

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Drug	Tier	Coverage Requirements and Limits
valganciclovir hcl	1	
VEKLURY	3	QL
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	Specialty	PA; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
YEZTUGO	3	PA; QL
ZEPATIER	Specialty	PA; QL
ZIAGEN	3	
zidovudine	1	
Antivirals - Drugs For The Skin		
acyclovir external ointment	1	QL
Anxiolytics - Drugs For Anxiety - Drugs For The Nervous System		
alprazolam er	1	QL
alprazolam intensol	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
ATIVAN INJECTION	3	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam injection solution 10 mg/2ml	1	
diazepam intensol	1	
diazepam oral	1	

Drug	Tier	Coverage Requirements and Limits
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
estazolam	1	QL
HALCION	3	QL
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam injection	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
meprobamate	1	
oxazepam	1	QL
quazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs For Mood Disorders - Drugs For The Nervous System		
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For Nutrition		
ADAKVEO	Specialty	PA
ALVAIZ	Specialty	PA
APHEXDA	Specialty	
ARANESP (ALBUMIN FREE)	Specialty	PA
DOPTELET	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
DOPTELET SPRINKLE	Specialty	PA; QL
eltrombopag olamine	Generic Specialty	PA
LEUKINE	Specialty	PA
MIRCERA	Specialty	PA
MULPLETA	Specialty	PA
NEULASTA	Specialty	PA
NEULASTA ONPRO	Specialty	PA
NIVESTYM	Specialty	PA
NPLATE	Specialty	PA
plerixafor	Generic Specialty	
PROCRIT	Specialty	PA
PROMACTA	Specialty	PA
REBLOZYL	Specialty	PA
RETACRIT	Specialty	PA
RYZNEUTA	Specialty	PA
UDENYCA	Specialty	PA
UDENYCA ONBODY	Specialty	PA
XOLREMDI	Specialty	PA; QL
ZARXIO	Specialty	PA
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For The Blood		
ADVATE	Specialty	
ADYNOVATE	Specialty	
AFSTYLA	Specialty	
ALHEMO	Specialty	PA
ALPHANATE	Specialty	
ALPHANINE SD	Specialty	
ALPROLIX	Specialty	
ALTUVIIIO	Specialty	
aminocaproic acid intravenous	1	
aminocaproic acid oral	1	
anagrelide hcl	1	

Drug	Tier	Coverage Requirements and Limits
ASTRINGYN	3	
BALFAXAR	3	
BENEFIX	Specialty	
BKEMV	Specialty	PA
COAGADEX	Specialty	
CORIFACT	Specialty	
CYKLOKAPRON	3	
ELOCTATE	Specialty	
EMPAVELI	Specialty	PA
ENJAYMO	Specialty	PA
EPYSQLI	Specialty	PA
ESPEROCT	Specialty	
FABHALTA	Specialty	PA; QL
FEIBA	Specialty	
FIBRYGA	Specialty	
HEMLIBRA	Specialty	
HEMOFIL M	Specialty	
hetastarch-nacl	1	
HEXTEND	3	
HUMATE-P	Specialty	
HYMPAVZI	Specialty	
IDELVION	Specialty	
IXINITY	Specialty	
JIVI	Specialty	
KCENTRA	3	
KOATE	Specialty	
KOATE-DVI	Specialty	
KOGENATE FS	Specialty	
KOVALTRY	Specialty	
LMD IN D5W	3	
LMD IN NACL	3	
NOVOEIGHT	Specialty	
NOVOSEVEN RT	Specialty	
NUWIQ	Specialty	
OBIZUR	Specialty	
PROFILNINE	Specialty	

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Drug	Tier	Coverage Requirements and Limits
protamine sulfate intravenous	1	
PYRUKYND	Specialty	PA; QL
PYRUKYND TAPER PACK	Specialty	PA; QL
QFITLIA	Specialty	PA
REBINYN	Specialty	
RECOMBINATE	Specialty	
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RIASTAP	Specialty	
RIXUBIS	Specialty	
SOLIRIS	Specialty	PA
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
tranexamic acid intravenous	1	
tranexamic acid oral	1	
tranexamic acid-nacl	1	
TRETTEN	Specialty	
ULTOMIRIS	Specialty	PA
VONVENDI	Specialty	
VOYDEYA	Specialty	PA; QL
WILATE	Specialty	
XYNTHA	Specialty	
XYNTHA SOLOFUSE	Specialty	
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Blood		
pentoxifylline er	1	

Drug	Tier	Coverage Requirements and Limits
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Heart		
ACCUPRIL	3	
ACCURETIC	3	
acebutolol hcl oral	1	
acetazolamide sodium	1	
adenosine intravenous	1	
AKOVAZ	3	
aliskiren fumarate	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	HCR$0
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
BIDIL	3	
BIORPHEN	3	

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Drug	Tier	Coverage Requirements and Limits
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide	1	
BREVIBLOC	3	
BREVIBLOC IN NACL	3	
BREVIBLOC PREMIXED	3	
BREVIBLOC PREMIXED DS	3	
bumetanide	1	
BUMEX	3	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CARDENE IV	3	
cartia xt	1	
carvedilol	1	
chlorothiazide sodium	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
CLEVIPREX	3	
clonidine hcl oral	1	
colesevelam hcl oral tablet	1	
colestipol hcl	1	
CORLANOR ORAL SOLUTION	3	QL
CORVERT	3	
DEMSER	3	PA; QL
DIBENZYLINE	3	PA
digoxin injection	1	
digoxin oral	1	
diltiazem hcl er beads	1	

Drug	Tier	Coverage Requirements and Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 125-0.7 MG/125ML-%	3	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	3	
dobutamine hcl	1	
dobutamine-dextrose	1	
dofetilide	1	
dopamine hcl intravenous	1	
dopamine-dextrose	1	
doxazosin mesylate oral	1	
DYRENIUM	3	
EDARBI	3	ST
EDARBYCLOR	3	ST

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Drug	Tier	Coverage Requirements and Limits
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
enalapril maleate oral tablet	1	
enalaprilat	1	
enalapril-hydrochlorothiazide	1	
ENBUMYST	3	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
EPINEPHRINE HCL-DEXTROSE	3	
EPINEPHRINE HCL-NACL	3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	1	
epinephrine pf	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
eplerenone	1	
esmolol hcl intravenous solution 100 mg/10ml	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride	1	
ethacrynate sodium	1	
ethacrynic acid	1	
EVKEEZA	Specialty	PA
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	

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Drug	Tier	Coverage Requirements and Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSEMIDE IN SODIUM CHLORIDE	3	
furosemide injection	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	PA
hydralazine hcl injection	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
ibutilide fumarate	1	
icosapent ethyl	1	PA
IMMPHENTIV	3	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	3	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
ivabradine hcl	1	QL
JUXTAPID	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral	1	
labetalol hcl solution 5 mg/ml intravenous	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LANOXIN INJECTION	3	
LANOXIN PEDIATRIC	3	
LEVOPHED	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR ORAL TABLET	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	HCR$0
mannitol intravenous	1	
methyldopa	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate intravenous	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	PA; QL
mexiletine hcl oral	1	
midodrine hcl	1	
milrinone lactate	1	
milrinone lactate in dextrose	1	

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Drug	Tier	Coverage Requirements and Limits
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NEXTERONE	3	
niacin er (antihyperlipidemic)	1	
nicardipine hcl in nacl intravenous solution	1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
nicardipine hcl intravenous	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral capsule	1	
NIMODIPINE ORAL SOLUTION	3	
NITRO-BID	3	
nitroglycerin	1	
nitroglycerin in d5w	1	
NITROLINGUAL	3	
nitroprusside sodium	1	
norepinephrine bitartrate intravenous	1	
NOREPINEPHRINE-DEXTROSE	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
NORLIQVA	3	PA
NORPACE	3	
NORPACE CR	2	
NYMALIZE	3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
OSMITROL	3	
PACERONE	3	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	PA
phentolamine mesylate injection	1	
phenylephrine hcl (pf)	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	3	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	3	

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Drug	Tier	Coverage Requirements and Limits
PHENYLEPHRINE HCL INTRAVENOUS	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
pindolol	1	
pravastatin sodium	1	HCR$0
prazosin hcl oral	1	
PRESTALIA	3	
prevalite	1	
procainamide hcl injection	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
PROSTIN VR	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	

Drug	Tier	Coverage Requirements and Limits
ramipril	1	
ranolazine er	1	
REPATHA	2	ST; QL
REPATHA SURECLICK	2	ST; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	HCR$0
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
sacubitril-valsartan	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	HCR$0
simvastatin oral tablet 80 mg	1	
sodium nitroprusside intravenous solution 25 mg/ml	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral tablet	1	
spironolactone-hctz	1	
TEKTURNA	2	
telmisartan	1	
telmisartan-amlodipine	1	
THALITONE	3	
tiadylt er	1	
timolol maleate oral	1	
torsemide	1	
trandolapril	1	
trandolapril-verapamil hcl er	1	
triamterene oral	1	
triamterene-hctz	1	
TRYVIO	3	PA; QL
valsartan oral tablet	1	

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Drug	Tier	Coverage Requirements and Limits
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
VAZCULEP	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl intravenous	1	
verapamil hcl oral	1	
VERQUVO	3	PA; QL
VYNDAMAX	Specialty	PA; QL
VYNDAQEL	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Hormones		
TRYNGOLZA	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Rectal Preparations		
nitroglycerin	1	
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Vitamins And Minerals		
ASCLERA	3	
ETHAMOLIN	3	
VARITHENA	3	

