# *Plus Drug Formulary*

August 2026

## Blue Shield of California

This formulary corresponds with the following plans:
Shield Spectrum PPO℠, Full EPO/PPO, Full PPO Savings, Access+ HMO®, Added Advantage POS℠, Local Access+ HMO®, Tandem EPO/PPO, Trio HMO, Active Choice Plus®, Active Choice Classic®, Virtual Blue EPO/PPO

This formulary was last updated on 08/01/2026 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary,* visit **www.blueshieldca.com/pharmacy**.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits* and *Evidence of Coverage.* For plan and coverage documents, visit **https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies**. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

Blue Shield of California is an independent member of the Blue Shield Association
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# Informational Section

The *Blue Shield Plus Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

**Definitions**

The following words and definitions will be used throughout the formulary drug list.

| Term |
|---|
| **"Brand-name drug"** is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters. |
| **"Coinsurance"** is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit. |
| **"Copayment"** is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit. |
| **"Deductible"** is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy. |
| **"Drug tier"** is a group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug. |
| **"Enrollee"** is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below. |
| **"Exception request"** is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition. |

| Term |
| --- |
| **"Exigent circumstances"** are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug. |
| **"Formulary"** is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list. |
| **"Generic drug"** is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase letters***. |
| **"Non-formulary drug"** is a prescription drug that is not listed on the health plan's formulary. |
| **"Out-of-pocket costs"** are copayments, coinsurance, and the applicable deductible, plus all costs for healthcare services that are not covered by the health plan. |
| **"Prescribing provider"** is a healthcare provider authorized to write a prescription to treat a medical condition for a health plan enrollee. |
| **"Prescription"** is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed. |
| **"Prescription drug"** is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law. |
| **"Preventive health drugs"** are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. |
| **"Prior authorization"** is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. |

| Term |
| --- |
| **"Step therapy"** is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met. |
| **"Subscriber"** means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan. |

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

**How do I find a drug on this list?**
Each drug is listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

Using the brand-name or the generic name for the drug, you can search this list in one of two ways:

- Search for the category or class to which the drug belongs and search for the name of the drug in alphabetical order
- Search the Alphabetical Index of Drugs by the name of the drug

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

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

- A generic name for a brand-name drug is listed after the brand name of the drug in all ***lowercase bold italics***
  - If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all ***lowercase bold italics***
  - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses with the first letter capitalized.
- A brand-name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

**Example**

| Drug Type | How the drug name will appear in the formulary drug list |
|---|---|
| generic drug | ***atorvastatin calcium*** |
| generic drug marketed with a brand name | oxycodone/acetaminophen (Endocet) |
| brand drug | LIPITOR **(*atorvastatin calcium)*** |

**What are drug tiers?**
Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue Shield *Evidence of Coverage* (EOC).

The column titled "Drug tier" is the cost level you pay for a drug.

| Drug Tier[†] | Description |
|---|---|
| 1 | Most generic drugs and low-cost, preferred brand drugs |
| 2 | Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost |
| 3 | Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier |
| 4 | Drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than $600 for a one-month supply |

[†] *Preventive health drugs, including contraceptive drugs and devices, are covered at $0 when specific criteria are met. See your Evidence of Coverage (EOC) for further details about your benefit.*

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See "What if my drug requires a prior authorization or step therapy?" below for more information.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

**Note:** Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

**How to read the formulary**
The column titled "Coverage Requirements and Limits" identifies coverage restrictions or limits for drugs when applicable.

| Coverage Requirements and Limits | | Description |
|---|---|---|
| AL1 | Age limit | An exception may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations. |
| BL | Benefit limit | Coverage for this drug may be limited by your plan. Please see your *Evidence of Coverage (EOC)* for more detailed information. |
| CW | Cost waived | This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your Evidence of Coverage (EOC) for more detailed information. |
| GL | Gender limit | An exception may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender. |
| OAC | Oral anti-cancer | There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your *Summary of Benefits* for more detailed information. |
| PA | Prior authorization | Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. |

| | | |
|---|---|---|
| PH | Preventive health drugs | Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at $0 when specific criteria are met.* |
| QLC | Quantity limit | The prescription quantity covered is limited. An exception is required for amounts greater than the limit. |
| RO | Retail only | This prescription can be dispensed at retail pharmacies only. It is not covered through mail service. |
| SF | Starter fill | Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated. |
| SP | Specialty pharmacy | These drugs are available exclusively through select specialty pharmacies. |
| ST | Step therapy | Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met. |

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010. See your Evidence of Coverage (EOC) for further details about your benefit.

**How often will the formulary change?**

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a

utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.
    - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary, and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Plus Drug Formulary, visit **blueshieldca.com/pharmacy.**

**What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?**
A medical benefit drug is a drug that is not generally self-administered and administered by a healthcare professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

**What are preventive health drugs?**
Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit **blueshieldca.com/pharmacy**.

**What drugs have their cost waived?**
Select drugs are required by state or federal legislation to be covered with no out-of-pocket cost for members. Certain benefit limitations may apply. For more details about drugs with waived copays, see your Blue Shield Evidence of Coverage.

**What is a contraceptive drug or device?**
Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exception of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.

Brand contraceptives with a generic equivalent generally require a copayment. If your doctor or health care provider determines that a brand contraceptive with a generic equivalent is medically necessary for you, it will be covered without a copayment upon submission of an exception request. You, your representative, or your doctor may submit the request to Blue Shield. You can submit a request by calling the customer service number on your Blue Shield member ID card.

Members have coverage for over the counter (OTC) contraceptive drugs and devices with no out-of-pocket costs through their health plan. Members must have a pharmacy benefit with Blue Shield of California and process their OTC contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Evidence of Coverage (EOC) for further details about their benefit.

| Over the counter (OTC) Contraceptives |
|---|
| Condoms (Female) |
| Condoms (Male) |
| Daily Oral Contraceptives (Opill) |
| Emergency Oral Contraceptives |
| Spermicides (cream, film, foam, gel, suppository) |

**What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?**
FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, continuous glucose monitors, urine test strips, lancets, and insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

**What if my drug requires a prior authorization or step therapy?**
Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require a review of

the patient's prescription and medical history to determine coverage.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

**How do I request a prior authorization or step therapy exception?**
To request prior authorization or a step therapy exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the duration of the exigency, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

**What if my drug is non-formulary or not listed?**
The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If a request is approved, it will continue to be covered for the length of the prescription, including refills. For urgent or exigent requests that are approved, the drug will be covered for the duration of the exigency, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking a drug that we have previously approved and your doctor continues to prescribe the drug because it is safe and effective for your condition, we will continue to cover it.

**Participating retail pharmacies**
You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit **blueshieldca.com/pharmacy.**

**What are specialty drugs?**
Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit **blueshieldca.com/pharmacy** if you have questions about specialty drugs.

**Home delivery pharmacy**

Blue Shield offers an easy-to-use home delivery prescription drug program through our contracted home delivery provider. You can save time and money using the home delivery service. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the home delivery service, visit **amazon.com/blueshieldca**.