Drug	Tier	Coverage Requirements and Limits
Central Nervous System Agents - Drugs For Attention Deficit Disorder - Drugs For The Nervous System		
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	ST; QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er	1	
CONCERTA	3	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate	1	QL
dextroamphetamine sulfate er	1	QL
guanfacine hcl er	1	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	3	ST; QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL

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Drug	Tier	Coverage Requirements and Limits
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral	1	QL
ONYDA XR	3	ST; QL
PROCENTRA	3	ST; QL
VYVANSE	3	QL
Central Nervous System Agents - Drugs For Multiple Sclerosis - Drugs For The Nervous System		
AVONEX PEN	Specialty	PA; QL
AVONEX PREFILLED	Specialty	PA; QL
BAFIERTAM	Specialty	PA; QL
BETASERON	Specialty	PA; QL
BRIUMVI	Specialty	PA
dalfampridine er	Generic Specialty	PA; QL
dimethyl fumarate oral	Generic Specialty	PA; QL
dimethyl fumarate starter pack	Generic Specialty	PA; QL
fingolimod hcl	Generic Specialty	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	Specialty	PA; QL
glatiramer acetate	Generic Specialty	PA; QL
glatopa	Generic Specialty	PA; QL
KESIMPTA	Specialty	PA; QL
LEMTRADA	Specialty	PA; QL
MAVENCLAD	Specialty	PA; QL
MAYZENT	Specialty	PA; QL
MAYZENT STARTER PACK	Specialty	PA; QL
OCREVUS	Specialty	PA
OCREVUS ZUNOVO	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
teriflunomide	Generic Specialty	PA; QL
TYSABRI	Specialty	PA; QL
VUMERITY	Specialty	PA; QL
ZEPOSIA	Specialty	PA; QL
ZEPOSIA 7-DAY STARTER PACK	Specialty	PA; QL
ZEPOSIA STARTER KIT	Specialty	PA; QL
Central Nervous System Agents - Drugs For Nerves And Muscles		
SKYCLARYS	Specialty	PA; QL
Central Nervous System Agents - Miscellaneous - Drugs For Nerves And Muscles		
ANECTINE	3	
atracurium besylate	1	
cisatracurium besylate	1	
cisatracurium besylate (pf)	1	
edaravone	Generic Specialty	PA
QUELICIN	3	
RADICAVA	Specialty	PA
RADICAVA ORS	Specialty	PA
RADICAVA ORS STARTER KIT	Specialty	PA
riluzole	1	
rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

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Drug	Tier	Coverage Requirements and Limits
succinylcholine chloride injection solution prefilled syringe	1	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	3	
succinylcholine chloride solution 20 mg/ml injection	1	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	3	
TEGLUTIK	2	PA; QL
TIGLUTIK	2	PA; QL
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1	
Central Nervous System Agents - Miscellaneous - Drugs For The Nervous System		
ADDYI	3	PA; QL
AMVUTTRA	Specialty	PA; QL
AUSTEDO	Specialty	PA; QL
AUSTEDO XR	Specialty	PA; QL
AUSTEDO XR PATIENT TITRATION	Specialty	PA; QL
caffeine citrate	1	
CAFFEINE-SODIUM BENZOATE	3	
DOPRAM	3	
gabapentin (once-daily)	1	ST; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
NUEDEXTA	3	PA
ONPATTRO	Specialty	PA
pregabalin oral	1	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
tetrabenazine	Generic Specialty	PA
VYLEESI	3	PA; QL
WAINUA	Specialty	PA; QL
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For Cancer		
KEPIVANCE	Specialty	
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For The Mouth And Throat		
AQUORAL	3	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
KOURZEQ	3	
lidocaine viscous hcl	1	
ORALONE	3	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
triamcinolone acetonide mouth/throat	1	

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Drug	Tier	Coverage Requirements and Limits
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Medical Supplies And Durable Medical Equipment		
MI PASTE	3	
MI PASTE PLUS	3	
REMESENSE	3	
Dermatological Agents - Drugs For Skin Conditions - Drugs For The Skin		
ABSORICA LD	3	PA
accutane	1	
acitretin	1	
adapalene external cream	1	
adapalene external gel	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	Specialty	PA; QL
AKLIEF	3	PA
ala-cort	1	
alclometasone dipropionate	1	
ALTRENO	3	PA
ALUMINUM CHLORIDE ANHYDROUS	3	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	3	
ammonium lactate external	1	
amnesteem	1	
AMZEEQ	3	
AQUACEL AG BURN	3	
ATRALIN	3	PA
ATRAPRO DERMAL SPRAY	3	
azelaic acid external	1	
B & C	3	
balsam peru-castor oil	1	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	3	
brimonidine tartrate external	1	
CALAMINE	3	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external suspension	1	QL
CALCITRENE	3	
calcitriol external	1	
CIBINQO	Specialty	PA; QL
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (twice-daily)	1	

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Drug	Tier	Coverage Requirements and Limits
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate e	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
coal tar external	1	
CONDYLOX	3	
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	QL
DIPROLENE	3	
DRYSOL	3	
DUPIXENT	Specialty	PA; QL
EBGLYSS	Specialty	PA; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EPIFOAM	3	
ERY	3	
erythromycin external	1	
EUCRISA	2	ST
FILSUVEZ	Specialty	PA; QL
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate external cream	1	

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Drug	Tier	Coverage Requirements and Limits
halobetasol propionate external ointment	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYPOCYN ANTIPRURITIC	3	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
lactic acid e	1	
LEQSELVI	Specialty	PA; QL
LEVULAN KERASTICK	3	
LITFULO	Specialty	PA; QL
L-MESITRAN SOFT WOUND	3	
LUXAMEND	3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	3	
methoxsalen rapid	1	
METROCREAM	3	
metronidazole external	1	
MICROCYN EXTERNAL LIQUID	3	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	Specialty	PA; QL
NEO-SYNALAR	3	
neuac	1	
ONEXTON	1	
OPZELURA	2	ST; QL
PETROLEUM GAUZE NON-WOVEN 3X9"	3	
pimecrolimus	1	ST; QL
podofilox external	1	
PYROGALLIC ACID	3	
QBREXZA	3	QL
RADIAPLEXRX	3	
REGENECARE	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA
ROCELIX	3	
SANTYL	3	QL
SCENESSE	Specialty	PA
selenium sulfide external lotion	1	
SOFDRA	3	QL
SOOLANTRA	3	
sulfacetamide sodium (acne)	1	

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Drug	Tier	Coverage Requirements and Limits
sulfacetamide sodium-sulfur external liquid 10-5 %	1	
SYNALAR	3	
TACLONEX	3	QL
tacrolimus external	1	QL
tazarotene external cream	1	PA
tazarotene external gel 0.05 %	1	PA
TOLAK	3	
TOPICORT	3	
tretinoin external	1	
tretinoin microsphere external gel 0.08 %	1	
tretinoin microsphere pump external gel 0.08 %	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
TWYNEO	3	
urea external cream 20 %, 40 %, 41 %	1	
VENELEX	3	
VTAMA	2	ST
WYNZORA	3	QL
XALIX	3	
XERAC AC	3	
XEROFORM OCCLUSIVE GAUZE PATCH	3	
XEROFORM OIL EMULSION 2"X2"	3	
XEROFORM OIL EMULSION GAUZE	3	
XEROFORM OIL EMULSION STRIP	3	
XEROFORM OIL ROLL 4"X9'	3	
XEROFORM PETROLAT GAUZE 1"X8"	3	
XEROFORM PETROLAT GAUZE 5"X9"	3	
XEROFORM PETROLAT PATCH 2"X2"	3	
XEROFORM PETROLAT PATCH 4"X4"	3	
XEROFORM PETROLATUM DRES 4"X4"	3	
XEROFORM PETROLATUM DRES 5"X9"	3	
XEROFORM PETROLATUM ROLL 4"X9'	3	
YCANTH	3	PA
ZELSUVMI	3	PA
zenatane	1	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	2	ST
Diabetes - Antidiabetic Agents - Hormones		
acarbose oral	1	
CYCLOSET	3	ST
DUETACT	3	
FARXIGA	2	

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Drug	Tier	Coverage Requirements and Limits
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLUCOTROL XL	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
liraglutide	1	PA; QL
metformin hcl er	1	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	1	
MOUNJARO	2	PA; QL
nateglinide	1	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RIOMET	3	ST
RYBELSUS	2	PA; QL
saxagliptin hcl	1	
saxagliptin-metformin er	1	

Drug	Tier	Coverage Requirements and Limits
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
XIGDUO XR	2	
XULTOPHY	3	
Diabetes - Glucose Monitoring - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AUTOLET II CLINISAFE	3	
AUTOLET LANCING DEVICE	3	
AUTOLET LITE LANCING DEVICE	3	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	3	
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
CHEMSTRIP BG LOG BOOK	3	

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Drug	Tier	Coverage Requirements and Limits
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHOICE COMFORT EZ	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL	2	
CONTOUR NEXT CONTROL	2	
CONTOUR PLUS CONTROL SOLUTION	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 15 DAY SENSOR	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
DIATHRIVE LANCING DEVICE	3	
DROPLET GENTEEL LANCING DEVICE	3	
DROPSAFE ACTI-LANCE 23G	2	
EASY TOUCH LANCING DEVICE	3	
EMBRACE LANCING DEVICE/EJECTOR	3	
ENLITE GLUCOSE SENSOR	3	PA
GENTEEL LANCING KIT (BLUE)	3	
GOJJI LANCING DEVICE/CLEAR CAP	3	