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANALGESICS (Drugs for Pain)** | | |
| **ANALGESICS, OTHER** | | |
| JOURNAVX (*suzetrigine*) 50 MG TAB | Tier 3 | QLC (30 tabs/14 days, 1 fill/90 days) |
| TONMYA (*cyclobenzaprine hcl (fibromyalgia)*) 2.8 MG SL TAB | Tier 4 | PA, QLC (2 tabs/day) |
| **NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)** | | |
| ARTHROTEC (*diclofenac w/ misoprostol*) (50-0.2 MG TAB DR, 75-0.2 MG TAB DR) | Tier 3 | |
| *butalbital-aspirin-caffeine cap 50-325-40 mg* | Tier 1 | QLC (6 caps/day; max 48 caps/30 days) |
| CAMBIA (*diclofenac potassium (migraine)*) 50 MG PACKET | Tier 4 | PA, QLC (9 packets/30 days) |
| CELEBREX (*celecoxib*) (50 MG CAP, 100 MG CAP, 200 MG CAP) | Tier 3 | QLC (2 caps/day) |
| CELEBREX (*celecoxib*) 400 MG CAP | Tier 3 | QLC (1 cap/day) |
| *celecoxib cap 100 mg* | Tier 1 | QLC (2 caps/day) |
| *celecoxib cap 200 mg* | Tier 1 | QLC (2 caps/day) |
| *celecoxib cap 400 mg* | Tier 1 | QLC (1 cap/day) |
| *celecoxib cap 50 mg* | Tier 1 | QLC (2 caps/day) |
| DAYPRO (*oxaprozin*) 600 MG TAB | Tier 3 | |
| DICLOFENAC EPOLAMINE 1.3 % PATCH | Tier 2 | PA, QLC (2 patches/day; max 30 patches/30 days) |
| *diclofenac potassium (migraine) packet 50 mg* (DICLOFENAC POTASSIUM(MIGRAINE)) | Tier 3 | PA, QLC (9 packets/30 days) |
| *diclofenac potassium cap 25 mg* | Tier 4 | PA, QLC (4 caps/day) |
| *diclofenac potassium tab 25 mg* | Tier 4 | PA, QLC (4 tabs/day) |
| *diclofenac potassium tab 50 mg* | Tier 1 | |
| diclofenac potassium tab 50 mg (Cataflam) | Tier 1 | |
| *diclofenac sodium (actinic keratoses) gel 3%* | Tier 3 | PA, QLC (1 tube/30 days; max 3 tubes/365 days) |
| *diclofenac sodium soln 1.5%* | Tier 1 | QLC (1 bottle/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *diclofenac sodium soln 2%* | Tier 4 | PA, QLC (1 bottle/30 days) |
| *diclofenac sodium tab delayed release 25 mg* | Tier 1 | |
| *diclofenac sodium tab delayed release 50 mg* | Tier 1 | |
| *diclofenac sodium tab delayed release 75 mg* | Tier 1 | |
| *diclofenac sodium tab er 24hr 100 mg* (DICLOFENAC SODIUM ER) | Tier 1 | |
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* (DICLOFENAC-MISOPROSTOL) | Tier 1 | |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* (DICLOFENAC-MISOPROSTOL) | Tier 1 | |
| *diflunisal tab 500 mg* | Tier 1 | |
| DOLOBID (*diflunisal*) (250 MG TAB, 375 MG TAB) | Tier 4 | PA, QLC (3 tabs/day) |
| DUEXIS (*ibuprofen-famotidine*) 800-26.6 MG TAB | Tier 4 | PA, QLC (3 tabs/day) |
| ELYXYB (*celecoxib (migraine)*) 120 MG/4.8ML SOLUTION | Tier 4 | PA, QLC (4.8 ml/day) |
| *etodolac cap 200 mg* | Tier 1 | |
| *etodolac cap 300 mg* | Tier 1 | |
| *etodolac tab 400 mg* | Tier 1 | |
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| *etodolac tab er 24hr 500 mg* (ETODOLAC ER) | Tier 1 | |
| *etodolac tab er 24hr 600 mg* (ETODOLAC ER) | Tier 1 | |
| FELDENE (*piroxicam*) (10 MG CAP, 20 MG CAP) | Tier 3 | |
| FENOPROFEN CALCIUM 400 MG CAP | Tier 3 | PA, QLC (8 caps/day) |
| FENOPROFEN CALCIUM 600 MG TAB | Tier 3 | PA, QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fenoprofen calcium cap 400 mg* | Tier 3 | PA, QLC (8 caps/day) |
| FENOPRON (*fenoprofen calcium*) 300 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| FLECTOR (*diclofenac epolamine*) 1.3 % PATCH | Tier 3 | PA, QLC (2 patches/day; max 30 patches/30 days) |
| FLURBIPROFEN (50 MG TAB, 100 MG TAB) | Tier 1 | |
| *flurbiprofen tab 100 mg* | Tier 1 | |
| IBUPROFEN 300 MG TAB | Tier 4 | PA, QLC (4 tabs/day) |
| *ibuprofen tab 400 mg* | Tier 1 | |
| *ibuprofen tab 600 mg* | Tier 1 | |
| *ibuprofen tab 800 mg* | Tier 1 | |
| *ibuprofen-famotidine tab 800-26.6 mg* | Tier 3 | PA, QLC (3 tabs/day) |
| INDOCIN (*indomethacin*) 25 MG/5ML SUSPENSION | Tier 4 | PA |
| *indomethacin cap 25 mg* | Tier 1 | |
| *indomethacin cap 50 mg* | Tier 1 | |
| *indomethacin cap er 75 mg* (INDOMETHACIN ER) | Tier 1 | |
| *indomethacin suppos 50 mg* | Tier 4 | PA, QLC (4 suppositories/day) |
| indomethacin suppos 50 mg (Indocin) | Tier 4 | PA, QLC (4 suppositories/day) |
| *indomethacin susp 25 mg/5ml* | Tier 4 | PA |
| KETOPROFEN (25 MG CAP, 75 MG CAP) | Tier 4 | PA, QLC (4 caps/day) |
| KETOPROFEN 50 MG CAP | Tier 4 | PA, QLC (6 caps/day) |
| KETOPROFEN ER 200 MG CAP 24H | Tier 3 | PA |
| KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION | Tier 4 | PA, LA, QLC (5 bottles/30 days) |
| *ketorolac tromethamine tab 10 mg* | Tier 1 | QLC (20 tabs/30 days) |
| KIPROFEN (*ketoprofen*) 25 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| LICART (*diclofenac epolamine*) 1.3 % PATCH 24HR | Tier 3 | PA, QLC (1 patch/day; max 15 patches/30 days) |
| LODINE (*etodolac*) 400 MG TAB | Tier 3 | |
| LURBIPR (*flurbiprofen*) 100 MG TAB | Tier 4 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LURBIRO (*flurbiprofen*) 100 MG TAB | Tier 4 | PA |
| MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP) | Tier 3 | PA |
| *mefenamic acid cap 250 mg* | Tier 2 | PA |
| MELOXICAM 7.5 MG/5ML SUSPENSION | Tier 4 | PA, QLC (10 ml/day) |
| *meloxicam cap 10 mg* | Tier 4 | PA, QLC (1 cap/day) |
| *meloxicam cap 5 mg* | Tier 4 | PA, QLC (1 cap/day) |
| *meloxicam tab 15 mg* | Tier 1 | |
| *meloxicam tab 7.5 mg* | Tier 1 | |
| *nabumetone tab 500 mg* | Tier 1 | |
| nabumetone tab 500 mg (Relafen) | Tier 3 | |
| *nabumetone tab 750 mg* | Tier 1 | |
| nabumetone tab 750 mg (Relafen) | Tier 3 | |
| NALFON (*fenoprofen calcium*) 400 MG CAP | Tier 3 | PA, QLC (8 caps/day) |
| NALFON (*fenoprofen calcium*) 600 MG TAB | Tier 3 | PA, QLC (4 tabs/day) |
| NAPRELAN (*naproxen sodium*) (500 MG TAB ER 24H, 750 MG TAB ER 24H) | Tier 4 | PA, QLC (2 tabs/day) |
| NAPRELAN (*naproxen sodium*) 375 MG TAB ER 24H | Tier 4 | PA, QLC (1 tab/day) |
| NAPROSYN (*naproxen*) 125 MG/5ML SUSPENSION | Tier 3 | QLC (60 ml/day) |
| NAPROXEN SODIUM ER 750 MG TAB 24H | Tier 4 | PA, QLC (2 tabs/day) |
| *naproxen sodium tab 275 mg* | Tier 1 | |
| *naproxen sodium tab 550 mg* | Tier 1 | |
| *naproxen sodium tab er 24hr 375 mg (base equiv)* (NAPROXEN SODIUM ER) | Tier 4 | PA, QLC (1 tab/day) |
| *naproxen sodium tab er 24hr 500 mg (base equiv)* (NAPROXEN SODIUM ER) | Tier 4 | PA, QLC (2 tabs/day) |
| *naproxen sodium tab er 24hr 750 mg (base equiv)* (NAPROXEN SODIUM ER) | Tier 4 | PA, QLC (2 tabs/day) |
| *naproxen susp 125 mg/5ml* | Tier 2 | QLC (60 ml/day) |
| *naproxen tab 250 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *naproxen tab 375 mg* | Tier 1 | |
| *naproxen tab 500 mg* | Tier 1 | |
| *naproxen tab ec 375 mg* | Tier 1 | |
| *naproxen tab ec 375 mg* (EC-NAPROXEN) | Tier 1 | |
| *naproxen tab ec 500 mg* | Tier 1 | |
| *naproxen tab ec 500 mg* (EC-NAPROXEN) | Tier 1 | |
| *naproxen tab ec 500 mg* (NAPROXEN DR) | Tier 1 | |
| *naproxen-esomeprazole magnesium tab dr 375-20 mg* (NAPROXEN-ESOMEPRAZOLE MG) | Tier 4 | PA, QLC (2 tabs/day) |
| *naproxen-esomeprazole magnesium tab dr 500-20 mg* (NAPROXEN-ESOMEPRAZOLE MG) | Tier 4 | PA, QLC (2 tabs/day) |
| ORUDIS (*ketoprofen*) 75 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| *oxaprozin tab 600 mg* | Tier 1 | |
| PENNSAID (*diclofenac sodium (topical)*) 2 % SOLUTION | Tier 4 | PA, QLC (1 bottle/30 days) |
| *piroxicam cap 10 mg* | Tier 1 | |
| *piroxicam cap 20 mg* | Tier 1 | |
| RELAFEN DS (*nabumetone*) 1000 MG TAB | Tier 4 | PA, QLC (2 tabs/day) |
| SALSALATE (500 MG TAB, 750 MG TAB) | Tier 1 | |
| *salsalate tab 500 mg* | Tier 1 | |
| *salsalate tab 750 mg* | Tier 1 | |
| SPRIX (*ketorolac tromethamine*) 15.75 MG/SPRAY SOLUTION | Tier 4 | PA, LA, QLC (5 bottles/30 days) |
| *sulindac tab 150 mg* | Tier 1 | |
| *sulindac tab 200 mg* | Tier 1 | |
| TOLECTIN 600 (*tolmetin sodium*) MG TAB | Tier 3 | PA |
| TOLECTIN DS (*tolmetin sodium*) 400 MG CAP | Tier 3 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TOLMETIN SODIUM (400 MG CAP, 600 MG TAB) | Tier 3 | PA |
| TOLMETIN SODIUM 200 MG TAB | Tier 3 | PA |
| VIMOVO (*naproxen-esomeprazole magnesium*) (375-20 MG TAB DR, 500-20 MG TAB DR) | Tier 4 | PA, QLC (2 tabs/day) |
| VYSCOXA (*celecoxib*) 10 MG/ML SUSPENSION | Tier 4 | PA, QLC (40 ml/Day) |
| ZIPSOR (*diclofenac potassium*) 25 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| ZORVOLEX (*diclofenac*) (18 MG CAP, 35 MG CAP) | Tier 4 | PA, QLC (3 caps/day) |
| ZYBIC (*meloxicam*) 7.5 MG/5ML SUSPENSION | Tier 4 | PA, QLC (10 ml/day) |
| **OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)** | | |
| *buprenorphine td patch weekly 10 mcg/hr* | Tier 1 | QLC (4 patches/28 days) |
| *buprenorphine td patch weekly 15 mcg/hr* | Tier 1 | QLC (4 patches/28 days) |
| *buprenorphine td patch weekly 20 mcg/hr* | Tier 1 | QLC (4 patches/28 days) |
| *buprenorphine td patch weekly 5 mcg/hr* | Tier 1 | QLC (4 patches/28 days) |
| *buprenorphine td patch weekly 7.5 mcg/hr* | Tier 1 | QLC (4 patches/28 days) |
| BUTRANS (*buprenorphine*) (5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK) | Tier 3 | QLC (4 patches/28 days) |
| CONZIP (*tramadol hcl*) (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H) | Tier 3 | PA, QLC (1 cap/day) |
| DISKETS (*methadone hcl*) 40 MG TAB SOL | Tier 3 | PA, QLC (5 tabs/day) |
| *fentanyl td patch 72hr 100 mcg/hr* | Tier 1 | PA, QLC (20 patches/30 days) |
| *fentanyl td patch 72hr 12 mcg/hr* | Tier 1 | PA, QLC (20 patches/30 days) |
| *fentanyl td patch 72hr 25 mcg/hr* | Tier 1 | PA, QLC (20 patches/30 days) |
| *fentanyl td patch 72hr 37.5 mcg/hr* | Tier 4 | PA, QLC (10 patches/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fentanyl td patch 72hr 50 mcg/hr* | Tier 1 | PA, QLC (20 patches/30 days) |
| *fentanyl td patch 72hr 62.5 mcg/hr* | Tier 4 | PA, QLC (10 patches/30 days) |
| *fentanyl td patch 72hr 75 mcg/hr* | Tier 1 | PA, QLC (20 patches/30 days) |
| *fentanyl td patch 72hr 87.5 mcg/hr* | Tier 4 | PA, QLC (10 patches/30 days) |
| HYDROCODONE BITARTRATE ER (ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H) | Tier 3 | PA, QLC (2 caps/day) |
| HYDROCODONE BITARTRATE ER 120 MG TB24 DET | Tier 4 | PA, QLC (1 tab/day) |
| *hydrocodone bitartrate tab er 24hr deter 100 mg* (HYDROCODONE BITARTRATE ER) | Tier 4 | PA, QLC (1 tab/day) |
| *hydrocodone bitartrate tab er 24hr deter 20 mg* (HYDROCODONE BITARTRATE ER) | Tier 3 | PA, QLC (1 cap/day) |
| *hydrocodone bitartrate tab er 24hr deter 30 mg* (HYDROCODONE BITARTRATE ER) | Tier 3 | PA, QLC (1 tab/day) |
| *hydrocodone bitartrate tab er 24hr deter 40 mg* (HYDROCODONE BITARTRATE ER) | Tier 3 | PA, QLC (1 tab/day) |
| *hydrocodone bitartrate tab er 24hr deter 60 mg* (HYDROCODONE BITARTRATE ER) | Tier 4 | PA, QLC (1 tab/day) |
| *hydrocodone bitartrate tab er 24hr deter 80 mg* (HYDROCODONE BITARTRATE ER) | Tier 4 | PA, QLC (1 tab/day) |
| *hydromorphone hcl tab er 24hr 12 mg* (HYDROMORPHONE HCL ER) | Tier 1 | PA, QLC (2 tabs/day) |
| *hydromorphone hcl tab er 24hr 16 mg* (HYDROMORPHONE HCL ER) | Tier 1 | PA, QLC (1 tab/day) |
| *hydromorphone hcl tab er 24hr 32 mg* (HYDROMORPHONE HCL ER) | Tier 1 | PA, QLC (1 tab/day) |
| *hydromorphone hcl tab er 24hr 8 mg* (HYDROMORPHONE HCL ER) | Tier 1 | PA, QLC (1 tab/day) |
| HYSINGLA ER (*hydrocodone bitartrate*) (ER 30 MG TB24 DETER, ER 40 MG TB24 DETER) | Tier 3 | PA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HYSINGLA ER (*hydrocodone bitartrate*) (ER 60 MG TB24 DETER, ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER) | Tier 4 | PA, QLC (1 tab/day) |
| HYSINGLA ER (*hydrocodone bitartrate*) 20 MG TB24 DET | Tier 3 | PA, QLC (1 cap/day) |
| *levorphanol tartrate tab 2 mg* | Tier 4 | PA, QLC (9 tabs/day) |
| *levorphanol tartrate tab 3 mg* | Tier 4 | PA, QLC (4 tabs/day) |
| METHADONE HCL 10 MG/5ML SOLUTION | Tier 1 | PA, QLC (90 ml/day) |
| METHADONE HCL 5 MG/5ML SOLUTION | Tier 1 | PA, QLC (180 ml/day) |
| *methadone hcl conc 10 mg/ml* | Tier 1 | PA, QLC (18 ml/day) |
| methadone hcl conc 10 mg/ml (Methadone Hcl Intensol) | Tier 1 | PA, QLC (18 ml/day) |
| *methadone hcl soln 10 mg/5ml* | Tier 1 | PA, QLC (90 ml/day) |
| *methadone hcl soln 5 mg/5ml mg/ml* | Tier 1 | PA, QLC (180 ml/day) |
| *methadone hcl tab 10 mg* | Tier 1 | PA, QLC (18 tabs/day) |
| *methadone hcl tab 5 mg* | Tier 1 | PA, QLC (36 tabs/day) |
| *methadone hcl tab for oral susp 40 mg* | Tier 1 | PA, QLC (5 tabs/day) |
| methadone hcl tab for oral susp 40 mg (Methadose) | Tier 1 | PA, QLC (5 tabs/day) |
| METHADOSE (*methadone hcl*) 10 MG/ML CONC | Tier 3 | PA, QLC (18 ml/day) |
| METHADOSE SUGAR-FREE (*methadone hcl*) 10 MG/ML CONC | Tier 3 | PA, QLC (18 ml/day) |
| MORPHINE SULFATE ER (ER 10 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 50 MG CAP ER 24H, ER 100 MG CAP ER 24H) | Tier 2 | PA, QLC (2 caps/day) |
| MORPHINE SULFATE ER (ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H) | Tier 2 | PA, QLC (3 caps/day) |
| MORPHINE SULFATE ER 20 MG CAP 24H | Tier 2 | PA, QLC (4 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MORPHINE SULFATE ER BEADS (*morphine sulfate beads*) (ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H) | Tier 2 | PA, QLC (1 cap/day) |
| *morphine sulfate tab er 100 mg* (MORPHINE SULFATE ER) | Tier 1 | QLC (3 tabs/day) |
| *morphine sulfate tab er 15 mg* (MORPHINE SULFATE ER) | Tier 1 | QLC (6 tabs/day) |
| *morphine sulfate tab er 200 mg* (MORPHINE SULFATE ER) | Tier 1 | QLC (3 tabs/day) |
| *morphine sulfate tab er 30 mg* (MORPHINE SULFATE ER) | Tier 1 | QLC (6 tabs/day) |
| *morphine sulfate tab er 60 mg* (MORPHINE SULFATE ER) | Tier 1 | QLC (5 tabs/day) |
| MS CONTIN (*morphine sulfate*) (100 MG TAB ER, 200 MG TAB ER) | Tier 3 | QLC (3 tabs/day) |
| MS CONTIN (*morphine sulfate*) (15 MG TAB ER, 30 MG TAB ER) | Tier 3 | QLC (6 tabs/day) |
| MS CONTIN (*morphine sulfate*) 60 MG TAB ER | Tier 3 | QLC (5 tabs/day) |
| NUCYNTA ER (*tapentadol hcl*) (ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H) | Tier 3 | PA, QLC (2 tabs/day) |
| OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 20 MG TB12 DETER, ER 40 MG TB12 DETER, ER 80 MG TB12 DETER) | Tier 1 | PA, QLC (2 tabs/day) |
| OXYCONTIN (*oxycodone hcl*) (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER) | Tier 3 | PA, QLC (2 tabs/day) |
| OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H) | Tier 1 | PA, QLC (2 tabs/day) |
| OXYMORPHONE HCL ER 40 MG TAB 12H | Tier 1 | PA, QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TAPENTADOL HCL ER (ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H) | Tier 3 | PA, QLC (2 tabs/day) |
| TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H) | Tier 1 | PA, QLC (1 tab/day) |
| TRAMADOL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H) | Tier 3 | PA, QLC (1 cap/day) |