Drug	Tier	Coverage Requirements and Limits
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN REAL-TIME TEST PLUG	3	
GUARDIAN SENSOR 3	3	PA
IHEALTH LANCING DEVICE	3	
KT TAPE CGM PATCH	3	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS SUPER THIN	2	
MICROLET NEXT LANCING DEVICE	3	
MINIMED INSTINCT GLUC SENSOR	3	PA
MOBILE LANCETS 30G	2	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	2	
PERFECT POINT SAFETY LANCETS	2	
SIMPLERA SENSOR	3	PA
SIMPLERA SYNC SENSOR	3	PA
SIMPLERA SYSTEM	3	PA
TECHLITE LANCETS 26G	2	
VERIFINE SAFE LANCET MINI 21G	2	

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Drug	Tier	Coverage Requirements and Limits
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	2	
Diabetes - Glucose Monitoring		
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CONTOUR NEXT TEST	2	QL
CONTOUR PLUS TEST	2	QL
CONTOUR TEST	2	QL
DIASTIX REAGENT	2	
KETO-DIASTIX	3	
KETONE CARE	3	
KETOSTIX	3	
Diabetes - Glycemic Agents - Hormones		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
ZEGALOGUE	2	

Drug	Tier	Coverage Requirements and Limits
Diabetes - Insulins - Hormones		
ADMELOG	1	
ADMELOG SOLOSTAR	1	
AFREZZA	3	PA
APIDRA SOLOSTAR	1	
APIDRA VIAL	1	
BASAGLAR KWIKPEN	1	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
FIASP PUMPCART	1	
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R VIAL	1	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	1	
INSULIN LISPRO JUNIOR KWIKPEN	1	
INSULIN LISPRO PROT & LISPRO	1	
LANTUS SOLOSTAR	1	

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Drug	Tier	Coverage Requirements and Limits
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	1	
LYUMJEV VIAL	1	
MYXREDLIN	3	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN 70/30 VIAL	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN N VIAL	1	
NOVOLIN R FLEXPEN	1	
NOVOLIN R VIAL	1	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
REZVOGLAR KWIKPEN	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
Diabetes - Insulins - Medical Supplies And Durable Medical Equipment		
AQ INSULIN SYRINGE	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	2	
BD VEO INSULIN SYR ULTRAFINE	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	

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Drug	Tier	Coverage Requirements and Limits
Electrolytes / Minerals / Metals / Vitamins - Drugs For Nutrition		
ALANINE	3	
AMINO ACID	3	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	3	
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
AQUASOL A	3	
ARGININE HCL INJECTION	3	
CALCIFOL	3	
CALCIUM CHLORIDE DIHYDRATE POWDER	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
calcium chloride solution 10 % intravenous	1	
CALCIUM GLUCONATE	3	
CALCIUM GLUCONATE ANHYDROUS	3	
calcium gluconate intravenous solution	1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
CALCIUM GLUCONATE MONOHYDRATE	3	

Drug	Tier	Coverage Requirements and Limits
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%	1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CALCIUM LACTATE PENTAHYDRATE	3	
CALCIUM PHOSPHATE DIBASIC	3	
CALCIUM PHOSPHATE TRIBASIC	3	
CHOLINE BITARTRATE POWDER	3	
chromic chloride intravenous	1	
CLINIMIX E/DEXTROSE (2.75/5)	3	
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
CLINIMIX/DEXTROSE (5/15)	3	

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Drug	Tier	Coverage Requirements and Limits
CLINIMIX/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (6/5)	3	
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
CLINISOL SF	3	
CLINOLIPID	3	
cupric chloride	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
dextrose solution 250 mg/ml intravenous	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
dextrose solution 50 % intravenous	1	
DL-ALANINE	3	
DL-LEUCINE	3	
DL-PHENYLALANINE	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
FERRLECIT	3	
ferumoxytol	1	ST
folic acid injection	1	
folic acid oral tablet 1 mg	1	
GALZIN	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GLYCOPHOS	3	
HEMATINIC/FOLIC ACID	3	
hydroxocobalamin acetate	1	
INFED	3	
INJECTAFER	3	ST
INTRALIPID	3	
iodine strong	1	
iron sucrose	1	
KABIVEN	3	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS	3	
L-ALANINE	3	
L-CYSTINE	3	
L-GLUTAMIC ACID	3	
L-HISTIDINE	3	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	3	
LIPO	3	
LIPO-C	3	
L-LEUCINE	3	

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Drug	Tier	Coverage Requirements and Limits
L-PHENYLALANINE	3	
L-PROLINE	3	
L-TRYPTOPHAN	3	
L-TYROSINE	3	
L-VALINE POWDER	3	
LYSINE HCL INJECTION	3	
MAGNESIUM CARBONATE	3	
MAGNESIUM CARBONATE HEAVY	3	
magnesium chloride injection	1	
magnesium sulfate in d5w	1	
magnesium sulfate injection	1	
magnesium sulfate intravenous	1	
MAGNESIUM SULFATE-NACL	3	
MANGANESE CHLORIDE INTRAVENOUS	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
MONOFERRIC	3	ST
MULTRYS	3	
na ferric gluc cplx in sucrose	1	
NASCOBAL	3	
NEOKE ALCAR	3	
NUTRILIPID	3	
PERIKABIVEN	3	
phosphorous	1	
phospho-trin 250 neutral	1	
PHOSPHO-TRIN K500	3	
phytonadione injection	1	
phytonadione oral	1	
PLENAMINE	3	
potassium acetate intravenous	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride intravenous solution	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
potassium chloride oral	1	
potassium phosphates	1	
potassium phosphates(66 meq k)	1	
potassium phosphates(71 meq k)	1	
PREMASOL	3	
PROSOL	3	
pyridoxine hcl solution 100 mg/ml injection	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
SMOFLIPID	3	
sodium acetate intravenous	1	
SODIUM ASCORBATE POWDER	3	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	

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Drug	Tier	Coverage Requirements and Limits
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
sodium chloride solution 4 meq/ml intravenous	1	
sodium phosphates	1	
TAURINE INJECTION	3	
TAURINE POWDER	3	
THAM	3	
THE LIQUILIFT TRACE	3	
thiamine hcl injection	1	
THREONINE	3	
TRALEMENT	3	
TRAVASOL	3	
TRI-AMINO	3	
tromethamine intravenous	1	
TROPHAMINE	3	
TRYPTOPHAN	3	
VALINE	3	
VENOFER	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
wes-phos 250 neutral	1	
zinc chloride intravenous	1	
zinc sulfate intravenous	1	

Drug	Tier	Coverage Requirements and Limits
Electrolytes / Minerals / Metals / Vitamins - Drugs For Overdose Or Poisoning		
CHEMET	3	
deferasirox	1	PA
deferasirox granules	1	PA
FERRIPROX ORAL SOLUTION	3	PA
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Stomach		
DEXPANTHENOL INJECTION	3	
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Urinary System		
ARGYLE STERILE SALINE	3	
CURITY STERILE SALINE	3	
ORAL CITRATE	3	
potassium citrate er	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium chloride irrigation	1	
Electrolytes / Minerals / Metals / Vitamins - Hormones		
carglumic acid	Generic Specialty	PA
CARNITOR INTRAVENOUS	3	
JYNARQUE	Generic Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
LEVOCARNITINE INJECTION	3	
levocarnitine intravenous	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
tolvaptan oral tablet	Generic Specialty	PA; QL
Electrolytes / Minerals / Metals / Vitamins - Vitamins And Minerals		
argyle sterile water	1	
EDETATE DISODIUM INTRAVENOUS	3	
KIONEX	3	
lactated ringers irrigation	1	
LOKELMA	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	
PRISMASOL BK 0/0/1.2	3	
ringers irrigation	1	
sodium polystyrene sulfonate	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
sterile water for irrigation	1	
trientine hcl	Generic Specialty	PA
TRISODIUM CITRATE/CRRT	3	
VELTASSA	3	
water for irrigation, sterile	1	
Gastrointestinal Agents - Drugs For Acid Reflux And Ulcer - Drugs For The Stomach		
cimetidine hcl	1	
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium	1	QL
esomeprazole sodium	1	
famotidine (pf)	1	
famotidine intravenous	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed	1	
FIRST-LANSOPRAZOLE	3	ST
FIRST-OMEPRAZOLE	3	ST
lansoprazole oral capsule delayed release	1	QL
misoprostol oral	1	
NEXIUM ORAL PACKET	3	QL
nizatidine	1	
omeprazole oral capsule delayed release	1	QL

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Drug	Tier	Coverage Requirements and Limits
pantoprazole sodium intravenous	1	
pantoprazole sodium oral tablet delayed release	1	QL
PANTOPRAZOLE SODIUM-NACL	3	
PROTONIX INTRAVENOUS	3	
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Drugs For The Stomach		
alosetron hcl	1	PA
alvimopan	1	
atropine sulfate injection	1	
atropine sulfate intravenous solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CLENPIQ	3	
constulose	1	
cromolyn sodium oral	1	
CTEXLI	Specialty	PA
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine	1	
enulose	1	
GATTEX	Specialty	PA
gavilyte-c	1	HCR$0
gavilyte-g	1	HCR$0
gavilyte-n with flavor pack	1	HCR$0
generlac	1	
glycopyrrolate injection solution	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
glycopyrrolate pf +rfid	1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	