| *tramadol hcl tab er 24hr 100 mg* (TRAMADOL HCL ER) | Tier 1 | QLC (3 tabs/day) |
| *tramadol hcl tab er 24hr 200 mg* (TRAMADOL HCL ER) | Tier 1 | QLC (1 tab/day) |
| *tramadol hcl tab er 24hr 300 mg* (TRAMADOL HCL ER) | Tier 1 | QLC (1 tab/day) |
| XTAMPZA ER (*oxycodone*) (ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER) | Tier 3 | PA, QLC (2 caps/day) |
| **OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* (ACETAMINOPHEN-CODEINE) | Tier 1 | QLC (90 ml/day; max 1350 ml/30 days) |
| *acetaminophen w/ codeine tab 300-15 mg* (ACETAMINOPHEN-CODEINE) | Tier 1 | QLC (12 tabs/day; max 180 tabs/30 days) |
| *acetaminophen w/ codeine tab 300-30 mg* (ACETAMINOPHEN-CODEINE) | Tier 1 | QLC (12 tabs/day; max 180 tabs/30 days) |
| *acetaminophen w/ codeine tab 300-60 mg* (ACETAMINOPHEN-CODEINE) | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| ACETAMINOPHEN-CODEINE (*acetaminophen w/ codeine*) (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION) | Tier 1 | QLC (90 ml/day; max 1350 ml/30 days) |
| ACTIQ (*fentanyl citrate*) (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE) | Tier 3 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| APADAZ (*benzhydrocodone hcl-acetaminophen*) (4.08-325 MG TAB, 6.12-325 MG TAB) | Tier 3 | PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| APADAZ (*benzhydrocodone hcl-acetaminophen*) 8.16-325 MG TAB | Tier 3 | PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days) |
| APAP-CAFF-DIHYDROCODEINE (*acetaminophen-caff-dihydrocod*) 320.5-30-16 MG CAP | Tier 1 | PA, QLC (10 caps/day; max 140 caps/30 days) |
| APAP-CAFF-DIHYDROCODEINE (*acetaminophen-caff-dihydrocod*) 325-30-16 MG TAB | Tier 1 | PA, QLC (10 caps/day; max 150 caps/30 days) |
| BENZHYDROCODONE-ACETAMINOPHEN (*benzhydrocodone hcl-acetaminophen*) (4.08-325 MG TAB, 6.12-325 MG TAB) | Tier 3 | PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| BENZHYDROCODONE-ACETAMINOPHEN (*benzhydrocodone hcl-acetaminophen*) 8.16-325 MG TAB | Tier 3 | PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days) |
| *butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg* (BUTALBITAL-APAP-CAFF-COD) | Tier 3 | PA, QLC (6 caps/day; max 90 caps/30 days) |
| *butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg* (BUTALBITAL-APAP-CAFF-COD) | Tier 1 | QLC (6 caps/day; max 90 caps/30 days) |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine) | Tier 1 | QLC (6 caps/day; max 90 caps/30 days) |
| *butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg* (BUTALBITAL-ASA-CAFF-CODEINE) | Tier 1 | QLC (6 caps/day; max 90 caps/30 days) |
| *butorphanol tartrate nasal soln 10 mg/ml* | Tier 1 | QLC (4 canisters/30 days; max 2 canisters/fill) |
| CARISOPRODOL-ASPIRIN-CODEINE (*carisoprodol w/ aspirin & codeine*) 200-325-16 MG TAB | Tier 1 | AL1 (Up to 64 yrs old), QLC (8 tabs/day) |
| CODEINE SULFATE 15 MG TAB | Tier 1 | QLC (24 tabs/day; max 360 tabs/30 days) |
| CODEINE SULFATE 30 MG TAB | Tier 1 | QLC (12 tabs/day; max 180 tabs/30 days) |
| CODEINE SULFATE 60 MG TAB | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| *codeine sulfate tab 30 mg* | Tier 1 | QLC (12 tabs/day; max 180 tabs/30 days) |
| DILAUDID (*hydromorphone hcl*) 1 MG/ML LIQUID | Tier 3 | QLC (4 ml/day; max 60 ml/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DILAUDID (*hydromorphone hcl*) 2 MG TAB | Tier 3 | QLC (11 tabs/day; max 165 tabs/30 days) |
| DILAUDID (*hydromorphone hcl*) 4 MG TAB | Tier 3 | QLC (6 tabs/day; max 90 tabs/30 days) |
| DILAUDID (*hydromorphone hcl*) 8 MG TAB | Tier 3 | QLC (3 tabs/day; max 45 tabs/30 days) |
| FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE) | Tier 1 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| FENTANYL CITRATE (600 MCG TAB, 800 MCG TAB) | Tier 4 | PA, QLC (1 tab/day; max 14 tabs/30 days) |
| FENTANYL CITRATE 100 MCG TAB | Tier 4 | PA, QLC (4 tabs/day; max 56 tabs/30 days) |
| FENTANYL CITRATE 200 MCG TAB | Tier 4 | PA, QLC (3 tabs/day; max 42 tabs/30 days) |
| FENTANYL CITRATE 400 MCG TAB | Tier 4 | PA, QLC (2 tabs/day; max 28 tabs/30 days) |
| *fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle* | Tier 1 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| *fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle* | Tier 1 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| *fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle* | Tier 1 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| *fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle* | Tier 1 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| *fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle* | Tier 1 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| *fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle* | Tier 1 | PA, QLC (4 lozenges/day; max 56 lozenges/30 days) |
| FENTORA (*fentanyl citrate*) (600 MCG TAB, 800 MCG TAB) | Tier 4 | PA, QLC (1 tab/day; max 14 tabs/30 days) |
| FENTORA (*fentanyl citrate*) 100 MCG TAB | Tier 4 | PA, QLC (4 tabs/day; max 56 tabs/30 days) |
| FENTORA (*fentanyl citrate*) 200 MCG TAB | Tier 4 | PA, QLC (3 tabs/day; max 42 tabs/30 days) |
| FENTORA (*fentanyl citrate*) 400 MCG TAB | Tier 4 | PA, QLC (2 tabs/day; max 28 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| FIORICET/CODEINE (*butalbital-acetaminophen-caffeine w/ codeine*) 50-300-40-30 MG CAP | Tier 3 | PA, QLC (6 caps/day; max 90 caps/30 days) |
| HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION | Tier 3 | QLC (70 ml/day; max 1050 ml/30 days) |
| HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION | Tier 3 | PA, QLC (90 ml/day; max 1350 ml/30 days) |
| HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB | Tier 1 | QLC (8 tabs/day, max 120 tabs/30 days) |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | Tier 1 | QLC (90 ml/day; max 1350 ml/30 days) |
| *hydrocodone-acetaminophen tab 10-300 mg* | Tier 2 | PA, QLC (6 tabs/day; max 90 tabs/30 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| *hydrocodone-acetaminophen tab 5-300 mg* | Tier 2 | PA, QLC (8 tabs/day; max 120 tabs/30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | Tier 1 | QLC (8 tabs/day; max 120 tabs/30 days) |
| *hydrocodone-acetaminophen tab 7.5-300 mg* | Tier 2 | PA, QLC (6 tabs/day; max 90 tabs/30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| HYDROCODONE-IBUPROFEN 10-200 MG TAB | Tier 1 | QLC (5 tabs/day; max 75 tabs/30 days) |
| HYDROCODONE-IBUPROFEN 5-200 MG TAB | Tier 1 | QLC (8 tabs/day; max 120 tabs/30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | Tier 1 | QLC (5 tabs/day; max 75 tabs/30 days) |
| HYDROMORPHONE HCL 3 MG SUPPOS | Tier 2 | QLC (8 suppositories/day; max 120 suppositories/30 days) |
| *hydromorphone hcl liqd 1 mg/ml* | Tier 2 | QLC (4 ml/day; max 60 ml/30 days) |
| *hydromorphone hcl tab 2 mg* | Tier 1 | QLC (11 tabs/day; max 165 tabs/30 days) |
| *hydromorphone hcl tab 4 mg* | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| *hydromorphone hcl tab 8 mg* | Tier 1 | QLC (3 tabs/day; max 45 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LAZANDA (*fentanyl citrate*) (100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION) | Tier 4 | PA, QLC (14 bottles/month) |
| LORTAB (*hydrocodone-acetaminophen*) 10-300 MG/15ML ELIXIR | Tier 3 | QLC (70 ml/day; max 1050 ml/30 days) |
| MEPERIDINE HCL 50 MG/5ML SOLUTION | Tier 1 | AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1350 ml/30 days) |
| *meperidine hcl tab 50 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/30 days) |
| MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION | Tier 1 | QLC (5ml/day; max 75 ml/30 days) |
| MORPHINE SULFATE 10 MG SUPPOS | Tier 1 | QLC (9 suppositories/day; max 135 suppositories/30 days) |
| MORPHINE SULFATE 10 MG/5ML SOLUTION | Tier 1 | QLC (45 ml/day; max 675 ml/30 days) |
| MORPHINE SULFATE 15 MG TAB | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| MORPHINE SULFATE 20 MG SUPPOS | Tier 1 | QLC (5 suppositories/day; max 75 suppositories/30 days) |
| MORPHINE SULFATE 20 MG/5ML SOLUTION | Tier 1 | QLC (25 ml/day; max 375 ml/30 days) |
| MORPHINE SULFATE 30 MG SUPPOS | Tier 1 | QLC (3 suppositories/day; max 45 suppositories/30 days) |
| MORPHINE SULFATE 30 MG TAB | Tier 1 | QLC (3 tabs/day; max 45 tabs/30 days) |
| MORPHINE SULFATE 5 MG SUPPOS | Tier 1 | QLC (12 suppositories/day; max 180 suppositories/30 days) |
| *morphine sulfate oral soln 10 mg/5ml* | Tier 1 | QLC (45 ml/day; max 675 ml/30 days) |
| *morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* (MORPHINE SULFATE (CONCENTRATE)) | Tier 1 | QLC (5ml/day; max 75 ml/30 days) |
| *morphine sulfate oral soln 20 mg/5ml* | Tier 1 | QLC (25 ml/day; max 375 ml/30 days) |
| *morphine sulfate tab 15 mg* | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| *morphine sulfate tab 30 mg* | Tier 1 | QLC (3 tabs/day; max 45 tabs/30 days) |
| NALOCET (*oxycodone w/ acetaminophen*) 2.5-300 MG TAB | Tier 4 | PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NUCYNTA (*tapentadol hcl*) (75 MG TAB, 100 MG TAB) | Tier 3 | PA, QLC (4 tabs/day; max 60 tabs/30 days) |
| NUCYNTA (*tapentadol hcl*) 50 MG TAB | Tier 3 | PA, QLC (5 tabs/day; max 75 tabs/30 days) |
| OXAYDO (*oxycodone hcl*) 5 MG TAB | Tier 3 | PA, QLC (12 tabs/day; max 180 tabs/30 days) |
| OXAYDO (*oxycodone hcl*) 7.5 MG TAB | Tier 3 | PA, QLC (8 tabs/day; max 120 tabs/30 days) |
| OXYCODONE HCL 10 MG TAB DETER | Tier 3 | PA, QLC (6 tabs/day; max 90 tabs/30 days) |
| OXYCODONE HCL 15 MG TAB DETER | Tier 3 | PA, QLC (4 tabs/day; max 60 tabs/30 days) |
| OXYCODONE HCL 30 MG TAB DETER | Tier 3 | PA, QLC (2 tabs/day; max 30 tabs/30 days) |
| OXYCODONE HCL 5 MG TAB DETER | Tier 3 | PA, QLC (12 tabs/day; max 180 tabs/30 days) |
| *oxycodone hcl cap 5 mg* | Tier 1 | QLC (12 caps/day; max 180 caps/30 days) |
| *oxycodone hcl conc 100 mg/5ml (20 mg/ml)* | Tier 1 | QLC (3 ml/day; max 45 ml/30 days) |
| *oxycodone hcl soln 5 mg/5ml mg/ml* | Tier 1 | QLC (60 ml/day; max 900 ml/30 days) |
| *oxycodone hcl tab 10 mg* | Tier 1 | QLC (84 tabs/30 days) |
| *oxycodone hcl tab 15 mg* | Tier 1 | QLC (4 tabs/day; max 60 tabs/30 days) |
| *oxycodone hcl tab 20 mg* | Tier 1 | QLC (3 tabs/day; max 45 tabs/30 days) |
| *oxycodone hcl tab 30 mg* | Tier 1 | QLC (2 tabs/day; max 30 tabs/30 days) |
| *oxycodone hcl tab 5 mg* | Tier 1 | QLC (12 tabs/day; max 180 tabs/30 days) |
| oxycodone w/ acetaminophen tab 10-325 mg (Endocet) | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| *oxycodone w/ acetaminophen tab 10-325 mg* (OXYCODONE-ACETAMINOPHEN) | Tier 1 | QLC (6 tabs/day; max 90 tabs/30 days) |
| oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet) | Tier 1 | QLC (12 tabs/day; not to exceed 180 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *oxycodone w/ acetaminophen tab 2.5-325 mg* (OXYCODONE-ACETAMINOPHEN) | Tier 1 | QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| oxycodone w/ acetaminophen tab 5-325 mg (Endocet) | Tier 1 | QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| *oxycodone w/ acetaminophen tab 5-325 mg* (OXYCODONE-ACETAMINOPHEN) | Tier 1 | QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet) | Tier 1 | QLC (8 tabs/day; max 120 tabs/30 days) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* (OXYCODONE-ACETAMINOPHEN) | Tier 1 | QLC (8 tabs/day; max 120 tabs/30 days) |
| OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) (2.5-300 MG TAB, 5-300 MG TAB) | Tier 4 | PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 10-300 MG TAB | Tier 4 | PA, QLC (6 tabs/day; max 90 tabs/30 days) |
| OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 10-300 MG/5ML SOLUTION | Tier 4 | PA, QLC (30 ml/day; max 450 ml/30 days) |
| OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 5-325 MG/5ML SOLUTION | Tier 1 | QLC (840 ml/30 days) |
| OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) 7.5-300 MG TAB | Tier 4 | PA, QLC (8 tabs/day; max 120 tabs/30 days) |
| *oxymorphone hcl tab 10 mg* | Tier 1 | PA, QLC (4 tabs/day; max 60 tabs/30 days) |
| *oxymorphone hcl tab 5 mg* | Tier 1 | PA, QLC (6 tabs/day; max 90 tabs/30 days) |
| *pentazocine w/ naloxone hcl tab 50-0.5 mg* (PENTAZOCINE-NALOXONE HCL) | Tier 1 | AL1 (Up to 64 yrs old), QLC (12 tabs/day) |
| PENTAZOCINE-NALOXONE HCL (*pentazocine w/ naloxone hcl*) 50-0.5 MG TAB | Tier 1 | AL1 (Up to 64 yrs old), QLC (12 tabs/day) |
| PERCOCET (*oxycodone w/ acetaminophen*) (2.5-325 MG TAB, 5-325 MG TAB) | Tier 4 | QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| PERCOCET (*oxycodone w/ acetaminophen*) 10-325 MG TAB | Tier 4 | QLC (6 tabs/day; max 90 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PERCOCET (*oxycodone w/ acetaminophen*) 7.5-325 MG TAB | Tier 4 | QLC (8 tabs/day; max 120 tabs/30 days) |
| PROLATE (*oxycodone w/ acetaminophen*) 10-300 MG TAB | Tier 4 | PA, QLC (6 tabs/day; max 90 tabs/30 days) |
| PROLATE (*oxycodone w/ acetaminophen*) 10-300 MG/5ML SOLUTION | Tier 4 | PA, QLC (30 ml/day; max 450 ml/30 days) |
| PROLATE (*oxycodone w/ acetaminophen*) 5-300 MG TAB | Tier 4 | PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| PROLATE (*oxycodone w/ acetaminophen*) 7.5-300 MG TAB | Tier 4 | PA, QLC (8 tabs/day; max 120 tabs/30 days) |
| QDOLO (*tramadol hcl*) 5 MG/ML SOLUTION | Tier 4 | PA, QLC (80 ml/day) |
| ROXICODONE (*oxycodone hcl*) 15 MG TAB | Tier 3 | QLC (4 tabs/day; max 60 tabs/30 days) |
| ROXICODONE (*oxycodone hcl*) 30 MG TAB | Tier 3 | QLC (2 tabs/day; max 30 tabs/30 days) |
| ROXICODONE (*oxycodone hcl*) 5 MG TAB | Tier 3 | QLC (12 tabs/day; max 180 tabs/30 days) |
| ROXYBOND (*oxycodone hcl*) 10 MG TAB DETER | Tier 3 | PA, QLC (6 tabs/day; max 90 tabs/30 days) |
| ROXYBOND (*oxycodone hcl*) 15 MG TAB DETER | Tier 3 | PA, QLC (4 tabs/day; max 60 tabs/30 days) |
| ROXYBOND (*oxycodone hcl*) 30 MG TAB DETER | Tier 3 | PA, QLC (2 tabs/day; max 30 tabs/30 days) |
| ROXYBOND (*oxycodone hcl*) 5 MG TAB DETER | Tier 3 | PA, QLC (12 tabs/day; max 180 tabs/30 days) |
| SEGLENTIS (*celecoxib-tramadol hcl*) 56-44 MG TAB | Tier 3 | PA, QLC (56 tabs/30 days) |
| SUBSYS (*fentanyl*) (100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID) | Tier 4 | PA, QLC (4 doses/day; max 56 doses/month) |
| SUBSYS (*fentanyl*) (400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID) | Tier 4 | PA, QLC (1 dose/day; max 14 doses/month) |
| SUBSYS (*fentanyl*) 200 MCG LIQUID | Tier 4 | PA, QLC (3 doses/day; max 42 doses/month) |
| TAPENTADOL HCL 20 MG/ML SOLUTION | Tier 4 | PA, QLC (20 ml/day, max 300 ml/30 days) |
| *tapentadol hcl tab 100 mg* | Tier 3 | PA, QLC (4 tabs/day; max 60 tabs/30 days) |

AL1 - Age Limit; BL - Benefit Limit; CW - Cost Waived; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *tapentadol hcl tab 50 mg* | Tier 3 | PA, QLC (5 tabs/day; max 75 tabs/30 days) |
| *tapentadol hcl tab 75 mg* | Tier 3 | PA, QLC (4 tabs/day; max 60 tabs/30 days) |
| TRAMADOL HCL 25 MG TAB | Tier 2 | PA, QLC (4 tabs/day) |
| TRAMADOL HCL 5 MG/ML SOLUTION | Tier 4 | PA, QLC (80 ml/day) |
| TRAMADOL HCL 75 MG TAB | Tier 2 | PA, QLC (4 tabs/day) |
| *tramadol hcl tab 100 mg* | Tier 1 | QLC (4 tabs/day) |
| *tramadol hcl tab 50 mg* | Tier 1 | QLC (8 tabs/day) |
| *tramadol-acetaminophen tab 37.5-325 mg* | Tier 1 | QLC (8 tabs/day; max 112 tabs/30 days) |
| TREZIX (*acetaminophen-caff-dihydrocod*) 320.5-30-16 MG CAP | Tier 3 | PA, QLC (10 caps/day; max 140 caps/30 days) |
| ULTRACET (*tramadol-acetaminophen*) 37.5-325 MG TAB | Tier 3 | QLC (8 tabs/day; max 112 tabs/30 days) |
| ULTRAM (*tramadol hcl*) 50 MG TAB | Tier 3 | QLC (8 tabs/day) |
| **ANESTHETICS (Drugs for Numbing)** | | |
| **LOCAL ANESTHETICS (Skin Numbing Drugs)** | | |
| *lidocaine hcl soln 4%* | Tier 1 | |
| LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL | Tier 1 | |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* | Tier 1 | |
| lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo) | Tier 1 | |
| *lidocaine hcl viscous soln 2%* (LIDOCAINE VISCOUS HCL) | Tier 1 | |
| *lidocaine oint 5%* | Tier 1 | QLC (50 gm/30 days) |
| *lidocaine patch 5%* | Tier 1 | QLC (90 patches/30 days) |
| *lidocaine patch 5%* (LIDOCAN) | Tier 1 | QLC (90 patches/30 days) |
| lidocaine patch 5% (Lidocan) | Tier 1 | QLC (90 patches/30 days) |
| lidocaine patch 5% (Tridacaine Ii) | Tier 1 | QLC (90 patches/30 days) |
| lidocaine patch 5% (Tridacaine Iii) | Tier 1 | QLC (90 patches/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *lidocaine-prilocaine cream 2.5-2.5%* | Tier 1 | QLC (30 gm/30 days) |
| LIDODERM (*lidocaine*) 5 % PATCH | Tier 4 | QLC (90 patches/30 days) |
| PREMIUM LIDOCAINE 5 % OINTMENT | Tier 1 | QLC (50 gm/30 days) |
| SYNERA (*lidocaine-tetracaine*) 70-70 MG PATCH | Tier 3 | PA, QLC (1 patch/30 days) |
| ZTLIDO (*lidocaine*) 1.8 % PATCH | Tier 3 | PA, QLC (3 patches/day) |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)** | | |
| **ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)** | | |
| *acamprosate calcium tab delayed release 333 mg* | Tier 1 | |
| *disulfiram tab 250 mg* | Tier 1 | |
| *disulfiram tab 500 mg* | Tier 1 | |
| **OPIOID DEPENDENCE (Drugs for Opioid Dependence)** | | |
| BELBUCA (*buprenorphine hcl*) (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM) | Tier 3 | PA, QLC (2 films/day) |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | Tier 1 | QLC (12 tabs/day) |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | Tier 1 | QLC (3 tabs/day) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | Tier 1 | QLC (2 films/day) |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | Tier 1 | QLC (5 films/day) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | Tier 1 | QLC (5 films/day) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | Tier 1 | QLC (3 films/day) |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | Tier 1 | QLC (12 tabs/day) |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | Tier 1 | QLC (3 tabs/day) |
| *lofexidine hcl tab 0.18 mg (base equivalent)* | Tier 2 | PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LUCEMYRA (*lofexidine hcl*) 0.18 MG TAB | Tier 3 | PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months) |
| SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) (2-0.5 MG FILM, 4-1 MG FILM) | Tier 3 | QLC (5 films/day) |
| SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) 12-3 MG FILM | Tier 3 | QLC (2 films/day) |
| SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) 8-2 MG FILM | Tier 3 | QLC (3 films/day) |
| ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB) | Tier 3 | QLC (3 tabs/day) |
| ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB) | Tier 3 | QLC (1 tab/day) |
| ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) 8.6-2.1 MG SL TAB | Tier 3 | QLC (2 tabs/day) |
| **OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)** | | |
| KLOXXADO (*naloxone hcl*) 8 MG/0.1ML LIQUID | Tier 3 | PA, QLC (2 nasal sprays/30 days) |
| *naloxone hcl inj 0.4 mg/ml* | Tier 1 | QLC (two 1 ml vials/30 days) |
| *naloxone hcl inj 4 mg/10ml* | Tier 1 | QLC (two 1 ml vials/30 days) |
| *naloxone hcl nasal spray 4 mg/0.1ml* | Tier 2 | QLC (2 doses/30 days) |
| *naloxone hcl soln prefilled syringe 0.4 mg/ml* | Tier 1 | QLC (2 syringes/30 days) |
| *naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml* | Tier 1 | QLC (2 syringes/30 days) |
| *naltrexone hcl tab 50 mg* | Tier 1 | |
| NARCAN (*naloxone hcl*) 4 MG/0.1ML LIQUID | Tier 3 | QLC (2 doses/30 days) |
| REXTOVY (*naloxone hcl*) 4 MG/0.25ML LIQUID | Tier 3 | QLC (2 doses/30 days) |
| REZENOPY (*naloxone hcl*) 10 MG/0.11ML LIQUID | Tier 3 | PA, QLC (2 nasal sprays/30 days) |
| ZIMHI (*naloxone hcl*) 5 MG/0.5ML SOLN PRSYR | Tier 3 | PA, QLC (2 syringes/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)** | | |
| APO-VARENICLINE (*varenicline tartrate*) (0.5 MG TAB, 1 MG TAB) | Tier 2 | ACA (Preventive Health), QLC (2 tabs/day) |
| *bupropion hcl (smoking deterrent) tab er 12hr 150 mg* (BUPROPION HCL ER (SMOKING DET)) | Tier 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| CHANTIX (*varenicline tartrate*) (0.5 MG TAB, 1 MG TAB) | Tier 3 | ACA (Preventive Health), QLC (2 tabs/day) |
| CHANTIX CONTINUING MONTH PAK (*varenicline tartrate*) 1 MG TAB | Tier 3 | ACA (Preventive Health), QLC (2 tabs/day) |
| CHANTIX STARTING MONTH PAK (*varenicline tartrate*) 0.5 MG 11 & 1 MG 42 TAB THPK | Tier 3 | ACA (Preventive Health), QLC (1 starting month box/28 days) |
| NICOTROL (*nicotine*) 10 MG INHALER | Tier 2 | ACA (Preventive Health), QLC (16 cartridges/day) |
| NICOTROL NS (*nicotine*) 10 MG/ML SOLUTION | Tier 2 | ACA (Preventive Health), QLC (2 ml/day) |
| *varenicline tartrate tab 0.5 mg (base equiv)* | Tier 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| *varenicline tartrate tab 1 mg (base equiv)* | Tier 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| *varenicline tartrate tab 1 mg (base equiv)* (VARENICLINE TARTRATE(CONTINUE)) | Tier 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* (VARENICLINE TARTRATE (STARTER)) | Tier 1 | ACA (Preventive Health), QLC (1 starting month box/28 days) |
| **ANTIBACTERIALS (Drugs for Bacterial Infections)** | | |
| **AMINOGLYCOSIDES** | | |
| ARIKAYCE (*amikacin sulfate liposome*) 590 MG/8.4ML SUSPENSION | Tier 4 | PA, LA, QLC (1 vial/day) |
| *gentamicin sulfate cream 0.1%* | Tier 1 | |
| *gentamicin sulfate oint 0.1%* | Tier 1 | |
| HUMATIN (*paromomycin sulfate*) 250 MG CAP | Tier 3 | PA |
| *neomycin sulfate tab 500 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTIBACTERIALS, OTHER** | | |
| BLUJEPA (*gepotidacin mesylate*) 750 MG TAB | Tier 4 | PA, QLC (20 tabs/30 days) |
| CAYSTON (*aztreonam lysine*) 75 MG RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 box/2 months) |
| CLEOCIN (*clindamycin hcl*) (75 MG CAP, 150 MG CAP, 300 MG CAP) | Tier 3 | |
| CLEOCIN (*clindamycin palmitate hydrochloride*) 75 MG/5ML RECON SOLN | Tier 3 | |
| CLEOCIN (*clindamycin phosphate vaginal*) 100 MG SUPPOS | Tier 2 | QLC (3 suppositories/30 days) |
| CLEOCIN (*clindamycin phosphate vaginal*) 2 % CREAM | Tier 3 | |
| *clindamycin hcl cap 150 mg* | Tier 1 | |
| *clindamycin hcl cap 300 mg* | Tier 1 | |
| *clindamycin hcl cap 75 mg* | Tier 1 | |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | Tier 1 | |
| *clindamycin phosphate vaginal cream 2%* | Tier 1 | |
| CLINDESSE (*clindamycin phosphate (one dose)*) 2 % CREAM | Tier 2 | |
| FIRVANQ (*vancomycin hcl*) 25 MG/ML RECON SOLN | Tier 3 | PA, QLC (300 ml/30 days) |
| FIRVANQ (*vancomycin hcl*) 50 MG/ML RECON SOLN | Tier 3 | PA, QLC (450 ml/30 days) |
| FLAGYL (*metronidazole*) 375 MG CAP | Tier 3 | |
| *fosfomycin tromethamine powd pack 3 gm (base equivalent)* | Tier 1 | QLC (4 packets/28 days) |
| HIPREX (*methenamine hippurate*) 1 GM TAB | Tier 3 | |
| *linezolid for susp 100 mg/5ml* | Tier 1 | PA |
| *linezolid tab 600 mg* | Tier 1 | PA |
| MACROBID (*nitrofurantoin monohyd macro*) 100 MG CAP | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MACRODANTIN (*nitrofurantoin macrocrystal*) (25 MG CAP, 50 MG CAP, 100 MG CAP) | Tier 3 | |
| *methenamine hippurate tab 1 gm* | Tier 1 | |
| METROCREAM (*metronidazole (topical)*) METRO0.75 % | Tier 3 | |
| METROGEL (*metronidazole (topical)*) 1 % | Tier 3 | |
| METROLOTION (*metronidazole (topical)*) 0.75 % | Tier 3 | |
| METRONIDAZOLE 125 MG TAB | Tier 3 | PA, QLC (4 tabs/day) |
| *metronidazole cap 375 mg* | Tier 3 | |
| *metronidazole cream 0.75%* | Tier 1 | |
| metronidazole cream 0.75% (Rosadan) | Tier 1 | |
| *metronidazole gel 0.75%* | Tier 1 | |
| metronidazole gel 0.75% (Rosadan) | Tier 1 | |
| *metronidazole gel 1%* | Tier 1 | |
| *metronidazole lotion 0.75%* | Tier 1 | |
| *metronidazole tab 250 mg* | Tier 1 | |
| *metronidazole tab 500 mg* | Tier 1 | |
| *metronidazole vaginal gel 0.75%* | Tier 1 | |
| MONUROL (*fosfomycin tromethamine*) 3 GM PACKET | Tier 3 | QLC (4 packets/28 days) |
| NITROFURANTOIN 50 MG/5ML SUSPENSION | Tier 4 | PA, QLC (180 ml/30 days) |
| *nitrofurantoin macrocrystalline cap 100 mg* | Tier 1 | |
| *nitrofurantoin macrocrystalline cap 25 mg* | Tier 1 | |
| *nitrofurantoin macrocrystalline cap 50 mg* | Tier 1 | |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* (NITROFURANTOIN MONOHYD MACRO) | Tier 1 | |
| *nitrofurantoin susp 25 mg/5ml* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NORITATE (*metronidazole (topical)*) 1 % CREAM | Tier 4 | PA |
| NUVESSA (*metronidazole vaginal*) 1.3 % GEL | Tier 3 | QLC (2 tubes/30 days) |
| SIVEXTRO (*tedizolid phosphate*) 200 MG TAB | Tier 4 | PA, QLC (6 tabs/30 days) |
| SOLOSEC (*secnidazole*) 2 GM PACKET | Tier 3 | PA, QLC (1 pack/30 days) |
| *tinidazole tab 250 mg* | Tier 1 | QLC (40 tabs/fill) |
| *tinidazole tab 500 mg* | Tier 1 | QLC (20 tabs/fill) |
| TRIMETHOPRIM 100 MG TAB | Tier 1 | |
| *trimethoprim tab 100 mg* | Tier 1 | |
| VANCOCIN (*vancomycin hcl*) (125 MG CAP, 250 MG CAP) | Tier 3 | |
| *vancomycin hcl cap 125 mg (base equivalent)* | Tier 1 | |
| *vancomycin hcl cap 250 mg (base equivalent)* | Tier 1 | |
| *vancomycin hcl for oral soln 25 mg/ml (base equivalent)* | Tier 2 | PA, QLC (300 ml/30 days) |
| *vancomycin hcl for oral soln 50 mg/ml (base equivalent)* | Tier 2 | PA, QLC (450 ml/30 days) |
| VANDAZOLE (*metronidazole vaginal*) 0.75 % GEL | Tier 3 | |
| XACIATO (*clindamycin phosphate vaginal*) 2 % GEL | Tier 3 | QLC (1 tube (8gm)/ 30 days) |
| XIFAXAN (*rifaximin*) 200 MG TAB | Tier 3 | PA, QLC (8 tabs/day) |
| XIFAXAN (*rifaximin*) 550 MG TAB | Tier 3 | PA, QLC (3 tabs/day) |
| ZYVOX (*linezolid*) (100 MG/5ML RECON SUSP, 600 MG TAB) | Tier 3 | PA |
| **BETA-LACTAM, CEPHALOSPORINS** | | |
| CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP) | Tier 1 | |
| CEFACLOR ER (*cefaclor monohydrate*) 500 MG TAB 12H | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CEFADROXIL 1 GM TAB | Tier 1 | |
| *cefadroxil cap 500 mg* | Tier 1 | |
| *cefadroxil for susp 250 mg/5ml* | Tier 1 | |
| *cefadroxil for susp 500 mg/5ml* | Tier 1 | |
| *cefdinir cap 300 mg* | Tier 1 | |
| *cefdinir for susp 125 mg/5ml* | Tier 1 | |
| *cefdinir for susp 250 mg/5ml* | Tier 1 | |
| CEFIXIME 100 MG/5ML RECON SUSP | Tier 1 | |
| CEFIXIME 400 MG TAB | Tier 2 | |
| *cefixime cap 400 mg* | Tier 1 | |
| *cefixime for susp 100 mg/5ml* | Tier 1 | |
| *cefixime for susp 200 mg/5ml* | Tier 1 | |
| CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG/5ML RECON SUSP) | Tier 1 | |
| *cefpodoxime proxetil tab 100 mg* | Tier 1 | |
| *cefpodoxime proxetil tab 200 mg* | Tier 1 | |
| *cefprozil for susp 125 mg/5ml* | Tier 1 | |
| *cefprozil for susp 250 mg/5ml* | Tier 1 | |
| *cefprozil tab 250 mg* | Tier 1 | |
| *cefprozil tab 500 mg* | Tier 1 | |
| *cefuroxime axetil tab 250 mg* | Tier 1 | |
| *cefuroxime axetil tab 500 mg* | Tier 1 | |
| *cephalexin cap 250 mg* | Tier 1 | |
| *cephalexin cap 500 mg* | Tier 1 | |
| *cephalexin cap 750 mg* | Tier 1 | |
| *cephalexin for susp 125 mg/5ml* | Tier 1 | |
| *cephalexin for susp 250 mg/5ml* | Tier 1 | |
| *cephalexin tab 250 mg* | Tier 1 | |
| *cephalexin tab 500 mg* | Tier 1 | |
| SUPRAX (*cefixime*) (100 MG/5ML RECON SUSP, 400 MG CAP) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **BETA-LACTAM, PENICILLINS** | | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | Tier 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | Tier 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | Tier 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | Tier 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* (AMOXICILLIN-POT CLAVULANATE) | Tier 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* (AMOXICILLIN-POT CLAVULANATE) | Tier 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* (AMOXICILLIN-POT CLAVULANATE) | Tier 1 | QLC (2 tabs/day) |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* (AMOXICILLIN-POT CLAVULANATE ER) | Tier 1 | |
| AMOXICILLIN (125 MG CHEW TAB, 250 MG CHEW TAB) | Tier 1 | |
| *amoxicillin (trihydrate) cap 250 mg* | Tier 1 | |
| *amoxicillin (trihydrate) cap 500 mg* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) tab 500 mg* | Tier 1 | |
| *amoxicillin (trihydrate) tab 875 mg* | Tier 1 | |
| AMOXICILLIN-POT CLAVULANATE (*amoxicillin & pot clavulanate*) (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ampicillin cap 500 mg* | Tier 1 | |
| AUGMENTIN (*amoxicillin & pot clavulanate*) 125-31.25 MG/5ML RECON SUSP | Tier 2 | |
| AUGMENTIN (*amoxicillin & pot clavulanate*) 500-125 MG TAB | Tier 3 | |
| AUGMENTIN ES-600 (*amoxicillin & pot clavulanate*) 600-42.9 MG/5ML RECON SUSP | Tier 3 | |
| *dicloxacillin sodium cap 250 mg* | Tier 1 | |
| *dicloxacillin sodium cap 500 mg* | Tier 1 | |
| PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN) | Tier 1 | |
| *penicillin v potassium tab 250 mg* | Tier 1 | |
| *penicillin v potassium tab 500 mg* | Tier 1 | |
| **CARBAPENEMS** | | |
| ORLYNVAH (*sulopenem etzadroxil-probenecid*) 500-500 MG TAB | Tier 4 | PA, LA, QLC (10 tabs/30 days) |
| **MACROLIDES** | | |
| AZITHROMYCIN 1 GM PACKET | Tier 1 | |
| *azithromycin for susp 100 mg/5ml* | Tier 1 | |
| *azithromycin for susp 200 mg/5ml* | Tier 1 | |
| *azithromycin tab 250 mg* | Tier 1 | QLC (12 tabs/30 days) |
| *azithromycin tab 500 mg* | Tier 1 | |
| *azithromycin tab 600 mg* | Tier 1 | |
| CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP) | Tier 1 | |
| *clarithromycin tab 250 mg* | Tier 1 | QLC (42 tabs/fill) |
| *clarithromycin tab 500 mg* | Tier 1 | QLC (42 tabs/fill) |
| *clarithromycin tab er 24hr 500 mg* (CLARITHROMYCIN ER) | Tier 1 | QLC (28 tabs/30 days) |
| DIFICID (*fidaxomicin*) 200 MG TAB | Tier 3 | PA, QLC (20 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DIFICID (*fidaxomicin*) 40 MG/ML RECON SUSP | Tier 3 | PA, QLC (136 ml/30 days) |
| E.E.S. 400 (*erythromycin ethylsuccinate*) MG TAB | Tier 2 | PA |
| E.E.S. GRANULES (*erythromycin ethylsuccinate*) 200 MG/5ML RECON SUSP | Tier 3 | PA |
| ERYPED 200 (*erythromycin ethylsuccinate*) MG/5ML RECON SUSP | Tier 3 | PA |
| ERYPED 400 (*erythromycin ethylsuccinate*) MG/5ML RECON SUSP | Tier 3 | PA |
| ERYTHROCIN STEARATE (*erythromycin stearate*) 250 MG TAB | Tier 2 | PA |
| ERYTHROMYCIN BASE 250 MG CP DR PART | Tier 3 | PA |
| *erythromycin ethylsuccinate for susp 200 mg/5ml* | Tier 2 | PA |
| *erythromycin ethylsuccinate for susp 400 mg/5ml* | Tier 2 | PA |
| *erythromycin ethylsuccinate tab 400 mg* | Tier 2 | PA |
| erythromycin ethylsuccinate tab 400 mg (E.E.S. 400) | Tier 2 | PA |
| *erythromycin tab 250 mg* (ERYTHROMYCIN BASE) | Tier 2 | |
| *erythromycin tab 500 mg* (ERYTHROMYCIN BASE) | Tier 2 | |
| *erythromycin tab delayed release 250 mg* | Tier 2 | |
| erythromycin tab delayed release 250 mg (Ery-Tab) | Tier 2 | |
| *erythromycin tab delayed release 250 mg* (ERYTHROMYCIN BASE) | Tier 2 | |
| *erythromycin tab delayed release 333 mg* | Tier 2 | |
| erythromycin tab delayed release 333 mg (Ery-Tab) | Tier 2 | |
| *erythromycin tab delayed release 333 mg* (ERYTHROMYCIN BASE) | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *erythromycin tab delayed release 500 mg* | Tier 2 | |
| erythromycin tab delayed release 500 mg (Ery-Tab) | Tier 2 | |
| *erythromycin tab delayed release 500 mg* (ERYTHROMYCIN BASE) | Tier 2 | |
| *fidaxomicin tab 200 mg* | Tier 2 | PA, QLC (20 tabs/30 days) |
| ZITHROMAX (*azithromycin*) (1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB) | Tier 3 | |
| ZITHROMAX (*azithromycin*) 250 MG TAB | Tier 3 | QLC (12 tabs/30 days) |
| ZITHROMAX TRI-PAK (*azithromycin*) 500 MG TAB | Tier 3 | |
| ZITHROMAX Z-PAK (*azithromycin*) 250 MG TAB | Tier 3 | QLC (12 tabs/30 days) |
| **QUINOLONES** | | |
| BAXDELA (*delafloxacin meglumine*) 450 MG TAB | Tier 4 | PA, QLC (28 tabs/30 days) |
| BESIFLOXACIN HCL 0.6 % SUSPENSION | Tier 3 | QLC (5 ml/30 days) |
| BESIVANCE (*besifloxacin hcl*) 0.6 % SUSPENSION | Tier 3 | QLC (5 ml/30 days) |
| CILOXAN (*ciprofloxacin hcl (ophth)*) 0.3 % OINTMENT | Tier 2 | |
| CIPRO (*ciprofloxacin hcl*) (250 MG TAB, 500 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| CIPRO (*ciprofloxacin*) 250 MG/5ML (5%) RECON SUSP | Tier 3 | QLC (2 bottles/fill) |
| CIPRO (*ciprofloxacin*) 500 MG/5ML (10%) RECON SUSP | Tier 3 | QLC (3 bottles/fill) |
| *ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)* | Tier 1 | QLC (2 bottles/fill) |
| *ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)* | Tier 1 | QLC (3 bottles/fill) |
| CIPROFLOXACIN HCL 100 MG TAB | Tier 1 | QLC (2 tabs/day) |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ciprofloxacin hcl tab 250 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *levofloxacin oral soln 25 mg/ml* | Tier 2 | QLC (300 ml/30 days) |
| *levofloxacin tab 250 mg* | Tier 1 | QLC (14 tabs/30 days) |
| *levofloxacin tab 500 mg* | Tier 1 | QLC (1 tab/day) |
| *levofloxacin tab 750 mg* | Tier 1 | QLC (14 tabs/30 days) |
| *moxifloxacin hcl tab 400 mg (base equiv)* | Tier 1 | QLC (21 tabs/30 days) |
| OFLOXACIN (300 MG TAB, 400 MG TAB) | Tier 2 | |
| *ofloxacin tab 400 mg* | Tier 2 | |
| **SULFONAMIDES** | | |
| BACTRIM (*sulfamethoxazole-trimethoprim*) 400-80 MG TAB | Tier 3 | |
| BACTRIM DS (*sulfamethoxazole-trimethoprim*) 800-160 MG TAB | Tier 3 | |
| *sulfadiazine tab 500 mg* | Tier 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | Tier 1 | |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric) | Tier 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | Tier 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | Tier 1 | |
| **TETRACYCLINES** | | |
| ACTICLATE (*doxycycline hyclate*) 150 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| ACTICLATE (*doxycycline hyclate*) 75 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *demeclocycline hcl tab 150 mg* | Tier 1 | |
| *demeclocycline hcl tab 300 mg* | Tier 1 | |
| DORYX (*doxycycline hyclate*) (50 MG TAB DR, 80 MG TAB DR) | Tier 3 | PA, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DORYX (*doxycycline hyclate*) 200 MG TAB DR | Tier 3 | PA, QLC (1 tab/day) |
| DORYX MPC (*doxycycline hyclate*) (60 MG TAB DR, 120 MG TAB DR) | Tier 3 | PA, QLC (2 tabs/day) |
| *doxycycline (rosacea) cap delayed release 40 mg* | Tier 1 | PA, QLC (1 cap/day) |
| DOXYCYCLINE HYCLATE 50 MG TAB DR | Tier 2 | PA, QLC (2 tabs/day) |
| DOXYCYCLINE HYCLATE 80 MG TAB DR | Tier 3 | PA, QLC (2 tabs/day) |
| *doxycycline hyclate cap 100 mg* | Tier 1 | |
| *doxycycline hyclate cap 50 mg* | Tier 1 | |
| *doxycycline hyclate tab 100 mg* | Tier 1 | |
| *doxycycline hyclate tab 150 mg* | Tier 2 | PA, QLC (1 tab/day) |
| *doxycycline hyclate tab 20 mg* | Tier 1 | QLC (2 tabs/day) |
| *doxycycline hyclate tab 50 mg* | Tier 3 | PA, QLC (2 tabs/day) |
| doxycycline hyclate tab 50 mg (Targadox) | Tier 3 | PA, QLC (2 tabs/day) |
| *doxycycline hyclate tab 75 mg* | Tier 1 | QLC (2 tabs/day) |
| *doxycycline hyclate tab delayed release 100 mg* | Tier 2 | PA |
| *doxycycline hyclate tab delayed release 150 mg* | Tier 2 | PA, QLC (1 tab/day) |
| *doxycycline hyclate tab delayed release 200 mg* | Tier 2 | PA, QLC (1 tab/day) |
| *doxycycline hyclate tab delayed release 50 mg* | Tier 2 | PA, QLC (2 tabs/day) |
| *doxycycline hyclate tab delayed release 75 mg* | Tier 2 | PA |
| *doxycycline monohydrate cap 100 mg* | Tier 1 | |
| doxycycline monohydrate cap 100 mg (Mondoxyne NL) | Tier 1 | |
| *doxycycline monohydrate cap 150 mg* | Tier 3 | PA |
| *doxycycline monohydrate cap 50 mg* | Tier 1 | |
| *doxycycline monohydrate cap 75 mg* | Tier 3 | PA |
| *doxycycline monohydrate for susp 25 mg/5ml* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *doxycycline monohydrate tab 100 mg* | Tier 1 | |
| doxycycline monohydrate tab 100 mg (Avidoxy) | Tier 1 | |
| *doxycycline monohydrate tab 150 mg* | Tier 1 | |
| *doxycycline monohydrate tab 50 mg* | Tier 1 | |
| *doxycycline monohydrate tab 75 mg* | Tier 1 | |
| EMROSI (*minocycline hcl micronized (rosacea)*) 40 MG CAP ER 24H | Tier 4 | PA, QLC (1 cap/day) |
| *minocycline hcl cap 100 mg* | Tier 1 | |
| *minocycline hcl cap 50 mg* | Tier 1 | |
| *minocycline hcl cap 75 mg* | Tier 1 | |
| MINOCYCLINE HCL ER (ER 45 MG TAB ER 24H, ER 90 MG TAB ER 24H, ER 135 MG TAB ER 24H) | Tier 3 | PA, QLC (1 tab/day) |
| *minocycline hcl tab 100 mg* | Tier 1 | |
| *minocycline hcl tab 50 mg* | Tier 1 | |
| *minocycline hcl tab 75 mg* | Tier 1 | |
| *minocycline hcl tab er 24hr 105 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| *minocycline hcl tab er 24hr 115 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| minocycline hcl tab er 24hr 135 mg (Coremino) | Tier 3 | PA, QLC (1 tab/day) |
| *minocycline hcl tab er 24hr 135 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| minocycline hcl tab er 24hr 45 mg (Coremino) | Tier 3 | PA, QLC (1 tab/day) |
| *minocycline hcl tab er 24hr 45 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| *minocycline hcl tab er 24hr 55 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| *minocycline hcl tab er 24hr 65 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| *minocycline hcl tab er 24hr 80 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| minocycline hcl tab er 24hr 90 mg (Coremino) | Tier 3 | PA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *minocycline hcl tab er 24hr 90 mg* (MINOCYCLINE HCL ER) | Tier 3 | PA, QLC (1 tab/day) |
| NUZYRA (*omadacycline tosylate*) 150 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (30 caps/30 days) |
| ORACEA (*doxycycline (rosacea)*) 40 MG CAP DR | Tier 4 | PA, QLC (1 cap/day) |
| SEYSARA (*sarecycline hcl*) (60 MG TAB, 100 MG TAB, 150 MG TAB) | Tier 4 | PA, QLC (1 tab/day) |
| SOLODYN (*minocycline hcl*) (55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H) | Tier 3 | PA, QLC (1 tab/day) |
| *tetracycline hcl cap 250 mg* | Tier 1 | |
| *tetracycline hcl cap 500 mg* | Tier 1 | |
| VIBRAMYCIN (*doxycycline (monohydrate)*) 25 MG/5ML RECON SUSP | Tier 3 | |
| VIBRAMYCIN (*doxycycline hyclate*) 100 MG CAP | Tier 3 | |
| XIMINO (*minocycline hcl*) (45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H) | Tier 4 | PA, QLC (1 cap/day) |