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Drug	Tier	Coverage Requirements and Limits
hyoscyamine sulfate sublingual	1	
IQIRVO	Specialty	PA; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	Specialty	PA; QL
loperamide hcl oral capsule	1	
lubiprostone	1	QL
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
MOTEGRITY	3	ST; QL
MYTESI	3	QL
na sulfate-k sulfate-mg sulf	1	HCR$0
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	HCR$0
peg-3350/electrolytes	1	HCR$0
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PEG-PREP	3	
prucalopride succinate	1	ST; QL
PYLERA	2	
REBYOTA	Specialty	PA
RESTORA RX	3	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL
XERMELO	Specialty	PA; QL
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Hormones		
SEROSTIM	Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nerves And Muscles		
EVRYSDI	Specialty	PA; QL
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nutrition		
CERDELGA	Specialty	PA
CEREZYME	Specialty	PA
ELELYSO	Specialty	PA
miglustat	Generic Specialty	PA
VPRIV	Specialty	PA
yargesa	Generic Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Blood		
ADZYNMA	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Stomach		
CHOLBAM	Specialty	PA
CREON	2	
L-GLUTAMIC ACID HCL	3	
OCALIVA	Specialty	PA; QL
SUCRAID	Specialty	PA
ZENPEP	2	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Urinary System		
CYSTAGON	Specialty	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Hormones		
ALDURAZYME	Specialty	PA
betaine	Generic Specialty	
CRYSVITA	Specialty	PA
CYSTADANE	Specialty	
ELAPRASE	Specialty	PA
FABRAZYME	Specialty	PA
GALAFOLD	Specialty	PA; QL
KANUMA	Specialty	PA
LUMIZYME	Specialty	PA
MEPSEVII	Specialty	PA
MYALEPT	Specialty	PA
NAGLAZYME	Specialty	PA
NEXVIAZYME	Specialty	PA
nitisinone	Generic Specialty	PA
NITYR	Specialty	PA
NULIBRY	Specialty	PA
OPFOLDA	Specialty	PA; QL
ORFADIN	Specialty	PA
PHEBURANE	Specialty	PA
POMBILITI	Specialty	PA
REVCOVI	Specialty	PA
sapropterin dihydrochloride	Generic Specialty	PA
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	Generic Specialty	PA
STRENSIQ	Specialty	PA
VIMIZIM	Specialty	PA
VOXZOGO	Specialty	PA; QL
XURIDEN	Specialty	PA; QL
zelvysia	Generic Specialty	PA
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Heart		
avanafil	1	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	PA; QL
tadalafil oral	1	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Stomach		
calcium acetate (phos binder)	1	

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Drug	Tier	Coverage Requirements and Limits
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	ST
sevelamer carbonate	1	
sevelamer hcl	1	
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Urinary System		
acetic acid irrigation	1	
bethanechol chloride oral	1	
darifenacin hydrobromide er	1	
DETROL	3	
FILSPARI	Specialty	PA; QL
flavoxate hcl	1	
glycine irrigation	1	
glycine urologic	1	
LITHOSTAT	3	
mirabegron er	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	Specialty	PA
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
OXYTROL	3	ST; QL
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENACIDIN	3	
RIMSO-50	3	
RIVFLOZA	Specialty	PA; QL
solifenacin succinate	1	
THIOLA	Specialty	
THIOLA EC	Specialty	
tiopronin	Generic Specialty	
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	
trospium chloride er	1	
VANRAFIA	Specialty	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For Women		
INTRAROSA	3	ST
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Hormones		
CERVIDIL	3	
PREPIDIL	3	
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Vitamins And Minerals		
DEPEN TITRATABS	Specialty	
penicillamine oral tablet	Generic Specialty	
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Heart		
terazosin hcl	1	

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Drug	Tier	Coverage Requirements and Limits
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Urinary System		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
Hormonal Agents - Adrenal - Hormones		
AGAMREE	Specialty	PA
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	3	
BLT-25	3	
CELESTONE SOLUSPAN	3	
DEPO-MEDROL	3	
dexameth sod phos (pf) +rfid	1	
DEXAMETHASONE (LA)	3	
dexamethasone intensol	1	
dexamethasone oral	1	
dexamethasone sod phos (pf)	1	
dexamethasone sod phos +rfid	1	
DEXAMETHASONE SOD PHOS-NACL	3	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1	
dexamethasone sodium phosphate injection solution prefilled syringe	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 4 mg/ml injection	1	
DEXONTO 0.4%	3	
fludrocortisone acetate oral	1	
HEXATRIONE	3	
hydrocortisone oral	1	
hydrocortisone sod suc (pf)	1	
KENALOG-10	3	
KENALOG-80	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	

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Drug	Tier	Coverage Requirements and Limits
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
methylprednisolone oral	1	
methylprednisolone sodium succ	1	
METHYLPREDNISOLONE-BUPIVACAINE	3	
ORAPRED ODT	3	
PEDIAPRED	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisone oral	1	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL (PF)	3	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	
Hormonal Agents - Men's Health - Hormones		
danazol oral	1	
METHITEST	3	PA; QL
METHYLTESTOSTERONE	3	
testosterone cypionate intramuscular	1	PA; QL
testosterone enanthate intramuscular	1	PA; QL
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA; QL
testosterone transdermal solution	1	PA; QL
Hormonal Agents - Pituitary - Drugs For Cancer		
ELIGARD	Specialty	PA; QL
FIRMAGON	Specialty	PA; QL
FIRMAGON (240 MG DOSE)	Specialty	PA; QL
leuprolide acetate injection	Generic Specialty	PA
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Specialty	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	Specialty	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	Specialty	PA
TRELSTAR MIXJECT	Specialty	PA; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	Specialty	QL
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Specialty	QL
Hormonal Agents - Pituitary - Hormones		
ACTHAR	Specialty	PA
ACTHAR GEL	Specialty	PA
cabergoline	1	
carboprost tromethamine intramuscular solution	1	
cetrorelix acetate	Generic Specialty	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Specialty	PA
clomid	1	
clomiphene citrate oral	1	
CORTROPHIN	Specialty	PA
CORTROPHIN GEL	Specialty	PA
CRENESSITY	Specialty	PA; QL
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
EGRIFTA SV	Specialty	PA; QL
FENSOLVI (6 MONTH)	Specialty	PA; QL
FOLLISTIM AQ	Specialty	PA
FYREMADEL	Specialty	PA
ganirelix acetate	Generic Specialty	PA
HEMABATE	3	
INCRELEX	Specialty	PA
lanreotide acetate	Generic Specialty	PA
LUPRON DEPOT-PED (1-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (3-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (6-MONTH)	Specialty	PA; QL
MENOPUR	Specialty	PA
milophene	1	
NGENLA	Specialty	PA
NORDITROPIN FLEXPRO	Specialty	PA
NOVAREL	Specialty	PA
NUTROPIN AQ NUSPIN 10	Specialty	PA
NUTROPIN AQ NUSPIN 20	Specialty	PA
NUTROPIN AQ NUSPIN 5	Specialty	PA
octreotide acetate injection	Generic Specialty	PA
octreotide acetate subcutaneous	Generic Specialty	PA
OMNITROPE	Specialty	PA
ORILISSA	2	PA; QL
OVIDREL	Specialty	PA
oxytocin +rfid	1	
oxytocin injection	1	

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Drug	Tier	Coverage Requirements and Limits
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	3	
PITOCIN	3	
PREGNYL	Specialty	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 60 MG	Specialty	PA; QL
SKYTROFA	Specialty	PA
SOMATULINE DEPOT	Specialty	PA
SOMAVERT	Specialty	PA
SUPPRELIN LA	Specialty	PA; QL
SYNAREL	2	
TEPEZZA	Specialty	PA
TRIPTODUR	Specialty	PA; QL
vasopressin	1	
vasopressin +rfid	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	3	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	3	
Hormonal Agents - Prostaglandins - Hormones		
KORLYM	Specialty	PA; QL
MIFEPREX	3	
mifepristone oral tablet 200 mg	1	
mifepristone oral tablet 300 mg	Generic Specialty	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents - Hormones		
OSPHENA	3	
raloxifene hcl	1	HCR$0
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Cancer		
megestrol acetate oral	1	
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Women		
afirmelle	1	HCR$0
altavera	1	HCR$0
alyacen 1/35	1	HCR$0
alyacen 7/7/7	1	HCR$0
amethyst	1	HCR$0
ANNOVERA	3	QL; HCR$0
apri	1	HCR$0
aranelle	1	HCR$0
ashlyna	1	QL; HCR$0
aubra eq	1	HCR$0
aurovela 1.5/30	1	HCR$0
aurovela 1/20	1	HCR$0
aurovela 24 fe	1	HCR$0
aurovela fe 1.5/30	1	HCR$0
aurovela fe 1/20	1	HCR$0
AVERI	3	HCR$0
aviane	1	HCR$0
ayuna	1	HCR$0