## ANTICONVULSANTS (Drugs for Seizures)

### ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

| | | |
|---|---|---|
| *brivaracetam oral soln 10 mg/ml* | Tier 4 | ST, QLC (20 ml/day) |
| *brivaracetam tab 10 mg* | Tier 4 | ST, QLC (2 tabs/day) |
| *brivaracetam tab 100 mg* | Tier 4 | ST, QLC (2 tabs/day) |
| *brivaracetam tab 25 mg* | Tier 4 | ST, QLC (2 tabs/day) |
| *brivaracetam tab 50 mg* | Tier 4 | ST, QLC (2 tabs/day) |
| *brivaracetam tab 75 mg* | Tier 4 | ST, QLC (2 tabs/day) |
| BRIVIACT (*brivaracetam*) (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB) | Tier 4 | ST, QLC (2 tabs/day) |
| BRIVIACT (*brivaracetam*) 10 MG/ML SOLUTION | Tier 4 | ST, QLC (20 ml/day) |
| DEPAKOTE (*divalproex sodium*) (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DEPAKOTE ER (*divalproex sodium*) (ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H) | Tier 3 | |
| DEPAKOTE SPRINKLES (*divalproex sodium*) 125 MG CAP DR | Tier 3 | |
| DIACOMIT (*stiripentol*) 250 MG CAP | Tier 4 | PA, LA, QLC (3 caps/day) |
| DIACOMIT (*stiripentol*) 250 MG PACKET | Tier 4 | PA, LA, QLC (3 packets/day) |
| DIACOMIT (*stiripentol*) 500 MG CAP | Tier 4 | PA, LA, QLC (6 caps/day) |
| DIACOMIT (*stiripentol*) 500 MG PACKET | Tier 4 | PA, LA, QLC (6 packets/day) |
| *divalproex sodium cap delayed release sprinkle 125 mg* | Tier 1 | |
| *divalproex sodium tab delayed release 125 mg* | Tier 1 | |
| *divalproex sodium tab delayed release 250 mg* | Tier 1 | |
| *divalproex sodium tab delayed release 500 mg* | Tier 1 | |
| *divalproex sodium tab er 24 hr 250 mg* (DIVALPROEX SODIUM ER) | Tier 1 | |
| *divalproex sodium tab er 24 hr 500 mg* (DIVALPROEX SODIUM ER) | Tier 1 | |
| EPIDIOLEX (*cannabidiol*) 100 MG/ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 bottles/28 days) |
| EPRONTIA (*topiramate*) 25 MG/ML SOLUTION | Tier 3 | PA, QLC (16 ml/day) |
| *felbamate susp 600 mg/5ml* | Tier 1 | |
| *felbamate tab 400 mg* | Tier 1 | |
| *felbamate tab 600 mg* | Tier 1 | |
| FELBATOL (*felbamate*) (400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION) | Tier 3 | |
| FINTEPLA (*fenfluramine hcl (anticonvulsant)*) 2.2 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (12 ml/day) |
| FYCOMPA (*perampanel*) (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| FYCOMPA (*perampanel*) 0.5 MG/ML SUSPENSION | Tier 3 | ST, QLC (24 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| FYCOMPA (*perampanel*) 2 MG TAB | Tier 3 | ST, QLC (3 tabs/day) |
| KEPPRA (*levetiracetam*) (100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB) | Tier 3 | |
| KEPPRA XR (*levetiracetam*) 500 MG TAB ER 24H | Tier 3 | QLC (6 tabs/day) |
| KEPPRA XR (*levetiracetam*) 750 MG TAB ER 24H | Tier 3 | QLC (4 tabs/day) |
| LAMICTAL (*lamotrigine*) (5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) | Tier 3 | |
| LAMICTAL ODT (*lamotrigine*) (ODT 21 25 MG 7 50 MG KIT, ODT 42 50 MG 14100 MG KIT) | Tier 3 | PA, QLC (1 starter kit/35 days) |
| LAMICTAL ODT (*lamotrigine*) (ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP) | Tier 3 | PA |
| LAMICTAL ODT (*lamotrigine*) 25 & 50 & 100 MG KIT | Tier 3 | PA, QLC (1 starter kit/30 days) |
| LAMICTAL STARTER (*lamotrigine*) (35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT) | Tier 3 | |
| LAMICTAL XR (*lamotrigine*) (21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT) | Tier 3 | ST, QLC (1 kit/35 days) |
| LAMICTAL XR (*lamotrigine*) (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H) | Tier 3 | ST, QLC (1 tab/day) |
| LAMICTAL XR (*lamotrigine*) (250 MG TAB ER 24H, 300 MG TAB ER 24H) | Tier 3 | ST, QLC (2 tabs/day) |
| LAMICTAL XR (*lamotrigine*) 200 MG TAB ER 24H | Tier 3 | ST, QLC (3 tabs/day) |
| *lamotrigine orally disintegrating tab 100 mg* | Tier 1 | PA |
| *lamotrigine orally disintegrating tab 200 mg* | Tier 1 | PA |
| *lamotrigine orally disintegrating tab 25 mg* | Tier 1 | PA |
| *lamotrigine orally disintegrating tab 50 mg* | Tier 1 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *lamotrigine tab 100 mg* | Tier 1 | |
| lamotrigine tab 100 mg (Subvenite) | Tier 1 | |
| *lamotrigine tab 150 mg* | Tier 1 | |
| lamotrigine tab 150 mg (Subvenite) | Tier 1 | |
| *lamotrigine tab 200 mg* | Tier 1 | |
| lamotrigine tab 200 mg (Subvenite) | Tier 1 | |
| *lamotrigine tab 25 mg* | Tier 1 | |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* (LAMOTRIGINE STARTER KIT-ORANGE) | Tier 1 | |
| lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange) | Tier 1 | |
| lamotrigine tab 25 mg (Subvenite) | Tier 1 | |
| *lamotrigine tab 35 x 25 mg starter kit* (LAMOTRIGINE STARTER KIT-BLUE) | Tier 1 | |
| lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue) | Tier 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* (LAMOTRIGINE STARTER KIT-GREEN) | Tier 1 | |
| lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green) | Tier 1 | |
| *lamotrigine tab chewable dispersible 25 mg* | Tier 1 | |
| *lamotrigine tab chewable dispersible 5 mg* | Tier 1 | |
| *lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit* | Tier 1 | PA, QLC (1 starter kit/35 days) |
| *lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit* | Tier 1 | PA, QLC (1 starter kit/30 days) |
| *lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit* | Tier 1 | PA, QLC (1 starter kit/35 days) |
| *lamotrigine tab er 24hr 100 mg* (LAMOTRIGINE ER) | Tier 1 | ST, QLC (1 tab/day) |
| *lamotrigine tab er 24hr 200 mg* (LAMOTRIGINE ER) | Tier 1 | ST, QLC (3 tabs/day) |
| *lamotrigine tab er 24hr 25 mg* (LAMOTRIGINE ER) | Tier 1 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *lamotrigine tab er 24hr 250 mg* (LAMOTRIGINE ER) | Tier 1 | ST, QLC (2 tabs/day) |
| *lamotrigine tab er 24hr 300 mg* (LAMOTRIGINE ER) | Tier 1 | ST, QLC (2 tabs/day) |
| *lamotrigine tab er 24hr 50 mg* (LAMOTRIGINE ER) | Tier 1 | ST, QLC (1 tab/day) |
| LEVETIRACETAM (250 MG TAB, 500 MG TAB) | Tier 4 | PA, QLC (6 tabs/day) |
| *levetiracetam oral soln 100 mg/ml* | Tier 1 | |
| *levetiracetam tab 1000 mg* | Tier 1 | |
| *levetiracetam tab 250 mg* | Tier 1 | |
| *levetiracetam tab 500 mg* | Tier 1 | |
| levetiracetam tab 500 mg (Roweepra) | Tier 1 | |
| *levetiracetam tab 750 mg* | Tier 1 | |
| *levetiracetam tab er 24hr 500 mg* (LEVETIRACETAM ER) | Tier 1 | QLC (6 tabs/day) |
| *levetiracetam tab er 24hr 750 mg* (LEVETIRACETAM ER) | Tier 1 | QLC (4 tabs/day) |
| MOTPOLY XR (*lacosamide*) (150 MG CAP ER 24H, 200 MG CAP ER 24H) | Tier 3 | PA, QLC (2 caps/day) |
| MOTPOLY XR (*lacosamide*) 100 MG CAP ER 24H | Tier 3 | PA, QLC (1 cap/day) |
| *perampanel susp 0.5 mg/ml* | Tier 3 | ST, QLC (24 ml/day) |
| *perampanel tab 10 mg* | Tier 3 | ST, QLC (1 tab/day) |
| *perampanel tab 12 mg* | Tier 3 | ST, QLC (1 tab/day) |
| *perampanel tab 2 mg* | Tier 3 | ST, QLC (3 tabs/day) |
| *perampanel tab 4 mg* | Tier 3 | ST, QLC (1 tab/day) |
| *perampanel tab 6 mg* | Tier 3 | ST, QLC (1 tab/day) |
| *perampanel tab 8 mg* | Tier 3 | ST, QLC (1 tab/day) |
| QUDEXY XR (*topiramate*) (150 MG CP24 SPRNK, 200 MG CP24 SPRNK) | Tier 3 | PA, QLC (2 caps/day) |
| QUDEXY XR (*topiramate*) (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK) | Tier 3 | PA, QLC (1 cap/day) |
| SPRITAM (*levetiracetam*) (250 MG TAB, 500 MG TAB) | Tier 3 | PA, QLC (6 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SPRITAM (*levetiracetam*) 1000 MG TAB | Tier 3 | PA, QLC (3 tabs/day) |
| SPRITAM (*levetiracetam*) 750 MG TAB | Tier 3 | PA, QLC (4 tabs/day) |
| SUBVENITE (*lamotrigine*) 10 MG/ML SUSPENSION | Tier 4 | PA, QLC (50 ml/day) |
| TOPAMAX (*topiramate*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB) | Tier 3 | |
| TOPAMAX SPRINKLE (*topiramate*) (15 MG CAP SPRINK, 25 MG CAP SPRINK) | Tier 3 | |
| *topiramate cap er 24hr 100 mg* (TOPIRAMATE ER) | Tier 2 | PA, QLC (3 caps/day) |
| *topiramate cap er 24hr 200 mg* (TOPIRAMATE ER) | Tier 2 | PA, QLC (2 caps/day) |
| *topiramate cap er 24hr 25 mg* (TOPIRAMATE ER) | Tier 2 | PA, QLC (3 caps/day) |
| *topiramate cap er 24hr 50 mg* (TOPIRAMATE ER) | Tier 2 | PA, QLC (7 caps/day) |
| *topiramate cap er 24hr sprinkle 100 mg* (TOPIRAMATE ER) | Tier 1 | PA, QLC (1 cap/day) |
| *topiramate cap er 24hr sprinkle 150 mg* (TOPIRAMATE ER) | Tier 1 | PA, QLC (2 caps/day) |
| *topiramate cap er 24hr sprinkle 200 mg* (TOPIRAMATE ER) | Tier 1 | PA, QLC (2 caps/day) |
| *topiramate cap er 24hr sprinkle 25 mg* (TOPIRAMATE ER) | Tier 1 | PA, QLC (1 cap/day) |
| *topiramate cap er 24hr sprinkle 50 mg* (TOPIRAMATE ER) | Tier 1 | PA, QLC (1 cap/day) |
| *topiramate oral soln 25 mg/ml* | Tier 2 | PA, QLC (16 ml/day) |
| *topiramate sprinkle cap 15 mg* | Tier 1 | |
| *topiramate sprinkle cap 25 mg* | Tier 1 | |
| *topiramate sprinkle cap 50 mg* | Tier 3 | PA |
| *topiramate tab 100 mg* | Tier 1 | |
| *topiramate tab 200 mg* | Tier 1 | |
| *topiramate tab 25 mg* | Tier 1 | |
| *topiramate tab 50 mg* | Tier 1 | |
| TROKENDI XR (*topiramate*) (25 MG CAP ER 24H, 100 MG CAP ER 24H) | Tier 3 | PA, QLC (3 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TROKENDI XR (*topiramate*) 200 MG CAP ER 24H | Tier 3 | PA, QLC (2 caps/day) |
| TROKENDI XR (*topiramate*) 50 MG CAP ER 24H | Tier 3 | PA, QLC (7 caps/day) |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* (VALPROIC ACID) | Tier 1 | |
| *valproic acid cap 250 mg* | Tier 1 | |
| XCOPRI (*cenobamate*) (150 MG TAB, 200 MG TAB) | Tier 4 | PA, QLC (2 tabs/day) |
| XCOPRI (*cenobamate*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 4 | PA, QLC (1 tab/day) |
| **CALCIUM CHANNEL MODIFYING AGENTS** | | |
| CELONTIN (*methsuximide*) 300 MG CAP | Tier 3 | |
| *ethosuximide cap 250 mg* | Tier 1 | |
| *ethosuximide soln 250 mg/5ml* | Tier 1 | |
| *methsuximide cap 300 mg* | Tier 2 | |
| ZARONTIN (*ethosuximide*) (250 MG CAP, 250 MG/5ML SOLUTION) | Tier 3 | |
| **GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS** | | |
| *clobazam suspension 2.5 mg/ml* | Tier 1 | ST, QLC (16 ml/day) |
| *clobazam tab 10 mg* | Tier 1 | ST, QLC (4 tabs/day) |
| *clobazam tab 20 mg* | Tier 1 | ST, QLC (2 tabs/day) |
| DIASTAT ACUDIAL (*diazepam (anticonvulsant)*) (10 MG GEL, 20 MG GEL) | Tier 3 | QLC (1 kit [2 doses]/fill) |
| DIASTAT PEDIATRIC (*diazepam (anticonvulsant)*) 2.5 MG GEL | Tier 3 | QLC (1 kit [2 doses]/fill) |
| *diazepam rectal gel delivery system 10 mg* | Tier 1 | QLC (1 kit [2 doses]/fill) |
| *diazepam rectal gel delivery system 2.5 mg* | Tier 1 | QLC (1 kit [2 doses]/fill) |
| *diazepam rectal gel delivery system 20 mg* | Tier 1 | QLC (1 kit [2 doses]/fill) |
| *gabapentin cap 100 mg* | Tier 1 | |
| *gabapentin cap 200 mg* | Tier 4 | PA, QLC (3 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| gabapentin cap 200 mg (Relgaabi) | Tier 4 | PA, QLC (3 caps/day) |
| *gabapentin cap 300 mg* | Tier 1 | |
| gabapentin cap 300 mg (Relgaabi) | Tier 4 | PA, QLC (9 caps/day) |
| *gabapentin cap 400 mg* | Tier 1 | |
| gabapentin cap 400 mg (Relgaabi) | Tier 4 | PA, QLC (9 caps/day) |
| *gabapentin oral soln 250 mg/5ml* | Tier 1 | |
| *gabapentin tab 600 mg* | Tier 1 | |
| *gabapentin tab 800 mg* | Tier 1 | |
| GABARONE (*gabapentin*) 100 MG TAB | Tier 4 | PA, QLC (6 tabs/day) |
| GABARONE (*gabapentin*) 400 MG TAB | Tier 4 | PA, QLC (9 tabs/day) |
| GABITRIL (*tiagabine hcl*) (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB) | Tier 3 | |
| LIBERVANT (*diazepam (anticonvulsant)*) (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM) | Tier 4 | PA, QLC (5 fills/30 days) |
| MYSOLINE (*primidone*) (50 MG TAB, 250 MG TAB) | Tier 3 | |
| NAYZILAM (*midazolam (anticonvulsant)*) 5 MG/0.1ML SOLUTION | Tier 4 | PA, QLC (5 fills/30 days) |
| NEURONTIN (*gabapentin*) (100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB) | Tier 3 | |
| ONFI (*clobazam*) 10 MG TAB | Tier 3 | ST, QLC (4 tabs/day) |
| ONFI (*clobazam*) 2.5 MG/ML SUSPENSION | Tier 3 | ST, QLC (16 ml/day) |
| ONFI (*clobazam*) 20 MG TAB | Tier 3 | ST, QLC (2 tabs/day) |
| PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, 30 MG TAB, 30 MG/7.5ML ELIXIR, 32.4 MG TAB, 60 MG TAB, 60 MG/15ML ELIXIR, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB) | Tier 1 | |
| *phenobarbital elixir 20 mg/5ml* | Tier 1 | |
| *phenobarbital tab 100 mg* | Tier 1 | |
| *phenobarbital tab 15 mg* | Tier 1 | |
| *phenobarbital tab 16.2 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *phenobarbital tab 30 mg* | Tier 1 | |
| *phenobarbital tab 32.4 mg* | Tier 1 | |
| *phenobarbital tab 60 mg* | Tier 1 | |
| *phenobarbital tab 64.8 mg* | Tier 1 | |
| *phenobarbital tab 97.2 mg* | Tier 1 | |
| PRIMIDONE 125 MG TAB | Tier 1 | |
| *primidone tab 250 mg* | Tier 1 | |
| *primidone tab 50 mg* | Tier 1 | |
| SABRIL (*vigabatrin*) 500 MG PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 packs/day) |
| SABRIL (*vigabatrin*) 500 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 tabs/day) |
| SYMPAZAN (*clobazam*) (5 MG FILM, 10 MG FILM, 20 MG FILM) | Tier 3 | PA, QLC (2 films/day) |
| TIAGABINE HCL (12 MG TAB, 16 MG TAB) | Tier 1 | |
| *tiagabine hcl tab 12 mg* | Tier 1 | |
| *tiagabine hcl tab 16 mg* | Tier 1 | |
| *tiagabine hcl tab 2 mg* | Tier 1 | |
| *tiagabine hcl tab 4 mg* | Tier 1 | |
| VALTOCO 10 MG DOSE (*diazepam (anticonvulsant)*) /0.1ML LIQUID | Tier 4 | PA, QLC (10 sprays/30 days) |
| VALTOCO 15 MG DOSE (*diazepam (anticonvulsant)*) 2 X 7.5 /0.1ML LIQD THPK | Tier 4 | PA, QLC (10 sprays/30 days) |
| VALTOCO 20 MG DOSE (*diazepam (anticonvulsant)*) 0 X 10 /0.1ML LIQD THPK | Tier 4 | PA, QLC (10 sprays/30 days) |
| VALTOCO 5 MG DOSE (*diazepam (anticonvulsant)*) /0.1ML LIQUID | Tier 4 | PA, QLC (10 sprays/30 days) |
| *vigabatrin powd pack 500 mg* | Tier 4 | PA, S (Specialty Drug), QLC (6 packs/day) |
| vigabatrin powd pack 500 mg (Vigadrone) | Tier 4 | PA, LA, QLC (6 packs/day) |
| vigabatrin powd pack 500 mg (Vigpoder) | Tier 4 | PA, LA, QLC (6 packs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *vigabatrin tab 500 mg* | Tier 4 | PA, S (Specialty Drug), QLC (6 tabs/day) |
| vigabatrin tab 500 mg (Vigadrone) | Tier 4 | PA, LA, QLC (6 tabs/day) |
| VIGAFYDE (*vigabatrin*) 100 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (750 ml/30 days) |
| ZTALMY (*ganaxolone*) 50 MG/ML SUSPENSION | Tier 4 | PA, LA, QLC (36 ml/day) |
| **SODIUM CHANNEL AGENTS** | | |
| APTIOM (*eslicarbazepine acetate*) (200 MG TAB, 400 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| APTIOM (*eslicarbazepine acetate*) (600 MG TAB, 800 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| BANZEL (*rufinamide*) 200 MG TAB | Tier 3 | ST, QLC (16 tabs/day) |
| BANZEL (*rufinamide*) 40 MG/ML SUSPENSION | Tier 3 | ST, QLC (80 ml/day) |
| BANZEL (*rufinamide*) 400 MG TAB | Tier 3 | ST, QLC (8 tabs/day) |
| CARBAMAZEPINE 200 MG CHEW TAB | Tier 2 | PA |
| *carbamazepine cap er 12hr 100 mg* (CARBAMAZEPINE ER) | Tier 1 | |
| *carbamazepine cap er 12hr 200 mg* (CARBAMAZEPINE ER) | Tier 1 | |
| *carbamazepine cap er 12hr 300 mg* (CARBAMAZEPINE ER) | Tier 1 | |
| *carbamazepine chew tab 100 mg* | Tier 1 | |
| *carbamazepine susp 100 mg/5ml* | Tier 1 | |
| *carbamazepine tab 200 mg* | Tier 1 | |
| carbamazepine tab 200 mg (Epitol) | Tier 1 | |
| *carbamazepine tab er 12hr 100 mg* (CARBAMAZEPINE ER) | Tier 1 | |
| *carbamazepine tab er 12hr 200 mg* (CARBAMAZEPINE ER) | Tier 1 | |
| *carbamazepine tab er 12hr 400 mg* (CARBAMAZEPINE ER) | Tier 1 | |
| CARBATROL (*carbamazepine*) (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DILANTIN (*phenytoin sodium extended*) (30 MG CAP, 100 MG CAP) | Tier 2 | |
| DILANTIN (*phenytoin*) 125 MG/5ML SUSPENSION | Tier 2 | |
| DILANTIN INFATABS (*phenytoin*) 50 MG CHEW | Tier 2 | |
| DILANTIN-125 (*phenytoin*) MG/5ML SUSPENSION | Tier 2 | |
| *eslicarbazepine acetate tab 200 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *eslicarbazepine acetate tab 400 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *eslicarbazepine acetate tab 600 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| *eslicarbazepine acetate tab 800 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| *lacosamide oral solution 10 mg/ml* | Tier 1 | QLC (40 ml/day) |
| *lacosamide tab 100 mg* | Tier 1 | QLC (2 tabs/day) |
| *lacosamide tab 150 mg* | Tier 1 | QLC (2 tabs/day) |
| *lacosamide tab 200 mg* | Tier 1 | QLC (2 tabs/day) |
| *lacosamide tab 50 mg* | Tier 1 | QLC (2 tabs/day) |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | Tier 1 | QLC (40 ml/day) |
| *oxcarbazepine tab 150 mg* | Tier 1 | QLC (16 tabs/day) |
| *oxcarbazepine tab 300 mg* | Tier 1 | QLC (8 tabs/day) |
| *oxcarbazepine tab 600 mg* | Tier 1 | QLC (4 tabs/day) |
| *oxcarbazepine tab er 24hr 150 mg* (OXCARBAZEPINE ER) | Tier 2 | ST, QLC (1 tab/day) |
| *oxcarbazepine tab er 24hr 300 mg* (OXCARBAZEPINE ER) | Tier 2 | ST, QLC (1 tab/day) |
| *oxcarbazepine tab er 24hr 600 mg* (OXCARBAZEPINE ER) | Tier 2 | ST, QLC (4 tabs/day) |
| OXTELLAR XR (*oxcarbazepine*) (150 MG TAB ER 24H, 300 MG TAB ER 24H) | Tier 3 | ST, QLC (1 tab/day) |
| OXTELLAR XR (*oxcarbazepine*) 600 MG TAB ER 24H | Tier 3 | ST, QLC (4 tabs/day) |
| *phenytoin chew tab 50 mg* | Tier 1 | |
| *phenytoin chew tab 50 mg* (PHENYTOIN INFATABS) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *phenytoin sodium extended cap 100 mg* | Tier 1 | |
| *phenytoin sodium extended cap 200 mg* | Tier 1 | |
| phenytoin sodium extended cap 200 mg (Phenytek) | Tier 1 | |
| *phenytoin sodium extended cap 300 mg* | Tier 1 | |
| phenytoin sodium extended cap 300 mg (Phenytek) | Tier 1 | |
| *phenytoin susp 125 mg/5ml* | Tier 1 | |
| *rufinamide susp 40 mg/ml* | Tier 1 | ST, QLC (80 ml/day) |
| *rufinamide tab 200 mg* | Tier 2 | ST, QLC (16 tabs/day) |
| *rufinamide tab 400 mg* | Tier 2 | ST, QLC (8 tabs/day) |
| TEGRETOL (*carbamazepine*) (100 MG/5ML SUSPENSION, 200 MG TAB) | Tier 3 | |
| TEGRETOL-XR (*carbamazepine*) (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H) | Tier 3 | |
| TRILEPTAL (*oxcarbazepine*) 150 MG TAB | Tier 3 | QLC (16 tabs/day) |
| TRILEPTAL (*oxcarbazepine*) 300 MG TAB | Tier 3 | QLC (8 tabs/day) |
| TRILEPTAL (*oxcarbazepine*) 300 MG/5ML SUSPENSION | Tier 3 | QLC (40 ml/day) |
| TRILEPTAL (*oxcarbazepine*) 600 MG TAB | Tier 3 | QLC (4 tabs/day) |
| VIMPAT (*lacosamide*) (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| VIMPAT (*lacosamide*) 10 MG/ML SOLUTION | Tier 3 | QLC (40 ml/day) |
| XCOPRI (250 MG DAILY DOSE) (*cenobamate*) 100 & 150 TAB THPK | Tier 4 | PA, QLC (2 tabs/day) |
| XCOPRI (350 MG DAILY DOSE) (*cenobamate*) 150 & 200 TAB THPK | Tier 4 | PA, QLC (2 tabs/day) |
| XCOPRI (*cenobamate*) (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK) | Tier 4 | PA, QLC (28 tabs/84 days) |
| XCOPRI (*cenobamate*) COPRI 14 12.5 MG & 14 25 MG TAB THPK | Tier 3 | PA, QLC (28 tabs/84 days) |
| ZONEGRAN (*zonisamide*) (25 MG CAP, 100 MG CAP) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZONISADE (*zonisamide*) 100 MG/5ML SUSPENSION | Tier 3 | PA, QLC (30 ml/day) |
| *zonisamide cap 100 mg* | Tier 1 | |
| *zonisamide cap 25 mg* | Tier 1 | |
| *zonisamide cap 50 mg* | Tier 1 | |
| **ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)** | | |
| **ANTIDEMENTIA AGENTS, OTHER** | | |
| ERGOLOID MESYLATES 1 MG TAB | Tier 3 | |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* | Tier 2 | QLC (1 cap/day) |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* (MEMANTINE HCL-DONEPEZIL HCL ER) | Tier 2 | QLC (1 cap/day) |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* | Tier 2 | QLC (1 cap/day) |
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* | Tier 2 | QLC (1 cap/day) |
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* (MEMANTINE HCL-DONEPEZIL HCL ER) | Tier 2 | QLC (1 cap/day) |
| NAMZARIC (*memantine hcl-donepezil hcl*) (14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H) | Tier 3 | QLC (1 cap/day) |
| NAMZARIC (*memantine hcl-donepezil hcl*) 7 & 14 & 21 &28 -10 MG CP24 THPK | Tier 2 | QLC (1 dose-pack/6 months) |