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Drug	Tier	Coverage Requirements and Limits
azurette	1	HCR$0
BALCOLTRA	3	HCR$0
balziva	1	HCR$0
BEYAZ	E	HCR$0
blisovi 24 fe	1	HCR$0
blisovi fe 1.5/30	1	HCR$0
blisovi fe 1/20	1	HCR$0
briellyn	1	HCR$0
camila	1	HCR$0
camrese	1	QL; HCR$0
camrese lo	1	QL; HCR$0
charlotte 24 fe	1	HCR$0
chateal eq	1	HCR$0
CRINONE	3	QL
cryselle-28	1	HCR$0
cyred eq	1	HCR$0
dasetta 1/35 (28)	1	HCR$0
dasetta 7/7/7	1	HCR$0
daysee	1	QL; HCR$0
deblitane	1	HCR$0
delyla	1	HCR$0
DEPO-PROVERA	3	QL; HCR$0
DEPO-SUBQ PROVERA 104	3	QL; HCR$0
desogestrel-ethinyl estradiol	1	HCR$0
dolishale	1	HCR$0
drospiren-eth estrad-levomefol	1	HCR$0
drospirenone-ethinyl estradiol	1	HCR$0
elinest	1	HCR$0
ELLA	3	HCR$0
eluryng	1	HCR$0
emzahh	1	HCR$0
ENDOMETRIN	2	
enilloring	1	HCR$0

Drug	Tier	Coverage Requirements and Limits
enpresse-28	1	HCR$0
enskyce	1	HCR$0
errin	1	HCR$0
estarylla	1	HCR$0
estradiol vaginal	1	
ESTRING	3	QL
ethynodiol diac-eth estradiol	1	HCR$0
etonogestrel-ethinyl estradiol	1	HCR$0
falmina	1	HCR$0
feirza 1.5/30	1	HCR$0
feirza 1/20	1	HCR$0
FEMLYV	3	ST; HCR$0
FEMRING	3	ST; QL
finzala	1	HCR$0
galbriela	1	HCR$0
gemmily	1	HCR$0
hailey 1.5/30	1	HCR$0
hailey 24 fe	1	HCR$0
hailey fe 1.5/30	1	HCR$0
hailey fe 1/20	1	HCR$0
haloette	1	HCR$0
heather	1	HCR$0
iclevia	1	QL; HCR$0
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	HCR$0
introvale	1	QL; HCR$0
isibloom	1	HCR$0
jaimiess	1	QL; HCR$0
jasmiel	1	HCR$0
jencycla	1	HCR$0
jolessa	1	QL; HCR$0
joyeaux	1	HCR$0

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Drug	Tier	Coverage Requirements and Limits
juleber	1	HCR$0
junel 1.5/30	1	HCR$0
junel 1/20	1	HCR$0
junel fe 1.5/30	1	HCR$0
junel fe 1/20	1	HCR$0
junel fe 24	1	HCR$0
kaitlib fe	1	HCR$0
kalliga	1	HCR$0
kariva	1	HCR$0
kelnor 1/35	1	HCR$0
kurvelo	1	HCR$0
KYLEENA	3	HCR$0
larin 1.5/30	1	HCR$0
larin 1/20	1	HCR$0
larin 24 fe	1	HCR$0
larin fe 1.5/30	1	HCR$0
larin fe 1/20	1	HCR$0
leena	1	HCR$0
lessina	1	HCR$0
levonest	1	HCR$0
levonorgest-eth est & eth est	1	QL; HCR$0
levonorgest-eth estrad 91-day	1	QL; HCR$0
levonorgest-eth estradiol-iron	1	HCR$0
levonorgestrel-ethinyl estrad	1	HCR$0
levonorg-eth estrad triphasic	1	HCR$0
levora 0.15/30 (28)	1	HCR$0
LILETTA (52 MG)	3	HCR$0
LO LOESTRIN FE	E	HCR$0
LOESTRIN 1.5/30 (21)	E	HCR$0
LOESTRIN 1/20 (21)	E	HCR$0
LOESTRIN FE 1.5/30	E	HCR$0
LOESTRIN FE 1/20	E	HCR$0
lojaimiess	1	QL; HCR$0
loryna	1	HCR$0
low-ogestrel	1	HCR$0
lo-zumandimine	1	HCR$0
luizza 1.5/30	1	HCR$0
luizza 1/20	1	HCR$0
lutera	1	HCR$0
lyleq	1	HCR$0
lyza	1	HCR$0
marlissa	1	HCR$0
medroxyprogesterone acetate intramuscular	1	QL; HCR$0
meleya	1	HCR$0
merzee	1	HCR$0
mibelas 24 fe	1	HCR$0
microgestin 1.5/30	1	HCR$0
microgestin 1/20	1	HCR$0
microgestin fe 1.5/30	1	HCR$0
microgestin fe 1/20	1	HCR$0
mili	1	HCR$0
minzoya	1	HCR$0
MIRENA (52 MG)	3	HCR$0
MIUDELLA INTRAUTERINE COPPER	3	HCR$0
mono-linyah	1	HCR$0
NATAZIA	2	HCR$0
necon 0.5/35 (28)	1	HCR$0
NEXPLANON	3	HCR$0
NEXTSTELLIS	E	HCR$0
nikki	1	HCR$0
nora-be	1	HCR$0
norelgestromin-eth estradiol	1	HCR$0
norethin ace-eth estrad-fe	1	HCR$0
norethindrone acet-ethinyl est	1	HCR$0
norethindrone oral	1	HCR$0

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Drug	Tier	Coverage Requirements and Limits
norethin-eth estradiol-fe	1	HCR$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	HCR$0
norgestimate-ethinyl estradiol triphasic	1	HCR$0
norlyroc	1	HCR$0
nortrel 0.5/35 (28)	1	HCR$0
nortrel 1/35 (21)	1	HCR$0
nortrel 1/35 (28)	1	HCR$0
nortrel 7/7/7	1	HCR$0
NUVARING	3	HCR$0
nylia 1/35	1	HCR$0
nylia 7/7/7	1	HCR$0
orquidea	1	HCR$0
PARAGARD INTRAUTERINE COPPER	3	HCR$0
philith	1	HCR$0
pimtrea	1	HCR$0
portia-28	1	HCR$0
PREMARIN VAGINAL	2	
progesterone vaginal	1	
reclipsen	1	HCR$0
rivelsa	1	QL; HCR$0
rosyrah	1	QL; HCR$0
SAFYRAL	E	HCR$0
setlakin	1	QL; HCR$0
sharobel	1	HCR$0
simliya	1	HCR$0
simpesse	1	QL; HCR$0
SKYLA	3	HCR$0
SLYND	E	HCR$0
sprintec 28	1	HCR$0
sronyx	1	HCR$0
syeda	1	HCR$0
tarina 24 fe	1	HCR$0
tarina fe 1/20 eq	1	HCR$0
taysofy	1	HCR$0
TAYTULLA	3	HCR$0
tilia fe	1	HCR$0
tri-estarylla	1	HCR$0
tri-legest fe	1	HCR$0
tri-linyah	1	HCR$0
tri-lo-estarylla	1	HCR$0
tri-lo-marzia	1	HCR$0
tri-lo-mili	1	HCR$0
tri-lo-sprintec	1	HCR$0
tri-mili	1	HCR$0
tri-sprintec	1	HCR$0
tri-vylibra	1	HCR$0
tri-vylibra lo	1	HCR$0
turqoz	1	HCR$0
TWIRLA	E	HCR$0
TYBLUME	3	HCR$0
tydemy	1	HCR$0
valtya 1/35	1	HCR$0
valtya 1/50	1	HCR$0
velivet	1	HCR$0
vestura	1	HCR$0
vienva	1	HCR$0
viorele	1	HCR$0
volnea	1	HCR$0
vyfemla	1	HCR$0
vylibra	1	HCR$0
wera	1	HCR$0
wymzya fe	1	HCR$0
xarah fe	1	HCR$0
xelria fe	1	HCR$0
xulane	1	HCR$0
YASMIN 28	E	HCR$0
YAZ	E	HCR$0
yuvafem	1	
zafemy	1	HCR$0

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Drug	Tier	Coverage Requirements and Limits
zovia 1/35 (28)	1	HCR$0
zumandimine	1	HCR$0
Hormonal Agents - Sex Hormones And Birth Control - Hormones		
abigale	1	
abigale lo	1	
ALORA	3	ST
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	2	
COMBIPATCH	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	
dotti	1	
DUAVEE	2	
ELESTRIN	3	
estradiol oral	1	
estradiol transdermal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
EVAMIST	3	
fyavolv	1	
gallifrey	1	
jinteli	1	
lyllana	1	
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
MENOSTAR	3	ST
mimvey	1	
MYFEMBREE	2	PA; QL
norethindrone acetate oral	1	
norethindrone-eth estradiol	1	
ORIAHNN	2	PA; QL
PREMARIN INJECTION	3	
PREMARIN ORAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROVERA	3	
Hormonal Agents - Thyroid - Hormones		
ADTHYZA	3	
ARMOUR THYROID	3	
levo-t	1	
levothyroxine sodium intravenous	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SODIUM IODIDE I-131	3	
thyroid oral	1	
unithroid	1	