| NAMZARIC (*memantine hcl-donepezil hcl*) 7-10 MG CAP ER 24H | Tier 2 | QLC (1 cap/day) |
| **CHOLINESTERASE INHIBITORS** | | |
| ADLARITY (*donepezil hydrochloride*) (5 MG/DAY PATCH WK, 10 MG/DAY PATCH WK) | Tier 3 | PA, QLC (4 patches/28 days) |
| ARICEPT (*donepezil hydrochloride*) (5 MG TAB, 10 MG TAB) | Tier 3 | |
| ARICEPT (*donepezil hydrochloride*) 23 MG TAB | Tier 3 | ST, QLC (1 tab/day) |
| *donepezil hydrochloride orally disintegrating tab 10 mg* (DONEPEZIL HCL) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *donepezil hydrochloride orally disintegrating tab 5 mg* (DONEPEZIL HCL) | Tier 1 | |
| *donepezil hydrochloride tab 10 mg* (DONEPEZIL HCL) | Tier 1 | |
| *donepezil hydrochloride tab 23 mg* (DONEPEZIL HCL) | Tier 1 | ST, QLC (1 tab/day) |
| *donepezil hydrochloride tab 5 mg* (DONEPEZIL HCL) | Tier 1 | |
| EXELON (*rivastigmine*) (4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR) | Tier 3 | QLC (1 patch/day) |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION | Tier 1 | |
| *galantamine hydrobromide cap er 24hr 16 mg* (GALANTAMINE HYDROBROMIDE ER) | Tier 1 | |
| *galantamine hydrobromide cap er 24hr 24 mg* (GALANTAMINE HYDROBROMIDE ER) *hr* | Tier 1 | |
| *galantamine hydrobromide cap er 24hr 8 mg* (GALANTAMINE HYDROBROMIDE ER) | Tier 1 | |
| *galantamine hydrobromide tab 12 mg* | Tier 1 | |
| *galantamine hydrobromide tab 4 mg* | Tier 1 | |
| *galantamine hydrobromide tab 8 mg* | Tier 1 | |
| RAZADYNE ER (*galantamine hydrobromide*) (ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H) | Tier 3 | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | Tier 1 | |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | Tier 1 | |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | Tier 1 | |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | Tier 1 | |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | Tier 1 | QLC (1 patch/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *rivastigmine td patch 24hr 4.6 mg/24hr* | Tier 1 | QLC (1 patch/day) |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | Tier 1 | QLC (1 patch/day) |
| ZUNVEYL (*benzgalantamine gluconate*) (5 MG TAB DR, 10 MG TAB DR, 15 MG TAB DR) | Tier 3 | PA, QLC (2 tabs/day) |
| **N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST** | | |
| MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB | Tier 1 | |
| *memantine hcl cap er 24hr 14 mg* (MEMANTINE HCL ER) | Tier 1 | QLC (1 cap/day) |
| *memantine hcl cap er 24hr 21 mg* (MEMANTINE HCL ER) | Tier 1 | QLC (1 cap/day) |
| *memantine hcl cap er 24hr 28 mg* (MEMANTINE HCL ER) | Tier 1 | QLC (1 cap/day) |
| *memantine hcl cap er 24hr 7 mg* (MEMANTINE HCL ER) | Tier 1 | QLC (1 cap/day) |
| *memantine hcl oral solution 2 mg/ml* | Tier 1 | |
| *memantine hcl tab 10 mg* | Tier 1 | QLC (2 tabs/day) |
| *memantine hcl tab 5 mg* | Tier 1 | QLC (2 tabs/day) |
| NAMENDA (*memantine hcl*) (5 MG TAB, 10 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| NAMENDA TITRATION PAK (*memantine hcl*) 28 X 5 MG & 21 X 10 MG TAB | Tier 3 | |
| NAMENDA XR (*memantine hcl*) (7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H) | Tier 3 | QLC (1 cap/day) |
| **ANTIDEPRESSANTS (Drugs for Depression)** | | |
| **ANTIDEPRESSANTS, OTHER** | | |
| APLENZIN (*bupropion hydrobromide*) (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H) | Tier 4 | PA, QLC (1 tab/day) |
| AUVELITY (*dextromethorphan hydrobromide-bupropion hydrochloride*) 45-105 MG TAB ER | Tier 4 | PA, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| AUVELITY TITRATION PACK (*dextromethorphan hydrobromide-bupropion hydrochloride*) 30-105 MG & 45-105 MG TBER THPK | Tier 4 | PA, QLC (51 tabs/30 days, max 2 fills/365 days) |
| BUPROPION HCL ER (XL) 450 MG TAB 24H | Tier 1 | PA, QLC (1 tab/day) |
| *bupropion hcl tab 100 mg* | Tier 1 | QLC (4 tabs/day) |
| *bupropion hcl tab 75 mg* | Tier 1 | QLC (6 tabs/day) |
| *bupropion hcl tab er 12hr 100 mg* (BUPROPION HCL ER (SR)) | Tier 1 | QLC (4 tabs/day) |
| *bupropion hcl tab er 12hr 150 mg* (BUPROPION HCL ER (SR)) | Tier 1 | QLC (3 tabs/day) |
| *bupropion hcl tab er 12hr 200 mg* (BUPROPION HCL ER (SR)) | Tier 1 | QLC (2 tabs/day) |
| *bupropion hcl tab er 24hr 150 mg* (BUPROPION HCL ER (XL)) | Tier 1 | QLC (3 tabs/day) |
| *bupropion hcl tab er 24hr 300 mg* (BUPROPION HCL ER (XL)) | Tier 1 | QLC (1 tab/day) |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB) | Tier 1 | |
| EXXUA (*gepirone hcl*) (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H) | Tier 4 | PA, QLC (1 tab/day) |
| EXXUA TITRATION PACK (*gepirone hcl*) 18.2 MG TAB ER 24H | Tier 4 | PA, QLC (1 tab/day) |
| FORFIVO XL (*bupropion hcl*) 450 MG TAB ER 24H | Tier 3 | PA, QLC (1 tab/day) |
| LYBALVI (*olanzapine-samidorphan l-malate*) (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB) | Tier 4 | PA, QLC (1 tab/day) |
| *mirtazapine orally disintegrating tab 15 mg* | Tier 1 | |
| *mirtazapine orally disintegrating tab 30 mg* | Tier 1 | |
| *mirtazapine orally disintegrating tab 45 mg* | Tier 1 | |
| *mirtazapine tab 15 mg* | Tier 1 | |
| *mirtazapine tab 30 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *mirtazapine tab 45 mg* | Tier 1 | |
| *mirtazapine tab 7.5 mg* | Tier 1 | |
| *olanzapine-fluoxetine hcl cap 12-25 mg* | Tier 1 | |
| *olanzapine-fluoxetine hcl cap 12-50 mg* | Tier 1 | |
| *olanzapine-fluoxetine hcl cap 3-25 mg* | Tier 1 | |
| *olanzapine-fluoxetine hcl cap 6-25 mg* | Tier 1 | |
| *olanzapine-fluoxetine hcl cap 6-50 mg* | Tier 1 | |
| PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB) | Tier 1 | |
| REMERON (*mirtazapine*) (15 MG TAB, 30 MG TAB) | Tier 3 | |
| REMERON SOLTAB (*mirtazapine*) (15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP) | Tier 3 | |
| SYMBYAX (*olanzapine-fluoxetine hcl*) (3-25 MG CAP, 6-25 MG CAP) | Tier 3 | |
| WELLBUTRIN SR (*bupropion hcl*) 100 MG TAB ER 12H | Tier 3 | QLC (4 tabs/day) |
| WELLBUTRIN SR (*bupropion hcl*) 150 MG TAB ER 12H | Tier 3 | QLC (3 tabs/day) |
| WELLBUTRIN SR (*bupropion hcl*) 200 MG TAB ER 12H | Tier 3 | QLC (2 tabs/day) |
| WELLBUTRIN XL (*bupropion hcl*) 150 MG TAB ER 24H | Tier 3 | QLC (3 tabs/day) |
| WELLBUTRIN XL (*bupropion hcl*) 300 MG TAB ER 24H | Tier 3 | QLC (1 tab/day) |
| ZURZUVAE (*zuranolone*) (20 MG CAP, 25 MG CAP) | Tier 4 | PA, LA, QLC (2 caps/day; max 28 caps/365 days) |
| ZURZUVAE (*zuranolone*) 30 MG CAP | Tier 4 | PA, LA, QLC (1 cap/day; max 14 caps/365 days) |
| **MONOAMINE OXIDASE INHIBITORS** | | |
| EMSAM (*selegiline*) (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR) | Tier 3 | |
| MARPLAN (*isocarboxazid*) 10 MG TAB | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NARDIL (*phenelzine sulfate*) 15 MG TAB | Tier 3 | |
| PARNATE (*tranylcypromine sulfate*) 10 MG TAB | Tier 3 | |
| PHENELZINE SULFATE 15 MG TAB | Tier 1 | |
| *tranylcypromine sulfate tab 10 mg* | Tier 1 | |
| **SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)** | | |
| CELEXA (*citalopram hydrobromide*) 10 MG TAB | Tier 3 | QLC (4 tabs/day) |
| CELEXA (*citalopram hydrobromide*) 20 MG TAB | Tier 3 | QLC (2 tabs/day) |
| CELEXA (*citalopram hydrobromide*) 40 MG TAB | Tier 3 | QLC (1 tab/day) |
| CITALOPRAM HYDROBROMIDE 30 MG CAP | Tier 3 | ST, QLC (1 cap/day) |
| *citalopram hydrobromide cap 30 mg* | Tier 3 | ST, QLC (1 cap/day) |
| *citalopram hydrobromide oral soln 10 mg/5ml* | Tier 1 | QLC (40 mg/day) |
| *citalopram hydrobromide tab 10 mg (base equiv)* | Tier 1 | QLC (4 tabs/day) |
| *citalopram hydrobromide tab 20 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *citalopram hydrobromide tab 40 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| DESVENLAFAXINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H) | Tier 3 | PA, QLC (1 tab/day) |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* (DESVENLAFAXINE SUCCINATE ER) | Tier 1 | QLC (1 tab/day) |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* (DESVENLAFAXINE SUCCINATE ER) | Tier 1 | QLC (1 tab/day) |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* (DESVENLAFAXINE SUCCINATE ER) | Tier 1 | QLC (1 tab/day) |
| EFFEXOR XR (*venlafaxine hcl*) (37.5 MG CAP ER 24H, 150 MG CAP ER 24H) | Tier 3 | QLC (2 caps/day) |
| EFFEXOR XR (*venlafaxine hcl*) 75 MG CAP ER 24H | Tier 3 | QLC (3 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ESCITALOPRAM OXALATE 15 MG CAP | Tier 3 | QLC (1 cap/day) |
| *escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml* | Tier 1 | QLC (24 ml/day) |
| *escitalopram oxalate tab 10 mg (base equiv)* | Tier 1 | QLC (4 tabs/day) |
| *escitalopram oxalate tab 20 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *escitalopram oxalate tab 5 mg (base equiv)* | Tier 1 | QLC (8 tabs/day) |
| FETZIMA (*levomilnacipran hcl*) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H) | Tier 3 | PA, QLC (1 cap/day) |
| FETZIMA TITRATION (*levomilnacipran hcl*) 20 & 40 MG CP24 THPK | Tier 3 | PA, QLC (1 cap/day) |
| FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB) | Tier 2 | QLC (1 tab/day) |
| FLUOXETINE HCL 60 MG TAB | Tier 1 | |
| FLUOXETINE HCL 90 MG CAP DR | Tier 1 | QLC (4 caps/28 days) |
| *fluoxetine hcl cap 10 mg* | Tier 1 | |
| *fluoxetine hcl cap 20 mg* | Tier 1 | |
| *fluoxetine hcl cap 40 mg* | Tier 1 | |
| *fluoxetine hcl solution 20 mg/5ml* | Tier 1 | |
| *fluoxetine hcl tab 10 mg* | Tier 2 | |
| *fluoxetine hcl tab 20 mg* | Tier 2 | |
| *fluoxetine hcl tab 60 mg* | Tier 1 | |
| *fluvoxamine maleate cap er 24hr 100 mg* (FLUVOXAMINE MALEATE ER) | Tier 2 | ST, QLC (3 caps/day) |
| *fluvoxamine maleate cap er 24hr 150 mg* (FLUVOXAMINE MALEATE ER) | Tier 2 | ST, QLC (2 caps/day) |
| *fluvoxamine maleate tab 100 mg* | Tier 1 | QLC (3 tabs/day) |
| *fluvoxamine maleate tab 25 mg* | Tier 1 | QLC (12 tabs/day) |
| *fluvoxamine maleate tab 50 mg* | Tier 1 | QLC (6 tabs/day) |
| LEXAPRO (*escitalopram oxalate*) 10 MG TAB | Tier 3 | QLC (4 tabs/day) |
| LEXAPRO (*escitalopram oxalate*) 20 MG TAB | Tier 3 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LEXAPRO (*escitalopram oxalate*) 5 MG TAB | Tier 3 | QLC (8 tabs/day) |
| NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) | Tier 1 | |
| PAROXETINE HCL 10 MG/5ML SUSPENSION | Tier 2 | QLC (30 ml/day) |
| *paroxetine hcl tab 10 mg* | Tier 1 | |
| *paroxetine hcl tab 20 mg* | Tier 1 | |
| *paroxetine hcl tab 30 mg* | Tier 1 | |
| *paroxetine hcl tab 40 mg* | Tier 1 | |
| *paroxetine hcl tab er 24hr 12.5 mg* (PAROXETINE HCL ER) | Tier 1 | |
| *paroxetine hcl tab er 24hr 25 mg* (PAROXETINE HCL ER) | Tier 1 | |
| *paroxetine hcl tab er 24hr 37.5 mg* (PAROXETINE HCL ER) | Tier 1 | |
| *paroxetine mesylate cap 7.5 mg (base equiv)* | Tier 1 | QLC (1 cap/day) |
| PAXIL (*paroxetine hcl*) (10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB) | Tier 3 | |
| PAXIL (*paroxetine hcl*) 10 MG/5ML SUSPENSION | Tier 3 | QLC (30 ml/day) |
| PAXIL CR (*paroxetine hcl*) (12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H) | Tier 3 | |
| PEXEVA (*paroxetine mesylate*) (10 MG TAB, 20 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| PEXEVA (*paroxetine mesylate*) 30 MG TAB | Tier 3 | PA, QLC (2 tabs/day) |
| PRISTIQ (*desvenlafaxine succinate*) (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H) | Tier 3 | QLC (1 tab/day) |
| PROZAC (*fluoxetine hcl*) (10 MG CAP, 20 MG CAP, 40 MG CAP) | Tier 3 | |
| RALDESY (*trazodone hcl*) 10 MG/ML SOLUTION | Tier 4 | PA, QLC (40ml/day) |
| SERTRALINE HCL (150 MG CAP, 200 MG CAP) | Tier 3 | QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sertraline hcl cap 150 mg* | Tier 2 | QLC (1 cap/day) |
| *sertraline hcl cap 200 mg* | Tier 2 | QLC (1 cap/day) |
| *sertraline hcl oral concentrate for solution 20 mg/ml* | Tier 1 | |
| *sertraline hcl tab 100 mg* | Tier 1 | |
| *sertraline hcl tab 25 mg* | Tier 1 | |
| *sertraline hcl tab 50 mg* | Tier 1 | |
| *trazodone hcl tab 100 mg* | Tier 1 | |
| *trazodone hcl tab 150 mg* | Tier 1 | |
| *trazodone hcl tab 300 mg* | Tier 1 | |
| *trazodone hcl tab 50 mg* | Tier 1 | |
| TRINTELLIX (*vortioxetine hbr*) (5 MG TAB, 10 MG TAB, 20 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H | Tier 3 | QLC (1 tab/day) |
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* (VENLAFAXINE HCL ER) | Tier 1 | QLC (2 caps/day) |
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* (VENLAFAXINE HCL ER) | Tier 1 | QLC (2 caps/day) |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* (VENLAFAXINE HCL ER) | Tier 1 | QLC (3 caps/day) |
| *venlafaxine hcl tab 100 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 25 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 50 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 75 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab er 24hr 150 mg (base equivalent)* (VENLAFAXINE HCL ER) | Tier 1 | QLC (1 tab/day) |
| *venlafaxine hcl tab er 24hr 225 mg (base equivalent)* (VENLAFAXINE HCL ER) | Tier 1 | QLC (1 tab/day) |
| *venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)* (VENLAFAXINE HCL ER) | Tier 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *venlafaxine hcl tab er 24hr 75 mg (base equivalent)*(VENLAFAXINE HCL ER) | Tier 1 | QLC (1 tab/day) |
| VIIBRYD (*vilazodone hcl*) (10 MG TAB, 20 MG TAB, 40 MG TAB) | Tier 3 | QLC (1 tab/day) |
| VIIBRYD STARTER PACK (*vilazodone hcl*) 10 & 20 MG KIT | Tier 3 | QLC (1 pack (30 tabs)/30 days; 2 fills/year) |
| *vilazodone hcl tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| *vilazodone hcl tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *vilazodone hcl tab 40 mg* | Tier 1 | QLC (1 tab/day) |
| ZOLOFT (*sertraline hcl*) (20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | |
| **TRICYCLICS** | | |
| *amitriptyline hcl tab 10 mg* | Tier 1 | |
| *amitriptyline hcl tab 100 mg* | Tier 1 | |
| *amitriptyline hcl tab 150 mg* | Tier 1 | |
| *amitriptyline hcl tab 25 mg* | Tier 1 | |
| *amitriptyline hcl tab 50 mg* | Tier 1 | |
| *amitriptyline hcl tab 75 mg* | Tier 1 | |
| *amoxapine tab 100 mg* | Tier 1 | |
| *amoxapine tab 150 mg* | Tier 1 | |
| *amoxapine tab 25 mg* | Tier 1 | |
| *amoxapine tab 50 mg* | Tier 1 | |
| ANAFRANIL (*clomipramine hcl*) (25 MG CAP, 50 MG CAP, 75 MG CAP) | Tier 3 | |
| *clomipramine hcl cap 25 mg* | Tier 2 | |
| *clomipramine hcl cap 50 mg* | Tier 2 | |
| *clomipramine hcl cap 75 mg* | Tier 2 | |
| *desipramine hcl tab 10 mg* | Tier 1 | |
| *desipramine hcl tab 100 mg* | Tier 1 | |
| *desipramine hcl tab 150 mg* | Tier 1 | |
| *desipramine hcl tab 25 mg* | Tier 1 | |
| *desipramine hcl tab 50 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *desipramine hcl tab 75 mg* | Tier 1 | |
| DOXEPIN HCL (10 MG/ML CONC, 150 MG CAP) | Tier 1 | |
| *doxepin hcl cap 10 mg* | Tier 1 | |
| *doxepin hcl cap 100 mg* | Tier 1 | |
| *doxepin hcl cap 150 mg* | Tier 1 | |
| *doxepin hcl cap 25 mg* | Tier 1 | |
| *doxepin hcl cap 50 mg* | Tier 1 | |
| *doxepin hcl cap 75 mg* | Tier 1 | |
| *doxepin hcl conc 10 mg/ml* | Tier 1 | |
| *imipramine hcl tab 10 mg* | Tier 1 | |
| *imipramine hcl tab 25 mg* | Tier 1 | |
| *imipramine hcl tab 50 mg* | Tier 1 | |
| *imipramine pamoate cap 100 mg* | Tier 2 | |
| *imipramine pamoate cap 125 mg* | Tier 2 | |
| *imipramine pamoate cap 150 mg* | Tier 2 | |
| *imipramine pamoate cap 75 mg* | Tier 2 | |
| NORPRAMIN (*desipramine hcl*) (10 MG TAB, 25 MG TAB) | Tier 3 | |
| *nortriptyline hcl cap 10 mg* | Tier 1 | |
| *nortriptyline hcl cap 25 mg* | Tier 1 | |
| *nortriptyline hcl cap 50 mg* | Tier 1 | |
| *nortriptyline hcl cap 75 mg* | Tier 1 | |
| *nortriptyline hcl soln 10 mg/5ml* | Tier 1 | |
| PAMELOR (*nortriptyline hcl*) (10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP) | Tier 3 | |
| *protriptyline hcl tab 10 mg* | Tier 1 | |
| *protriptyline hcl tab 5 mg* | Tier 1 | |
| *trimipramine maleate cap 100 mg* | Tier 1 | |
| *trimipramine maleate cap 25 mg* | Tier 1 | |
| *trimipramine maleate cap 50 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTIEMETICS (Drugs for Nausea and Vomiting)** | | |
| **ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)** | | |
| BONJESTA (*doxylamine-pyridoxine*) 20-20 MG TAB ER | Tier 3 | PA, QLC (2 tabs/day) |
| DICLEGIS (*doxylamine-pyridoxine*) 10-10 MG TAB DR | Tier 3 | QLC (4 tabs/day) |
| *doxylamine-pyridoxine tab delayed release 10-10 mg* | Tier 1 | QLC (4 tabs/day) |
| GIMOTI (*metoclopramide hcl*) 15 MG/ACT SOLUTION | Tier 4 | PA, QLC (9.8 mL (1 bottle)/ 28 days) |
| METOCLOPRAMIDE HCL 5 MG TAB DISP | Tier 1 | PA, QLC (4 tabs/day) |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml* | Tier 1 | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | Tier 1 | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | Tier 1 | |
| *perphenazine tab 16 mg* | Tier 1 | |
| *perphenazine tab 2 mg* | Tier 1 | |
| *perphenazine tab 4 mg* | Tier 1 | |
| *perphenazine tab 8 mg* | Tier 1 | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | Tier 1 | |
| *prochlorperazine maleate tab 5 mg (base equivalent)* | Tier 1 | |
| *prochlorperazine suppos 25 mg* | Tier 1 | |
| prochlorperazine suppos 25 mg (Compro) | Tier 1 | |
| *promethazine hcl oral soln 6.25 mg/5ml* | Tier 1 | |
| *promethazine hcl suppos 12.5 mg* | Tier 1 | |
| promethazine hcl suppos 12.5 mg (Promethegan) | Tier 1 | |
| *promethazine hcl suppos 25 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| promethazine hcl suppos 25 mg (Promethegan) | Tier 1 | |
| *promethazine hcl tab 12.5 mg* | Tier 1 | |
| *promethazine hcl tab 25 mg* | Tier 1 | |
| *promethazine hcl tab 50 mg* | Tier 1 | |
| PROMETHEGAN (*promethazine hcl*) 50 MG SUPPOS | Tier 2 | QLC (1 suppository/day) |
| REGLAN (*metoclopramide hcl*) (5 MG TAB, 10 MG TAB) | Tier 3 | |
| *scopolamine td patch 72hr 1 mg/3days* | Tier 1 | |
| TRANSDERM SCOP (*scopolamine*) 1 MG/3DAYS PATCH 72HR | Tier 3 | |
| TRANSDERM-SCOP (*scopolamine*) 1 MG/3DAYS PATCH 72HR | Tier 3 | |
| *trimethobenzamide hcl cap 300 mg* | Tier 1 | |
| **EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)** | | |
| AKYNZEO (*netupitant-palonosetron*) 300-0.5 MG CAP | Tier 3 | QLC (4 caps/28 days) |
| ANZEMET (*dolasetron mesylate*) 50 MG TAB | Tier 2 | QLC (2 tabs/fill) |
| *aprepitant capsule 125 mg* | Tier 1 | QLC (4 caps/28 days) |
| *aprepitant capsule 40 mg* | Tier 1 | QLC (1 cap/30 days) |
| *aprepitant capsule 80 mg* | Tier 1 | QLC (8 caps/28 days) |
| *aprepitant capsule therapy pack 80 & 125 mg* | Tier 1 | QLC (12 caps/28 days) |
| *dronabinol cap 10 mg* | Tier 1 | QLC (6 caps/day) |
| *dronabinol cap 2.5 mg* | Tier 1 | QLC (6 caps/day) |
| *dronabinol cap 5 mg* | Tier 1 | QLC (6 caps/day) |
| EMEND (*aprepitant*) 125 MG/5ML RECON SUSP | Tier 3 | PA, QLC (12 packets/28 days) |
| EMEND BIPACK (*aprepitant*) 80 MG CAP | Tier 3 | QLC (8 caps/28 days) |
| EMEND TRIPACK (*aprepitant*) 80 & 125 MG CAP THPK | Tier 3 | QLC (12 caps/28 days) |
| *granisetron hcl tab 1 mg* | Tier 1 | QLC (12 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| GRANISOL (*granisetron hcl*) 2 MG/10ML SOLUTION | Tier 4 | PA, QLC (10 ml/day) |
| MARINOL (*dronabinol*) (2.5 MG CAP, 5 MG CAP, 10 MG CAP) | Tier 3 | QLC (6 caps/day) |
| NEREUS (*tradipitant*) 85 MG CAP | Tier 4 | PA, QLC (2 caps/day, max 90 days of therapy/365 days) |
| ONDANSETRON 16 MG TAB DISP | Tier 3 | PA, QLC (1 tab/30 days) |
| ONDANSETRON HCL 24 MG TAB | Tier 1 | QLC (1 tab/30 days) |
| *ondansetron hcl oral soln 4 mg/5ml* | Tier 1 | QLC (1 bottle (50 ml)/ 30 days) |
| *ondansetron hcl tab 4 mg* | Tier 1 | QLC (6 tabs/day) |
| *ondansetron hcl tab 8 mg* | Tier 1 | QLC (3 tabs/day) |
| *ondansetron orally disintegrating tab 4 mg* | Tier 1 | QLC (6 tabs/day) |
| *ondansetron orally disintegrating tab 8 mg* | Tier 1 | QLC (3 tabs/day) |
| SANCUSO (*granisetron*) 3.1 MG/24HR PATCH | Tier 4 | PA, QLC (2 patches/28 days) |
| SYNDROS (*dronabinol*) 5 MG/ML SOLUTION | Tier 4 | PA, QLC (4 bottles/30 days) |
| VARUBI (180 MG DOSE) (*rolapitant hcl*) 2 X 90 TAB THPK | Tier 3 | LA, QLC (2 tabs/14 days) |

## ANTIFUNGALS (Drugs for Fungal Infections)

| | | |
|---|---|---|
| ANCOBON (*flucytosine*) (250 MG CAP, 500 MG CAP) | Tier 3 | |
| *clotrimazole troche 10 mg* | Tier 1 | |
| CRESEMBA (*isavuconazonium sulfate*) 186 MG CAP | Tier 4 | PA, QLC (2 caps/day) |
| CRESEMBA (*isavuconazonium sulfate*) 74.5 MG CAP | Tier 4 | PA, QLC (5 caps/day) |
| DIFLUCAN (*fluconazole*) (10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) | Tier 3 | |
| ECONAZOLE NITRATE 1 % FOAM | Tier 4 | ST, QLC (1 bottle/30 days) |
| *econazole nitrate cream 1%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ERTACZO (*sertaconazole nitrate*) 2 % CREAM | Tier 4 | ST, QLC (1 tube/fill) |
| EXELDERM (*sulconazole nitrate*) (1 % CREAM, 1 % SOLUTION) | Tier 3 | |
| EXTINA (*ketoconazole (topical)*) 2 % FOAM | Tier 3 | ST |
| *fluconazole for susp 10 mg/ml* | Tier 1 | |
| *fluconazole for susp 40 mg/ml* | Tier 1 | |
| *fluconazole tab 100 mg* | Tier 1 | |
| *fluconazole tab 150 mg* | Tier 1 | |
| *fluconazole tab 200 mg* | Tier 1 | |
| *fluconazole tab 50 mg* | Tier 1 | |
| *flucytosine cap 250 mg* | Tier 1 | |
| *flucytosine cap 500 mg* | Tier 1 | |
| FULVICIN P/G 165 (*griseofulvin ultramicrosize*) MG TAB | Tier 4 | PA, QLC (2 tabs/day) |
| *griseofulvin microsize susp 125 mg/5ml* | Tier 1 | |
| *griseofulvin microsize tab 500 mg* | Tier 1 | |
| GRISEOFULVIN ULTRAMICROSIZE 165 MG TAB | Tier 4 | PA, QLC (2 tabs/day) |
| *griseofulvin ultramicrosize tab 125 mg* | Tier 1 | |
| *griseofulvin ultramicrosize tab 250 mg* | Tier 1 | |
| GYNAZOLE-1 (*butoconazole nitrate (one dose)*) 2 % CREAM | Tier 1 | |
| *itraconazole cap 100 mg* | Tier 1 | QLC (4 caps/day) |
| *itraconazole oral soln 10 mg/ml* | Tier 1 | PA |
| JUBLIA (*efinaconazole*) 10 % SOLUTION | Tier 4 | PA, QLC (1 bottle (4ml)/30 days) |
| KERYDIN (*tavaborole*) 5 % SOLUTION | Tier 4 | PA, QLC (10 ml/30 days) |
| *ketoconazole cream 2%* | Tier 1 | |
| *ketoconazole foam 2%* | Tier 1 | ST |
| ketoconazole foam 2% (Ketodan) | Tier 1 | ST |
| *ketoconazole shampoo 2%* | Tier 1 | |
| *ketoconazole tab 200 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LULICONAZOLE 1 % CREAM | Tier 1 | ST, QLC (1 bottle/30 days) |
| LUZU (*luliconazole*) 1 % CREAM | Tier 3 | ST, QLC (1 bottle/30 days) |
| MICONAZOLE 3 (*miconazole nitrate vaginal*) 200 MG SUPPOS | Tier 1 | |
| MICONAZOLE-ZINC OXIDE-PETROLAT (*miconazole-zinc oxide-white petrolatum*) 0.25-15-81.35 % OINTMENT | Tier 1 | ST |
| NAFTIFINE HCL 1 % CREAM | Tier 2 | ST |
| *naftifine hcl cream 2%* | Tier 2 | ST |
| *naftifine hcl gel 2%* | Tier 2 | ST |
| NAFTIN (*naftifine hcl*) (1 % GEL, 2 % GEL) | Tier 3 | ST |
| NOXAFIL (*posaconazole*) 100 MG TAB DR | Tier 3 | PA, QLC (3 tabs/day) |
| NOXAFIL (*posaconazole*) 300 MG PACKET | Tier 3 | PA, QLC (1 packet/day) |
| NOXAFIL (*posaconazole*) 40 MG/ML SUSPENSION | Tier 3 | PA |
| *nystatin cream 100000 unit/gm* | Tier 1 | |
| *nystatin oint 100000 unit/gm* | Tier 1 | |
| *nystatin susp 100000 unit/ml* | Tier 1 | |
| *nystatin tab 500000 unit* | Tier 1 | |
| *nystatin topical powder 100000 unit/gm* | Tier 1 | |
| nystatin topical powder 100000 unit/gm (Klayesta) | Tier 1 | |
| nystatin topical powder 100000 unit/gm (Nyamyc) | Tier 1 | |
| nystatin topical powder 100000 unit/gm (Nystop) | Tier 1 | |
| *oxiconazole nitrate cream 1%* | Tier 1 | ST |
| OXISTAT (*oxiconazole nitrate*) 1 % CREAM | Tier 3 | ST |
| OXISTAT (*oxiconazole nitrate*) 1 % LOTION | Tier 4 | ST |
| *posaconazole susp 40 mg/ml* | Tier 2 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *posaconazole tab delayed release 100 mg* | Tier 1 | PA, QLC (3 tabs/day) |
| SPORANOX (*itraconazole*) 10 MG/ML SOLUTION | Tier 3 | PA |
| SPORANOX (*itraconazole*) 100 MG CAP | Tier 3 | QLC (4 caps/day) |
| SPORANOX PULSEPAK (*itraconazole*) 100 MG CAP | Tier 3 | QLC (4 caps/day) |
| *tavaborole soln 5%* | Tier 2 | PA, QLC (10 ml/30 days) |
| *terbinafine hcl tab 250 mg* | Tier 1 | QLC (30 tabs/30 days) |
| *terconazole vaginal cream 0.4%* | Tier 1 | |
| *terconazole vaginal cream 0.8%* | Tier 1 | |
| *terconazole vaginal suppos 80 mg* | Tier 1 | |
| TOLSURA (*itraconazole*) 65 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| VFEND (*voriconazole*) (40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB) | Tier 3 | PA |
| VIVJOA (*oteseconazole*) 150 MG CAP THPK | Tier 4 | PA, LA, QLC (18 caps/84 days) |
| *voriconazole for susp 40 mg/ml* | Tier 1 | PA |
| *voriconazole tab 200 mg* | Tier 1 | PA |
| *voriconazole tab 50 mg* | Tier 1 | PA |
| VUSION (*miconazole-zinc oxide-white petrolatum*) 0.25-15-81.35 % OINTMENT | Tier 3 | ST |
| XOLEGEL (*ketoconazole (topical)*) 2 % | Tier 4 | ST |

## ANTIGOUT AGENTS (Drugs for Gout)

| | | |
|---|---|---|
| *allopurinol tab 100 mg* | Tier 1 | |
| *allopurinol tab 200 mg* | Tier 4 | PA, QLC (4 tabs/day) |
| *allopurinol tab 300 mg* | Tier 1 | |
| *colchicine cap 0.6 mg* | Tier 2 | QLC (2 caps/day) |
| *colchicine tab 0.6 mg* | Tier 1 | QLC (4 tabs/day) |
| *colchicine w/ probenecid tab 0.5-500 mg* (COLCHICINE-PROBENECID) | Tier 1 | |
| COLCRYS (*colchicine*) 0.6 MG TAB | Tier 3 | QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *febuxostat tab 40 mg* | Tier 1 | ST, QLC (1 tab/day) |
| *febuxostat tab 80 mg* | Tier 1 | ST, QLC (1 tab/day) |
| GLOPERBA (*colchicine*) 0.6 MG/5ML SOLUTION | Tier 4 | PA, QLC (10 ml/day) |
| MITIGARE (*colchicine*) 0.6 MG CAP | Tier 3 | QLC (2 caps/day) |
| *probenecid tab 500 mg* | Tier 1 | |
| ULORIC (*febuxostat*) (40 MG TAB, 80 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| ZYLOPRIM (*allopurinol*) (100 MG TAB, 300 MG TAB) | Tier 3 | |

## ANTIMIGRAINE AGENTS (Drugs for Migraine)

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

| | | |
|---|---|---|
| AIMOVIG (*erenumab-aooe*) (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ) | Tier 2 | PA, QLC (1 injection/28 days) |
| AJOVY (*fremanezumab-vfrm*) 225 MG/1.5ML SOLN A-INJ | Tier 3 | PA, QLC (3 autoinjectors/84 days) |
| AJOVY (*fremanezumab-vfrm*) 225 MG/1.5ML SOLN PRSYR | Tier 3 | PA, QLC (3 syringes/84 days) |
| EMGALITY (300 MG DOSE) (*galcanezumab-gnlm*) 100 /ML SOLN PRSYR | Tier 2 | PA, QLC (3 syringes/30 days) |
| EMGALITY (*galcanezumab-gnlm*) 120 MG/ML SOLN A-INJ | Tier 2 | PA, QLC (1 pen injector/30 days) |
| EMGALITY (*galcanezumab-gnlm*) 120 MG/ML SOLN PRSYR | Tier 2 | PA, QLC (1 syringe/30 days) |
| NURTEC (*rimegepant sulfate*) 75 MG TAB DISP | Tier 2 | PA, QLC (16 tabs/30 days) |
| QULIPTA (*atogepant*) (10 MG TAB, 30 MG TAB, 60 MG TAB) | Tier 4 | PA, QLC (1 tab/day) |
| UBRELVY (*ubrogepant*) (50 MG TAB, 100 MG TAB) | Tier 2 | PA, QLC (2 tabs/day; max 16 tabs/30 days) |
| ZAVZPRET (*zavegepant hcl*) 10 MG/ACT SOLUTION | Tier 4 | PA, QLC (6 sprayers/30 days) |

### ERGOT ALKALOIDS (Drugs for Acute Migraine)

| | | |
|---|---|---|
| BREKIYA (*dihydroergotamine mesylate*) 1 MG/ML SOLN A-INJ | Tier 4 | PA, LA, QLC (24ml (24 doses)/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CAFERGOT (*ergotamine w/ caffeine*) 1-100 MG TAB | Tier 3 | QLC (10 tabs/week) |
| *dihydroergotamine mesylate inj 1 mg/ml* | Tier 4 | PA, QLC (24 ml/28 days) |
| *dihydroergotamine mesylate nasal spray 4 mg/ml* | Tier 4 | PA, QLC (8 vials/30 days) |
| ERGOMAR (*ergotamine tartrate*) 2 MG SL TAB | Tier 4 | QLC (20 tabs/28 days) |
| ERGOTAMINE-CAFFEINE (*ergotamine w/ caffeine*) 1-100 MG TAB | Tier 1 | QLC (10 tabs/week) |
| MIGERGOT (*ergotamine w/ caffeine*) 2-100 MG SUPPOS | Tier 3 | QLC (5 suppositories/week) |
| MIGRANAL (*dihydroergotamine mesylate*) 4 MG/ML SOLUTION | Tier 4 | PA, QLC (8 vials/30 days) |
| TRUDHESA (*dihydroergotamine mesylate hfa*) 0.725 MG/ACT AERO SOLN | Tier 4 | PA, QLC (12 ml/28 days) |
| **SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)** | | |
| *almotriptan malate tab 12.5 mg* | Tier 2 | ST, QLC (24 tabs/30 days) |
| *almotriptan malate tab 6.25 mg* | Tier 2 | ST, QLC (24 tabs/30 days) |
| AMERGE (*naratriptan hcl*) (1 MG TAB, 2.5 MG TAB) | Tier 3 | QLC (18 tabs/30 days) |
| *eletriptan hydrobromide tab 20 mg (base equivalent)* | Tier 1 | QLC (18 tabs/30 days) |
| *eletriptan hydrobromide tab 40 mg (base equivalent)* | Tier 1 | QLC (18 tabs/30 days) |
| FROVA (*frovatriptan succinate*) 2.5 MG TAB | Tier 3 | ST, QLC (27 tabs/30 days) |
| *frovatriptan succinate tab 2.5 mg (base equivalent)* | Tier 2 | ST, QLC (27 tabs/30 days) |
| IMITREX (*sumatriptan succinate*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | QLC (18 tabs/30 days) |
| IMITREX (*sumatriptan*) (5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION) | Tier 3 | QLC (18 nasal sprays/30 days) |
| IMITREX STATDOSE REFILL (*sumatriptan succinate*) 4 MG/0.5ML SOLN CART | Tier 3 | QLC (12 injections/30 days) |
| IMITREX STATDOSE REFILL (*sumatriptan succinate*) 6 MG/0.5ML SOLN CART | Tier 3 | QLC (8 injections/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| IMITREX STATDOSE SYSTEM (*sumatriptan succinate*) 4 MG/0.5ML SOLN A-INJ | Tier 3 | QLC (12 injections/30 days) |
| IMITREX STATDOSE SYSTEM (*sumatriptan succinate*) 6 MG/0.5ML SOLN A-INJ | Tier 3 | QLC (8 injections/30 days) |
| MAXALT (*rizatriptan benzoate*) 10 MG TAB | Tier 3 | QLC (24 tabs/30 days) |
| MAXALT-MLT (*rizatriptan benzoate*) 10 MG TAB DISP | Tier 3 | QLC (24 tabs/30 days) |
| *naratriptan hcl tab 1 mg (base equiv)* | Tier 1 | QLC (18 tabs/30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | Tier 1 | QLC (18 tabs/30 days) |
| ONZETRA XSAIL (*sumatriptan succinate*) 11 MG/NOSEPC EXHP | Tier 4 | PA, QLC (1 box/30 days) |
| RELPAX (*eletriptan hydrobromide*) (20 MG TAB, 40 MG TAB) | Tier 3 | QLC (18 tabs/30 days) |
| REYVOW (*lasmiditan succinate*) (50 MG TAB, 100 MG TAB) | Tier 4 | PA, QLC (8 tabs/30 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | Tier 1 | QLC (24 tabs/30 days) |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | Tier 1 | QLC (24 tabs/30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | Tier 1 | QLC (24 tabs/30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | Tier 1 | QLC (24 tabs/30 days) |
| *sumatriptan nasal spray 20 mg/act* | Tier 1 | QLC (18 nasal sprays/30 days) |
| *sumatriptan nasal spray 5 mg/act* | Tier 1 | QLC (18 nasal sprays/30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | Tier 1 | QLC (8 injections/30 days) |
| SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART | Tier 1 | QLC (12 injections/30 days) |
| SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART | Tier 1 | QLC (8 injections/30 days) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | Tier 1 | QLC (12 injections/30 days) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | Tier 1 | QLC (8 injections/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sumatriptan succinate tab 100 mg* | Tier 1 | QLC (18 tabs/30 days) |
| *sumatriptan succinate tab 25 mg* | Tier 1 | QLC (18 tabs/30 days) |
| *sumatriptan succinate tab 50 mg* | Tier 1 | QLC (18 tabs/30 days) |
| *sumatriptan-naproxen sodium tab 85-500 mg* | Tier 3 | PA, QLC (9 tabs/30 days) |
| SYMBRAVO (*meloxicam-rizatriptan*) 20-10 MG TAB | Tier 4 | PA, QLC (9 tabs/30 days) |
| TOSYMRA (*sumatriptan*) 10 MG/ACT SOLUTION | Tier 3 | PA, QLC (12 bottles/30 days) |
| TREXIMET (*sumatriptan-naproxen sodium*) 85-500 MG TAB | Tier 4 | PA, QLC (9 tabs/30 days) |
| ZEMBRACE SYMTOUCH (*sumatriptan succinate*) 3 MG/0.5ML SOLN A-INJ | Tier 4 | ST, QLC (16 injections/30 days) |
| ZOLMITRIPTAN 2.5 MG SOLUTION | Tier 3 | ST, QLC (18 doses/month) |
| *zolmitriptan nasal spray 5 mg/spray unit mg/* | Tier 3 | ST, QLC (18 doses/month) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | Tier 1 | QLC (18 tabs/month) |
| *zolmitriptan orally disintegrating tab 5 mg* | Tier 1 | QLC (18 tabs/month) |
| *zolmitriptan tab 2.5 mg* | Tier 1 | QLC (18 tabs/month) |
| zolmitriptan tab 2.5 mg (Zomig) | Tier 3 | QLC (18 tabs/month) |
| *zolmitriptan tab 5 mg* | Tier 1 | QLC (18 tabs/month) |
| zolmitriptan tab 5 mg (Zomig) | Tier 3 | QLC (18 tabs/month) |
| ZOMIG (*zolmitriptan*) (2.5 MG SOLUTION, 5 MG SOLUTION) | Tier 3 | ST, QLC (18 doses/month) |
| ZOMIG (*zolmitriptan*) (2.5 MG TAB, 5 MG TAB) | Tier 3 | QLC (18 tabs/month) |

## ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

### PARASYMPATHOMIMETICS

| | | |
|---|---|---|
| MESTINON (*pyridostigmine bromide*) 180 MG TAB ER | Tier 3 | QLC (6 tabs/day) |
| MESTINON (*pyridostigmine bromide*) 60 MG TAB | Tier 3 | QLC (25 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MESTINON (*pyridostigmine bromide*) 60 MG/5ML SOLUTION | Tier 3 | QLC (50 ml/day) |
| PYRIDOSTIGMINE BROMIDE 30 MG TAB | Tier 1 | QLC (6 tabs/day) |
| *pyridostigmine bromide oral soln 60 mg/5ml* | Tier 1 | QLC (50 ml/day) |
| *pyridostigmine bromide tab 60 mg* | Tier 1 | QLC (25 tabs/day) |
| *pyridostigmine bromide tab er 180 mg* (PYRIDOSTIGMINE BROMIDE ER) | Tier 1 | QLC (6 tabs/day) |
| VYVGART HYTRULO (*efgartigimod alfa-hyaluronidase-qvfc*) 1000-10000 MG-UNT/5ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/week) |
| ZILBRYSQ (*zilucoplan sodium*) (16.6 MG/0.416ML SOLN PRSYR, 23 MG/0.574ML SOLN PRSYR, 32.4 MG/0.81ML SOLN PRSYR) | Tier 4 | PA, LA, QLC (one syringe/day) |

## ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

### ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

| | | |
|---|---|---|
| *dapsone tab 100 mg* | Tier 1 | |
| *dapsone tab 25 mg* | Tier 1 | |
| MYCOBUTIN (*rifabutin*) 150 MG CAP | Tier 3 | |
| *rifabutin cap 150 mg* | Tier 1 | |

### ANTITUBERCULARS (Drugs for Tuberculosis)

| | | |
|---|---|---|
| CYCLOSERINE 250 MG CAP | Tier 3 | |
| *ethambutol hcl tab 100 mg* | Tier 1 | |
| *ethambutol hcl tab 400 mg* | Tier 1 | |
| *isoniazid syrup 50 mg/5ml* | Tier 1 | |
| *isoniazid tab 100 mg* | Tier 1 | |
| *isoniazid tab 300 mg* | Tier 1 | |
| MYAMBUTOL (*ethambutol hcl*) 400 MG TAB | Tier 3 | |
| PASER (*aminosalicylic acid*) 4 GM PACKET | Tier 3 | |
| PRETOMANID 200 MG TAB | Tier 3 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PRIFTIN (*rifapentine*) 150 MG TAB | Tier 2 | |
| *pyrazinamide tab 500 mg* | Tier 1 | |
| *rifampin cap 150 mg* | Tier 1 | |
| *rifampin cap 300 mg* | Tier 1 | |
| SIRTURO (*bedaquiline fumarate*) 100 MG TAB | Tier 4 | PA, LA, QLC (24 tabs/28 days, max 188 tabs/168 days) |
| SIRTURO (*bedaquiline fumarate*) 20 MG TAB | Tier 4 | PA, LA, QLC (120 tabs/28 days, max 940 tabs/168 days) |
| TRECATOR (*ethionamide*) 250 MG TAB | Tier 3 | |