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Drug	Tier	Coverage Requirements and Limits
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Biological Agents		
ANASCORP	3	
ANAVIP	3	
ANTIVENIN LATRODECTUS MACTANS	3	
ANTIVENIN MICRURUS FULVIUS	3	
BEYFORTUS	2	QL; HCR$0
BIVIGAM	Specialty	PA
CNJ-016	3	
CROFAB	3	
CUTAQUIG	Specialty	PA
CUVITRU	Specialty	PA
ENFLONSIA	2	QL; HCR$0
FLEBOGAMMA DIF	Specialty	PA
GAMASTAN	Specialty	PA
GAMMAGARD	Specialty	PA
GAMMAGARD S/D LESS IGA	Specialty	PA
GAMMAKED	Specialty	PA
GAMMAPLEX	Specialty	PA
GAMUNEX-C	Specialty	PA
HEPAGAM B	3	
HIZENTRA	Specialty	PA
HYPERHEP B	3	
HYPERRHO S/D	2	
HYQVIA	Specialty	PA
NABI-HB	3	
OCTAGAM	Specialty	PA
PANZYGA	Specialty	PA
PEMGARDA	3	QL
PRIVIGEN	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
RHOGAM ULTRA-FILTERED PLUS	2	
RHOPHYLAC	2	
SYNAGIS	Specialty	
VARIZIG	3	PA
WINRHO SDF	2	
XEMBIFY	Specialty	PA
YIMMUGO	3	PA
ZINPLAVA	3	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Cancer		
ACTIMMUNE	Specialty	PA
JYLAMVO	3	PA
methotrexate sodium	1	
methotrexate sodium (pf)	1	
temsirolimus	Generic Specialty	
TORISEL	Specialty	
TREXALL	3	
XATMEP	3	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Pain And Fever		
ACTEMRA ACTPEN	Specialty	PA; QL
ACTEMRA INTRAVENOUS	Specialty	PA
ACTEMRA SUBCUTANEOUS	Specialty	PA; QL
ADALIMUMAB-ADBM (2 PEN)	Specialty	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
ADALIMUMAB-ADBM(CD/UC/HS STRT)	Specialty	PA; QL
ADALIMUMAB-ADBM(PS/UV STARTER)	Specialty	PA; QL
ARCALYST	Specialty	PA
ENBREL	Specialty	PA; QL
ENBREL MINI	Specialty	PA; QL
ENBREL SURECLICK	Specialty	PA; QL
ILARIS	Specialty	PA; QL
KEVZARA	Specialty	PA; QL
KINERET	Specialty	PA
leflunomide oral	1	
OLUMIANT	Specialty	PA; QL
ORENCIA CLICKJECT	Specialty	PA; QL
ORENCIA INTRAVENOUS	Specialty	PA
ORENCIA SUBCUTANEOUS	Specialty	PA; QL
OTEZLA	Specialty	PA; QL
RASUVO	2	PA; QL
RIDAURA	Specialty	
RINVOQ	Specialty	PA; QL
RINVOQ LQ	Specialty	PA; QL
SIMPONI	Specialty	PA; QL
SIMPONI ARIA	Specialty	PA
XELJANZ	Specialty	PA; QL
XELJANZ XR	Specialty	PA; QL
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Blood		
ANDEMBRY	Specialty	PA; QL
BERINERT	Specialty	PA; QL
HAEGARDA	Specialty	PA; QL
icatibant acetate	Generic Specialty	PA; QL
KALBITOR	Specialty	PA; QL
ORLADEYO	Specialty	PA; QL
RUCONEST	Specialty	PA; QL
TAKHZYRO	Specialty	PA; QL
VEOPOZ	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Skin		
BIMZELX	Specialty	PA; QL
ILUMYA	Specialty	PA; QL
SILIQ	Specialty	PA; QL
SKYRIZI PEN	Specialty	PA; QL
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
SOTYKTU	Specialty	PA; QL
SPEVIGO	Specialty	PA; QL
TALTZ	Specialty	PA; QL
TREMFYA ONE-PRESS	Specialty	PA; QL
TREMFYA PEN	Specialty	PA; QL
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
WEZLANA SUBCUTANEOUS	Specialty	PA; QL
YESINTEK SUBCUTANEOUS	Specialty	PA; QL
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Stomach		
AVSOLA	Specialty	PA
CIMZIA	Specialty	PA; QL
CIMZIA (1 SYRINGE)	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
CIMZIA (2 SYRINGE)	Specialty	PA; QL
CIMZIA-STARTER	Specialty	PA; QL
ENTYVIO	Specialty	PA
ENTYVIO PEN	Specialty	PA; QL
INFLECTRA	Specialty	PA
OMVOH	Specialty	PA; QL
OMVOH (300 MG DOSE)	Specialty	PA; QL
SKYRIZI INTRAVENOUS	Specialty	PA
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
TREMFYA INTRAVENOUS	Specialty	PA
TREMFYA PEN	Specialty	PA; QL
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
TREMFYA-CD/UC INDUCTION	Specialty	PA; QL
VELSIPITY	Specialty	PA; QL
WEZLANA INTRAVENOUS	Specialty	PA
YESINTEK INTRAVENOUS	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Vitamins And Minerals		
ASTAGRAF XL	3	
AZASAN	3	
azathioprine oral	1	
azathioprine sodium	1	
BENLYSTA	Specialty	PA
CELLCEPT	3	
CELLCEPT INTRAVENOUS	3	
cyclosporine modified	1	
cyclosporine oral	1	
ENSPRYNG	Specialty	PA
ENVARSUS XR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
GAMIFANT	Specialty	PA
gengraf	1	
IMAAVY	Specialty	PA
IMURAN	3	
mycophenolate mofetil hcl	1	
mycophenolate mofetil intravenous	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	3	
MYHIBBIN	3	
NEORAL	3	
NULOJIX	3	
PROGRAF	3	
RYONCIL 100KG TO <112.5KG	Specialty	
RYONCIL 112.5KG TO <125KG	Specialty	
RYONCIL 125KG TO <137.5KG	Specialty	
RYONCIL 137.5KG TO <150KG	Specialty	
SANDIMMUNE INTRAVENOUS	2	
SANDIMMUNE ORAL	3	
SAPHNELO	Specialty	PA
SIMULECT	3	
sirolimus oral	1	
tacrolimus oral	1	
THYMOGLOBULIN	3	

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Drug	Tier	Coverage Requirements and Limits
UPLIZNA	Specialty	PA
ZORTRESS	3	
Immunological Agents - Drugs For Vaccination - Biological Agents		
ABRYSVO	3	QL; HCR$0
ACAM2000	3	
ACTHIB	3	HCR$0
ADACEL	3	HCR$0
AFLURIA	3	HCR$0
AFLURIA PRESERVATIVE FREE	3	HCR$0
AREXVY	3	QL; HCR$0
AUDENZ	3	
BCG VACCINE	3	
BEXSERO	3	HCR$0
BIOTHRAX	3	
BOOSTRIX	3	HCR$0
CAPVAXIVE	3	HCR$0
COMIRNATY	3	HCR$0
COMIRNATY 5-11 YEARS	3	HCR$0
DAPTACEL	3	HCR$0
DENGVAXIA	3	HCR$0
ENGERIX-B	3	HCR$0
ERVEBO	3	
FLUAD	3	HCR$0
FLUARIX	3	HCR$0
FLUBLOK	3	HCR$0
FLUCELVAX	3	HCR$0
FLULAVAL	3	HCR$0
FLUMIST	3	HCR$0
FLUZONE HIGH-DOSE	3	HCR$0
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	HCR$0

Drug	Tier	Coverage Requirements and Limits
GARDASIL 9	3	HCR$0
HAVRIX	3	HCR$0
HEPLISAV-B	3	HCR$0
HIBERIX	3	HCR$0
IMOVAX RABIES	3	
INFANRIX	3	HCR$0
IPOL	3	HCR$0
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	HCR$0
KINRIX	3	HCR$0
MENQUADFI	3	HCR$0
MENVEO	3	HCR$0
M-M-R II	3	HCR$0
MNEXSPIKE	3	HCR$0
MRESVIA	3	QL; HCR$0
NUVAXOVID COVID-19 VACCINE	3	HCR$0
PEDIARIX	3	HCR$0
PEDVAX HIB	3	HCR$0
PENBRAYA	3	HCR$0
PENMENVY	3	HCR$0
PENTACEL	3	HCR$0
PNEUMOVAX 23	3	HCR$0
PREVNAR 20	3	HCR$0
PRIORIX	3	HCR$0
PROQUAD	3	HCR$0
QUADRACEL	3	HCR$0
RABAVERT	3	
RECOMBIVAX HB	3	HCR$0
ROTARIX	3	HCR$0
ROTATEQ	3	HCR$0
SHINGRIX	3	HCR$0
SPIKEVAX	3	HCR$0
SPIKEVAX 6M-11Y	3	HCR$0
TENIVAC	3	HCR$0
TICOVAC	3	

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Drug	Tier	Coverage Requirements and Limits
TRUMENBA	3	HCR$0
TWINRIX	3	HCR$0
TYPHIM VI	3	
VAQTA	3	HCR$0
VARIVAX	3	HCR$0
VAXCHORA	3	
VAXELIS	3	HCR$0
VAXNEUVANCE	3	HCR$0
VIMKUNYA	3	
VIVOTIF	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents - Drugs For The Stomach		
APRISO	1	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
mesalamine er oral capsule extended release	1	
mesalamine oral capsule delayed release	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
SFROWASA	2	
sulfasalazine oral	1	
Inflammatory Bowel Disease Agents - Hormones		
budesonide oral	1	
EOHILIA	3	PA; QL
Inflammatory Bowel Disease Agents - Rectal Preparations		
budesonide rectal	1	
CORTENEMA	3	

Drug	Tier	Coverage Requirements and Limits
CORTIFOAM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
PROCTOFOAM HC	2	
procto-med hc	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs For Osteoporosis - Hormones		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
ATELVIA	3	QL
BONSITY	Specialty	PA
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL
EVENITY	Specialty	PA; QL
ibandronate sodium	1	QL
MIACALCIN	3	
pamidronate disodium	Generic Specialty	
PROLIA	Specialty	PA; QL
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	1	QL

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Drug	Tier	Coverage Requirements and Limits
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Generic Specialty	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Specialty	PA
TYMLOS	Specialty	PA
zoledronic acid	Generic Specialty	
Metabolic Bone Disease Agents - Hormones		
OSENVELT	Specialty	PA
STOBOCLO	Specialty	PA; QL
XGEVA	Specialty	PA
Metabolic Bone Disease Agents - Other - Hormones		
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	1	PA
doxercalciferol intravenous	1	
paricalcitol	1	
PARSABIV	Specialty	
RAYALDEE	3	
ROCALTROL	3	
ZEMPLAR	3	
Miscellaneous Therapeutic Agents - Antiseptics And Disinfectants		
CETYLCIDE-G	3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
formaldehyde external solution 37 %	1	
glutaraldehyde external	1	
Miscellaneous Therapeutic Agents - Biological Agents		
AMERICAN BEECH POLLEN	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	3	
GRASTEK	3	PA; QL
ODACTRA	3	PA; QL
ORALAIR	3	PA; QL
ORALAIR ADULT STARTER PACK	3	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA; QL
RAGWITEK	3	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Cancer		
IWILFIN	Specialty	PA
PEDMARK	3	PA
Miscellaneous Therapeutic Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE	2	PA
EUFLEXXA	2	PA
GELSYN-3	2	PA
SOHONOS	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Nerves And Muscles		
BOTOX	3	PA
DAXXIFY	3	PA
DYSPORT	2	PA
MYOBLOC	2	PA

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Drug	Tier	Coverage Requirements and Limits
XEOMIN	2	PA
Miscellaneous Therapeutic Agents - Drugs For Nutrition		
ASPARTAME (FOR COMPOUNDING)	3	
ASPARTAME (NUTRASWEET)	3	
CYTOTINE ORAL POWDER	3	
ENDARI	3	PA
l-glutamine oral packet	1	PA
SACCHARIN	3	
sodium saccharin powder	1	
Miscellaneous Therapeutic Agents - Drugs For Overdose Or Poisoning		
ACETADOTE	3	
acetylcysteine intravenous	1	
ANDEXXA	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	3	
CHARCOAL ACTIVATED	3	
CYANOKIT	3	
deferoxamine mesylate	1	
DESFERAL	3	
DIGIFAB	3	
EDETATE CALCIUM DISODIUM INJECTION	3	
flumazenil intravenous	1	
fomepizole	1	
methylene blue intravenous solution	1	

Drug	Tier	Coverage Requirements and Limits
NITHIODOTE	3	
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PREVDUO	3	
PROTOPAM CHLORIDE	3	
PROVAYBLUE	3	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
RADIOGARDASE	3	
sodium nitrite intravenous	1	
sodium thiosulfate intravenous	1	
VISTOGARD	3	
Miscellaneous Therapeutic Agents - Drugs For The Blood		
ARTISS	3	
GOHIBIC	3	
TISSEEL	3	
ZILBRYSQ	Specialty	PA
Miscellaneous Therapeutic Agents - Drugs For The Eye		
PHOTREXA-PHOTREXA VISCOUS KIT	3	
Miscellaneous Therapeutic Agents - Drugs For The Nervous System		
AQNEURSA	Specialty	PA; QL
dexmedetomidine hcl	1	

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Drug	Tier	Coverage Requirements and Limits
dexmedetomidine hcl in nacl intravenous solution	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
IGALMI	3	PA
MIPLYFFA	Specialty	PA; QL
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML	3	
Miscellaneous Therapeutic Agents - Drugs For The Stomach		
BYLVAY	Specialty	PA
BYLVAY (PELLETS)	Specialty	PA
LIVMARLI ORAL TABLET	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Drugs For The Urinary System		
SORBITOL IRRIGATION	3	
sorbitol-mannitol	1	
Miscellaneous Therapeutic Agents - Drugs For Women		
PHEXXI	E	HCR$0
Miscellaneous Therapeutic Agents - Hormones		
KERENDIA	3	PA; QL
METHERGINE	3	QL
methylergonovine maleate injection	1	
methylergonovine maleate oral	1	QL
VYKAT XR	Specialty	PA; QL
YORVIPATH	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK ULTRAFLEX INF SET	3	
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER2GO ANTI-STATIC	2	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING	3	

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Drug	Tier	Coverage Requirements and Limits
AMD FOAM DRESSING TOPSHEET	3	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
AUM ALCOHOL PREP PADS	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AUTOSOFT 30 INFUSION SET	3	
AUTOSOFT 90 INFUSION SET	3	
AUTOSOFT XC INFUSION SET	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAYA	3	HCR$0
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	
CURITY AMD ANTIMICROBIAL STRIP	3	
CURITY IODOFORM PACKING STRIP	3	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	

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Drug	Tier	Coverage Requirements and Limits
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
EASIVENT	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
EXCILON AMD DRAIN SPONGES	3	
EXTENDED INFUSION SET 23"/6MM	3	
EXTENDED INFUSION SET 23"/9MM	3	
EXTENDED INFUSION SET 32"/6MM	3	

Drug	Tier	Coverage Requirements and Limits
EXTENDED INFUSION SET 32"/9MM	3	
EXTENDED RESERVOIR 3ML	3	
FEMCAP	3	HCR$0
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40G GLUCOSE/PRESSURE	3	
GOODSENSE ALCOHOL SWABS	3	
ILET CONTACT DETACH 23" 6MM	3	
ILET INFUSION-INSET 23" 6MM	3	
ILET INFUSION-INSET 32" 6MM	3	
ILET INSULIN PUMP	3	
ILET STARTER - CONTACT DETACH	3	
ILET STARTER KIT - INSET 23"	3	
ILET STARTER KIT - INSET 32"	3	
INCONTROL ULTICARE PEN NEEDLES	2	
INSPIREASE RESERVOIR BAGS	2	

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Drug	Tier	Coverage Requirements and Limits
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
INSUPEN32G EXTR3ME	2	
J-TIP KIT W/VIAL ADAPTERS	3	
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
MICROCHAMBER DEVICE	2	
MINIMED 780G INSULIN PUMP	3	
MINIMED MIO ADVANCE INFUSE SET	3	
MINIMED PUMP RESERVOIR 3ML	3	
MINIMED QUICK SET INF SET 18"	3	
MINIMED QUICK SET INF SET 23"	3	
MINIMED QUICK SET INF SET 32"	3	
MINIMED QUICK SET INF SET 43"	3	
MINIMED SILHOUETTE INF SET 32"	3	
MINIMED SILHOUETTE INF SET 43"	3	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD POD PALS	3	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	

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Drug	Tier	Coverage Requirements and Limits
PEN NEEDLE/5-BEVEL TIP	2	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RAPPORT RLS	3	
RAPPORT VTD	3	
RAYA SURE PEN NEEDLE	2	
SAFETY PEN NEEDLES	2	
SILHOUETTE 23" INFUSION SET	3	
SILHOUETTE 43" INFUSION SET	3	
SILHOUETTE INFUSION SET 18"	3	
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	3	
SURE T INFUSION SET 23"/6MM	3	
SURE T INFUSION SET 23"/8MM	3	
SURE T INFUSION SET 32"/10MM	3	
SURE T INFUSION SET 32"/6MM	3	
SURE T INFUSION SET 32"/8MM	3	
T:SLIM X2 3ML CARTRIDGE	3	
T:SLIM X2 BASAL-IQ PUMP	3	
T:SLIM X2 CONTROL-IQ 7.7 PUMP	3	
T:SLIM X2 CONTROL-IQ 7.8 PUMP	3	
T:SLIM X2 INSULIN PMP BASAL6.4	3	
T:SLIM X2 INSULIN PUMP	3	
T:SLIM X2/BASAL-IQ/ACC/INSTR	3	
T:SLIM X2/CONTROL-IQ/ACC/INSTR	3	
TANDEM MOBI AUTOSOFT 30 KIT	3	
TANDEM MOBI AUTOSOFT XC KIT	3	
TANDEM MOBI AUTOSOFT30 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK5"	3	
TANDEM MOBI SYSTEM STARTER	3	
TANDEM MOBI TRUSTEEL SUPP KIT	3	

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Drug	Tier	Coverage Requirements and Limits
TANDEM T:SLIM ASFT 30 PK10 23"	3	
TANDEM T:SLIM ASFT 30 PK14 23"	3	
TANDEM T:SLIM ASFT XC PK10 23"	3	
TANDEM T:SLIM ASFT XC PK14 23"	3	
TANDEM T:SLIM TRUSTL PK10 23"	3	
TECHLITE PLUS PEN NEEDLES	2	
TELFA AMD ISLAND DRESSING	3	
TELFA AMD NON-ADHERENT	3	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TRUSTEEL INFUSION SET	3	
TWIIST REFILL KIT	2	
TWIIST REFILL KIT/INFUSION SET	2	
TWIIST STARTER KIT	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PROTECT PEN NEEDLE	2	
VARISOFT INFUSION SET	3	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE PLUS PEN NEEDLE	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	HCR$0
WIDE-SEAL DIAPHRAGM 65	3	HCR$0
WIDE-SEAL DIAPHRAGM 70	3	HCR$0
WIDE-SEAL DIAPHRAGM 75	3	HCR$0
WIDE-SEAL DIAPHRAGM 80	3	HCR$0
WIDE-SEAL DIAPHRAGM 85	3	HCR$0
WIDE-SEAL DIAPHRAGM 90	3	HCR$0
WIDE-SEAL DIAPHRAGM 95	3	HCR$0
YONI FIT BLADDER SUPPORT KIT 1	3	
YONI FIT BLADDER SUPPORT KIT 2	3	
YONI FIT BLADDER SUPPORT KIT 3	3	
YONI FIT BLADDER SUPPORT KIT 4	3	
YONI FIT BLADDER SUPPORT KIT 5	3	
Miscellaneous Therapeutic Agents - Vitamins And Minerals		
ALPHA-LIPOIC ACID INJECTION	3	
AMPHADASE	3	
BROMELAIN	3	
EUA PATIENT ASSESSMENT	3	
HYLENEX	3	
KORSUVA	Specialty	PA
NEOKE RA LIPOIC	3	

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Drug	Tier	Coverage Requirements and Limits
NEXAVIR	3	
RYSTIGGO	Specialty	PA; QL
XIAFLEX	Specialty	PA
ZOKINVY	Specialty	PA; QL
Miscellaneous Therapeutic Agents		
BACTERIOSTATIC WATER(BENZ ALC)	3	
diluent for treprostinil	1	
GALEN IQ 900	3	
saline bacteriostatic	1	
SALINE-PHENOL	3	
sodium chloride bacteriostatic	1	
STERILE DILUENT FLOLAN PH 12	3	
STERILE DILUENT FOR REMODULIN	3	
sterile water for injection	1	
UDSX MEDICATED SYSTEM	3	
UDSXMP MEDICATED SYSTEM	3	
VERSAPENN (AG) ANHYDROUS	3	
VERSAPENN (AL) ANHYD LIPID	3	
Ophthalmic Agents - Drugs For Eye Allergy, Infection And Inflammation - Drugs For The Eye		
ACULAR LS	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	QL
bromfenac sodium ophthalmic solution 0.07 %	1	ST; QL
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
epinastine hcl	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	QL
MAXIDEX	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MITOSOL	3	
moxifloxacin hcl (2x day)	1	

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Drug	Tier	Coverage Requirements and Limits
moxifloxacin hcl ophthalmic	1	
NATACYN	2	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-hc ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.2 %	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
trifluridine	1	
UPNEEQ	3	PA
ZIRGAN	3	
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Eye		
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
tafluprost (pf)	1	QL
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
travoprost (bak free)	1	QL
XELPROS	3	ST; QL
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Heart		
acetazolamide er	1	
acetazolamide oral	1	
dichlorphenamide	Generic Specialty	PA; QL
KEVEYIS	Specialty	PA; QL
methazolamide oral	1	

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Drug	Tier	Coverage Requirements and Limits
Ophthalmic Agents - Drugs For Miscellaneous Eye Conditions - Drugs For The Eye		
AKTEN	3	
ALCAINE	3	
ALTACAINE	3	
altafrin	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
BEVACIZUMAB	Specialty	
CEQUA	3	PA; QL
CIMERLI	Specialty	PA
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate hcl ophthalmic	1	
CYSTADROPS	Specialty	QL
CYSTARAN	Specialty	QL
EYLEA	Specialty	PA
EYLEA HD	Specialty	PA
HOMATROPAIRE	3	
IZERVAY	Specialty	PA
MIEBO	2	PA; QL
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin	1	
NEO-POLYCIN	3	
NEO-POLYCIN HC	3	
OXERVATE	Specialty	PA; QL
phenylephrine hcl ophthalmic	1	
POLYCIN	3	
polymyxin b-trimethoprim	1	
proparacaine hcl ophthalmic	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
sulfacetamide-prednisolone	1	
SUSVIMO (IMPLANT 1ST FILL)	Specialty	PA
SUSVIMO (IMPLANT REFILL)	Specialty	PA
SYFOVRE	Specialty	PA
tetracaine hcl ophthalmic	1	
TRYPTYR	3	PA; QL
TYRVAYA	3	PA; QL
VABYSMO	Specialty	PA
VISUDYNE	Specialty	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs For Ear Conditions - Drugs For The Ear		
acetic acid otic	1	
CETRAXAL	3	ST
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	

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Drug	Tier	Coverage Requirements and Limits
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Lungs		
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution	1	
CINQAIR	Specialty	PA
clemastine fumarate oral tablet	1	
CUROSURF	3	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
HYCODAN	3	PA; QL
hydrocod poli-chlorphe poli er	1	PA; QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
HYPERSAL	3	
INFASURF	3	
levocetirizine dihydrochloride oral tablet	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
promethazine-codeine oral solution	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	3	
RYCLORA	3	
sodium chloride inhalation	1	
SURVANTA	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Nose		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
flunisolide nasal	1	QL
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL
QNASL	3	QL
QNASL CHILDRENS	3	QL
RYALTRIS	3	QL
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Heart		
ADRENALIN INJECTION SOLUTION 1 MG/ML	3	
AUVI-Q	3	
epinephrine (anaphylaxis)	1	

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Drug	Tier	Coverage Requirements and Limits
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
NEFFY	3	
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Lungs		
ACCOLATE	3	
acetylcysteine inhalation	1	
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet	1	
aminophylline	1	
ANORO ELLIPTA	2	QL
ARALAST NP	Specialty	PA
arformoterol tartrate	1	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	1	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	1	
elixophyllin	1	
FASENRA	Specialty	PA; QL
FASENRA PEN	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
formoterol fumarate inhalation	1	QL
GLASSIA	Specialty	PA
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
isoproterenol hcl injection	1	
levalbuterol hcl inhalation	1	QL
montelukast sodium oral	1	
NUCALA	Specialty	PA; QL
OFEV	Specialty	PA
PERFOROMIST	3	QL
pirfenidone	Generic Specialty	PA
PROLASTIN-C	Specialty	PA
QVAR REDIHALER	2	QL
roflumilast	1	PA
SCLEROSOL INTRAPLEURAL	3	
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STERILE TALC POWDER	3	
STERITALC	3	
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
terbutaline sulfate injection	1	

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Drug	Tier	Coverage Requirements and Limits
terbutaline sulfate oral	1	
TEZSPIRE	Specialty	PA; QL
THEO-24	3	
theophylline er	1	
theophylline oral	1	
TRELEGY ELLIPTA	2	QL
wixela inhub	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Specialty	PA
YUPELRI	3	QL
zafirlukast	1	
ZEMAIRA	Specialty	PA
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For Infections		
TOBI PODHALER	Specialty	QL
tobramycin inhalation	Generic Specialty	QL
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For The Lungs		
ALYFTREK	Specialty	PA; QL
KALYDECO ORAL PACKET	Specialty	PA; QL
KALYDECO ORAL TABLET	Specialty	PA
ORKAMBI	Specialty	PA; QL
PULMOZYME	Specialty	PA
SYMDEKO	Specialty	PA; QL
TRIKAFTA	Specialty	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs For Pulmonary Hypertension - Drugs For The Heart		
ADEMPAS	Specialty	PA; QL
alyq	Generic Specialty	PA; QL
ambrisentan	Generic Specialty	PA; QL
bosentan	Generic Specialty	PA; QL
epoprostenol sodium	Generic Specialty	PA
FLOLAN	Specialty	PA
OPSUMIT	Specialty	PA; QL
ORENITRAM	Specialty	PA
ORENITRAM MONTH 1	Specialty	PA; QL
ORENITRAM MONTH 2	Specialty	PA; QL
ORENITRAM MONTH 3	Specialty	PA; QL
sildenafil citrate intravenous	Generic Specialty	PA
sildenafil citrate oral suspension reconstituted	Generic Specialty	PA; QL
sildenafil citrate oral tablet 20 mg	Generic Specialty	PA; QL
tadalafil (pah)	Generic Specialty	PA; QL
treprostinil	Generic Specialty	PA
TYVASO	Specialty	PA; QL
TYVASO DPI INSTITUTIONAL KIT	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
TYVASO DPI MAINTENANCE KIT	Specialty	PA; QL
TYVASO DPI TITRATION KIT	Specialty	PA; QL
TYVASO REFILL KIT	Specialty	PA; QL
TYVASO STARTER KIT	Specialty	PA; QL
UPTRAVI INTRAVENOUS	Specialty	PA
UPTRAVI ORAL	Specialty	PA; QL
UPTRAVI TITRATION	Specialty	PA; QL
VELETRI	Specialty	PA
WINREVAIR	Specialty	PA; QL
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm - Drugs For Muscles, Ligaments, Tendons, And Bones		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM INTRAVENOUS	3	
dantrolene sodium intravenous	1	
dantrolene sodium oral	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL
orphenadrine citrate injection	1	
revonto	1	
ROBAXIN	3	

Drug	Tier	Coverage Requirements and Limits
RYANODEX	3	
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents - Drugs For The Nervous System		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil oral	1	PA; QL
ramelteon	1	QL
SODIUM OXYBATE	Specialty	PA; QL
SUNOSI	2	PA; QL
tasimelteon	Generic Specialty	PA; QL
temazepam	1	QL
WAKIX	Specialty	PA; QL
XYWAV	Specialty	PA; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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