## ANTINEOPLASTICS (Drugs for Cancer)

### ALKYLATING AGENTS

| | | |
|---|---|---|
| ALKERAN (*melphalan*) 2 MG TAB | Tier 3 | OAC |
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) | Tier 2 | OAC |
| *cyclophosphamide cap 25 mg* | Tier 2 | OAC |
| *cyclophosphamide cap 50 mg* | Tier 2 | OAC |
| GLEOSTINE (*lomustine*) (10 MG CAP, 40 MG CAP, 100 MG CAP) | Tier 4 | S (Specialty Drug), OAC |
| LEUKERAN (*chlorambucil*) 2 MG TAB | Tier 2 | OAC |
| *lomustine cap 10 mg* | Tier 4 | S (Specialty Drug), OAC |
| *lomustine cap 100 mg* | Tier 4 | S (Specialty Drug), OAC |
| *lomustine cap 40 mg* | Tier 4 | S (Specialty Drug), OAC |
| MATULANE (*procarbazine hcl*) 50 MG CAP | Tier 2 | LA, OAC |
| MELPHALAN 2 MG TAB | Tier 1 | OAC |
| MYLERAN (*busulfan*) 2 MG TAB | Tier 2 | OAC |
| TEMODAR (*temozolomide*) 250 MG CAP | Tier 4 | S (Specialty Drug), OAC |
| *temozolomide cap 100 mg* | Tier 4 | S (Specialty Drug), OAC |
| *temozolomide cap 140 mg* | Tier 4 | S (Specialty Drug), OAC |
| *temozolomide cap 180 mg* | Tier 4 | S (Specialty Drug), OAC |
| *temozolomide cap 20 mg* | Tier 4 | S (Specialty Drug), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *temozolomide cap 250 mg* | Tier 4 | S (Specialty Drug), OAC |
| *temozolomide cap 5 mg* | Tier 4 | S (Specialty Drug), OAC |
| **ANTIANDROGENS** | | |
| *abiraterone acetate tab 250 mg* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| abiraterone acetate tab 250 mg (Abirtega) | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| *abiraterone acetate tab 500 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| *bicalutamide tab 50 mg* | Tier 1 | OAC |
| CASODEX (*bicalutamide*) 50 MG TAB | Tier 3 | OAC |
| ERLEADA (*apalutamide*) 240 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC |
| ERLEADA (*apalutamide*) 60 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| EULEXIN (*flutamide*) 125 MG CAP | Tier 4 | OAC |
| FLUTAMIDE 125 MG CAP | Tier 1 | OAC |
| NILANDRON (*nilutamide*) 150 MG TAB | Tier 4 | QLC (1 tab/day), OAC |
| NILUTAMIDE 150 MG TAB | Tier 4 | QLC (1 tab/day), OAC |
| *nilutamide tab 150 mg* | Tier 4 | QLC (1 tab/day), OAC |
| NUBEQA (*darolutamide*) 300 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| ORSERDU (*elacestrant hydrochloride*) 345 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), SF, OAC |
| ORSERDU (*elacestrant hydrochloride*) 86 MG TAB | Tier 4 | PA, LA, QLC (3 tabs/day), SF, OAC |
| XTANDI (*enzalutamide*) 40 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| XTANDI (*enzalutamide*) 40 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| XTANDI (*enzalutamide*) 80 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| YONSA (*abiraterone acetate*) 125 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| ZYTIGA (*abiraterone acetate*) 250 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZYTIGA (*abiraterone acetate*) 500 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| **ANTIANGIOGENIC AGENTS** | | |
| *lenalidomide cap 10 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *lenalidomide cap 15 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *lenalidomide cap 20 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *lenalidomide cap 25 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *lenalidomide cap 5 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *lenalidomide caps 2.5 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *pomalidomide cap 1 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *pomalidomide cap 2 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *pomalidomide cap 3 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *pomalidomide cap 4 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| POMALYST (*pomalidomide*) (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| REVLIMID (*lenalidomide*) (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| THALOMID (*thalidomide*) (150 MG CAP, 200 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC |
| THALOMID (*thalidomide*) (50 MG CAP, 100 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| **ANTIESTROGENS/MODIFIERS** | | |
| EMCYT (*estramustine phosphate sodium*) 140 MG CAP | Tier 2 | OAC |
| FARESTON (*toremifene citrate*) 60 MG TAB | Tier 3 | OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| INLURIYO (*imlunestrant tosylate*) 200 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| SOLTAMOX (*tamoxifen citrate*) 10 MG/5ML SOLUTION | Tier 3 | OAC |
| *tamoxifen citrate tab 10 mg (base equivalent)* | Tier 1 | ACA (Preventive Health), OAC |
| *tamoxifen citrate tab 20 mg (base equivalent)* | Tier 1 | ACA (Preventive Health), OAC |
| *toremifene citrate tab 60 mg (base equivalent)* | Tier 1 | OAC |
| VEPPANU (*vepdegestrant*) (100 MG TAB, 200 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day) |
| **ANTIMETABOLITES** | | |
| *capecitabine tab 150 mg* | Tier 4 | S (Specialty Drug), OAC |
| *capecitabine tab 500 mg* | Tier 4 | S (Specialty Drug), OAC |
| *mercaptopurine susp 2000 mg/100ml (20 mg/ml)* | Tier 4 | AL1 (Up to 10 yrs old), S (Specialty Drug), QLC (1 bottle/30 days), OAC |
| *mercaptopurine tab 50 mg* | Tier 1 | OAC |
| ONUREG (*azacitidine*) (200 MG TAB, 300 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (14 tabs/28 days), OAC |
| PURIXAN (*mercaptopurine*) 2000 MG/100ML SUSPENSION | Tier 4 | LA, AL1 (Up to 10 yrs old), S (Specialty Drug), QLC (1 bottle/30 days), OAC |
| TABLOID (*thioguanine*) LOID 40 MG | Tier 2 | OAC |
| XELODA (*capecitabine*) (150 MG TAB, 500 MG TAB) | Tier 4 | LA, S (Specialty Drug), OAC |
| **ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)** | | |
| AKEEGA (*niraparib tosylate-abiraterone acetate*) (50-500 MG TAB, 100-500 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| AUGTYRO (*repotrectinib*) 160 MG CAP | Tier 4 | PA, LA, QLC (2 caps/day), SF, OAC |
| AUGTYRO (*repotrectinib*) 40 MG CAP | Tier 4 | PA, LA, QLC (8 caps/day), SF, OAC |
| FRUZAQLA (*fruquintinib*) 1 MG CAP | Tier 4 | PA, LA, QLC (84 caps/28 days), OAC |
| FRUZAQLA (*fruquintinib*) 5 MG CAP | Tier 4 | PA, LA, QLC (21 caps/28 days), OAC |
| HYDREA (*hydroxyurea*) 500 MG CAP | Tier 3 | OAC |
| *hydroxyurea cap 500 mg* | Tier 1 | OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| INQOVI (*decitabine-cedazuridine*) 35-100 MG | Tier 4 | PA, LA, S (Specialty Drug), QLC (5 tabs/28 days), OAC |
| IWILFIN (*eflornithine hydrochloride*) 192 MG TAB | Tier 4 | PA, LA, QLC (8 tabs/day), OAC |
| LEDERLE LEUCOVORIN (*leucovorin calcium*) 5 MG TAB | Tier 3 | OAC |
| *leucovorin calcium tab 10 mg* | Tier 1 | OAC |
| *leucovorin calcium tab 15 mg* | Tier 1 | OAC |
| *leucovorin calcium tab 25 mg* | Tier 1 | OAC |
| *leucovorin calcium tab 5 mg* | Tier 1 | OAC |
| LONSURF (*trifluridine-tipiracil*) 15-6.14 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (100 tabs/28 days), OAC |
| LONSURF (*trifluridine-tipiracil*) 20-8.19 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (80 tabs/28 days), OAC |
| LYSODREN (*mitotane*) 500 MG TAB | Tier 2 | LA, SF, OAC |
| MODEYSO (*dordaviprone hcl*) 125 MG CAP | Tier 4 | PA, LA, QLC (20 caps/28 days), SF, OAC |
| OJJAARA (*momelotinib dihydrochloride*) (100 MG TAB, 150 MG TAB, 200 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| QINLOCK (*ripretinib*) 50 MG TAB | Tier 4 | PA, LA, QLC (3 tabs/day), OAC |
| WELIREG (*belzutifan*) 40 MG TAB | Tier 4 | PA, LA, QLC (3 tabs/day), SF, OAC |
| ZOLINZA (*vorinostat*) 100 MG CAP | Tier 4 | PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| **AROMATASE INHIBITORS, 3RD GENERATION** | | |
| *anastrozole tab 1 mg* | Tier 1 | ACA (Affordable Care Act), OAC |
| ARIMIDEX (*anastrozole*) 1 MG TAB | Tier 3 | OAC |
| AROMASIN (*exemestane*) 25 MG TAB | Tier 3 | OAC |
| *exemestane tab 25 mg* | Tier 1 | OAC |
| FEMARA (*letrozole*) 2.5 MG TAB | Tier 3 | OAC |
| *letrozole tab 2.5 mg* | Tier 1 | OAC |
| **ENZYME INHIBITORS** | | |
| AVMAPKI FAKZYNJA CO-PACK (*avutometinib-defactinib*) 0.8 & 200 MG THER | Tier 4 | PA, LA, QLC (66 tabs/28 days), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ENSACOVE (*ensartinib hcl*) 100 MG CAP | Tier 4 | PA, LA, QLC (2 caps/day), OAC |
| ENSACOVE (*ensartinib hcl*) 25 MG CAP | Tier 4 | PA, LA, QLC (1 cap/day), OAC |
| ETOPOSIDE 50 MG CAP | Tier 4 | OAC |
| HYCAMTIN (*topotecan hcl*) (0.25 MG CAP, 1 MG CAP) | Tier 4 | LA, S (Specialty Drug), OAC |
| LAZCLUZE (*lazertinib mesylate*) 240 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), SF, OAC |
| LAZCLUZE (*lazertinib mesylate*) 80 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| OJEMDA (*tovorafenib*) 100 MG TAB | Tier 4 | PA, LA, QLC (24 tabs/28 days), OAC |
| OJEMDA (*tovorafenib*) 25 MG/ML RECON SUSP | Tier 4 | PA, LA, QLC (96 ml/28 days), OAC |
| TRUQAP (*capivasertib*) (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK) | Tier 4 | PA, LA, QLC (64 tabs/28 days), OAC |
| **MOLECULAR TARGET INHIBITORS** | | |
| AFINITOR (*everolimus*) (2.5 MG TAB, 5 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), OAC |
| AFINITOR (*everolimus*) (7.5 MG TAB, 10 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| AFINITOR DISPERZ (*everolimus*) 2 MG TAB SOL | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| AFINITOR DISPERZ (*everolimus*) 3 MG TAB SOL | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| AFINITOR DISPERZ (*everolimus*) 5 MG TAB SOL | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), OAC |
| ALECENSA (*alectinib hcl*) 150 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (8 caps/day), SF, OAC |
| ALUNBRIG (*brigatinib*) (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), SF, OAC |
| ALUNBRIG (*brigatinib*) 30 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| AYVAKIT (*avapritinib*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), SF, OAC |
| BALVERSA (*erdafitinib*) 3 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| BALVERSA (*erdafitinib*) 4 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| BALVERSA (*erdafitinib*) 5 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| BOSULIF (*bosutinib*) (400 MG TAB, 500 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| BOSULIF (*bosutinib*) 100 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC |
| BOSULIF (*bosutinib*) 100 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| BOSULIF (*bosutinib*) 50 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *bosutinib tab 100 mg* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| *bosutinib tab 400 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| *bosutinib tab 500 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| BRAFTOVI (*encorafenib*) 75 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC |
| BRUKINSA (*zanubrutinib*) 160 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| BRUKINSA (*zanubrutinib*) 80 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day), SF, OAC |
| CABOMETYX (*cabozantinib s-malate*) (20 MG TAB, 40 MG TAB, 60 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| CALQUENCE (*acalabrutinib maleate*) 100 MG TAB | Tier 4 | PA, LA, QLC (2 caps/day), SF, OAC |
| CALQUENCE (*acalabrutinib*) 100 MG CAP | Tier 4 | PA, LA, QLC (2 caps/day), SF, OAC |
| CAPRELSA (*vandetanib*) 100 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| CAPRELSA (*vandetanib*) 300 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| CAVHANZA (*nilotinib*) (60 MG TAB DISP, 80 MG TAB DISP) | Tier 4 | PA, LA, QLC (4 tabs/day) |
| COMETRIQ (100 MG DAILY DOSE) (*cabozantinib s-malate*) 80 & 20 KIT | Tier 4 | PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC |
| COMETRIQ (140 MG DAILY DOSE) (*cabozantinib s-malate*) 3 X 20 & 80 KIT | Tier 4 | PA, LA, S (Specialty Drug), QLC (112 caps/28 days), OAC |
| COMETRIQ (60 MG DAILY DOSE) (*cabozantinib s-malate*) 20 KIT | Tier 4 | PA, LA, S (Specialty Drug), QLC (84 caps/28 days), OAC |
| COPIKTRA (*duvelisib*) (15 MG CAP, 25 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| COTELLIC (*cobimetinib fumarate*) 20 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (63 tabs/28 days), OAC |
| DANZITEN (*nilotinib tartrate*) (71 MG TAB, 95 MG TAB) | Tier 4 | PA, LA, QLC (4 tabs/day), OAC |
| *dasatinib tab 100 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| *dasatinib tab 140 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| *dasatinib tab 20 mg* | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| *dasatinib tab 50 mg* | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| *dasatinib tab 70 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| *dasatinib tab 80 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| DAURISMO (*glasdegib maleate*) 100 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| DAURISMO (*glasdegib maleate*) 25 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| ERIVEDGE (*vismodegib*) 150 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC |
| *erlotinib hcl tab 100 mg (base equivalent)* | Tier 2 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| *erlotinib hcl tab 150 mg (base equivalent)* | Tier 2 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| *erlotinib hcl tab 25 mg (base equivalent)* | Tier 2 | PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| *everolimus tab 10 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| everolimus tab 10 mg (Torpenz) | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| everolimus tab 10 mg (Yulithira) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| *everolimus tab 2.5 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), OAC |
| everolimus tab 2.5 mg (Torpenz) | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| everolimus tab 2.5 mg (Yulithira) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *everolimus tab 5 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), OAC |
| everolimus tab 5 mg (Torpenz) | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| everolimus tab 5 mg (Yulithira) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), OAC |
| *everolimus tab 7.5 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| everolimus tab 7.5 mg (Torpenz) | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| everolimus tab 7.5 mg (Yulithira) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| *everolimus tab for oral susp 2 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| *everolimus tab for oral susp 3 mg* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| *everolimus tab for oral susp 5 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), OAC |
| EXKIVITY (*mobocertinib succinate*) 40 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day), SF, OAC |
| FARYDAK (*panobinostat lactate*) (10 MG CAP, 15 MG CAP, 20 MG CAP) | Tier 4 | PA, S (Specialty Drug), QLC (6 caps/21 days), OAC |
| FOTIVDA (*tivozanib hcl*) (0.89 MG CAP, 1.34 MG CAP) | Tier 4 | PA, LA, QLC (21 caps/28 days), OAC |
| GAVRETO (*pralsetinib*) 100 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day), OAC |
| *gefitinib tab 250 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| GILOTRIF (*afatinib dimaleate*) (20 MG TAB, 30 MG TAB, 40 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| GLEEVEC (*imatinib mesylate*) 100 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC |
| GLEEVEC (*imatinib mesylate*) 400 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| GOMEKLI (*mirdametinib*) 1 MG CAP | Tier 4 | PA, LA, QLC (126 caps/28 days), OAC |
| GOMEKLI (*mirdametinib*) 1 MG TAB SOL | Tier 4 | PA, LA, QLC (126 tabs/28 days), OAC |
| GOMEKLI (*mirdametinib*) 2 MG CAP | Tier 4 | PA, LA, QLC (84 caps/28 days), OAC |
| HERNEXEOS (*zongertinib*) 60 MG TAB | Tier 4 | PA, LA, QLC (3 tabs/day), OAC |
| HYRNUO (*sevabertinib*) 10 MG TAB | Tier 4 | PA, LA, QLC (4 tabs/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| IBRANCE (*palbociclib*) (75 MG CAP, 100 MG CAP, 125 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC |
| IBRANCE (*palbociclib*) (75 MG TAB, 100 MG TAB, 125 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC |
| IBTROZI (*taletrectinib adipate*) 200 MG CAP | Tier 4 | PA, LA, QLC (3 caps/day), SF, OAC |
| ICLUSIG (*ponatinib hcl*) (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| IDHIFA (*enasidenib mesylate*) (50 MG TAB, 100 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC |
| *imatinib mesylate tab 100 mg (base equivalent)* | Tier 2 | PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC |
| *imatinib mesylate tab 400 mg (base equivalent)* | Tier 2 | PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| IMBRUVICA (*ibrutinib*) (140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| IMBRUVICA (*ibrutinib*) 140 MG CAP | Tier 4 | PA, LA, QLC (3 caps/day), OAC |
| IMBRUVICA (*ibrutinib*) 70 MG CAP | Tier 4 | PA, LA, QLC (1 cap/day), OAC |
| IMBRUVICA (*ibrutinib*) 70 MG/ML SUSPENSION | Tier 4 | PA, LA, QLC (6 ml/day), OAC |
| IMKELDI (*imatinib mesylate*) 80 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (10 ml/day), OAC |
| INLYTA (*axitinib*) 1 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 tabs/day), SF, OAC |
| INLYTA (*axitinib*) 5 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| INREBIC (*fedratinib hcl*) 100 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| IRESSA (*gefitinib*) 250 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| ITOVEBI (*inavolisib*) 3 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| ITOVEBI (*inavolisib*) 9 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC |
| JAKAFI (*ruxolitinib phosphate*) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| JAKAFI XR (*ruxolitinib phosphate*) (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC |
| JAYPIRCA (*pirtobrutinib*) 100 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| JAYPIRCA (*pirtobrutinib*) 50 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), SF, OAC |
| KISQALI (200 MG DOSE) (*ribociclib succinate*) (TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC |
| KISQALI (400 MG DOSE) (*ribociclib succinate*) 200 TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC |
| KISQALI (600 MG DOSE) (*ribociclib succinate*) 200 TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC |
| KISQALI FEMARA (200 MG DOSE) (*ribociclib succinate-letrozole*) (& 2.5 TAB THPK | Tier 4 | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC |
| KISQALI FEMARA (400 MG DOSE) (*ribociclib succinate-letrozole*) 200 & 2.5 TAB THPK | Tier 4 | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC |
| KISQALI FEMARA (600 MG DOSE) (*ribociclib succinate-letrozole*) 200 & 2.5 TAB THPK | Tier 4 | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC |
| KOMZIFTI (*ziftomenib*) 200 MG CAP | Tier 4 | PA, LA, QLC (3 caps/day), SF, OAC |
| KOSELUGO (*selumetinib sulfate*) 10 MG CAP | Tier 4 | PA, LA, QLC (8 caps/day), OAC |
| KOSELUGO (*selumetinib sulfate*) 25 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day), OAC |
| KOSELUGO (*selumetinib sulfate*) 5 MG CAP SPRNK | Tier 4 | PA, LA, QLC (20 caps/day), OAC |
| KOSELUGO (*selumetinib sulfate*) 7.5 MG CAP SPRNK | Tier 4 | PA, LA, QLC (12 caps/day), OAC |
| KRAZATI (*adagrasib*) 200 MG TAB | Tier 4 | PA, LA, QLC (6 tabs/day), SF, OAC |
| *lapatinib ditosylate tab 250 mg (base equiv)* | Tier 4 | PA, S (Specialty Drug), QLC (6 tabs/day), OAC |
| LENVIMA (10 MG DAILY DOSE) (*lenvatinib mesylate*) CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (30 caps/30 days), OAC |
| LENVIMA (12 MG DAILY DOSE) (*lenvatinib mesylate*) 3 X 4 CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC |
| LENVIMA (14 MG DAILY DOSE) (*lenvatinib mesylate*) (110 & CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LENVIMA (18 MG DAILY DOSE) (*lenvatinib mesylate*) 10 & 2 X 4 CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (90 caps/30 days), OAC |
| LENVIMA (20 MG DAILY DOSE) (*lenvatinib mesylate*) (0 X 10 CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC |
| LENVIMA (24 MG DAILY DOSE) (*lenvatinib mesylate*) (X 10 & CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (90 caps/30 days), OAC |
| LENVIMA (4 MG DAILY DOSE) (*lenvatinib mesylate*) (CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| LENVIMA (8 MG DAILY DOSE) (*lenvatinib mesylate*) 2 X 4 CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC |
| LIFYORLI (125 MG DOSE) (*relacorilant*) (X & X 00 CAP THPK | Tier 4 | PA, LA, QLC (18 caps/28 days), OAC |
| LIFYORLI (150 MG DOSE) (*relacorilant*) (50 2 X 25 & X 00 CAP THPK | Tier 4 | PA, LA, QLC (27 caps/28 days), OAC |
| LORBRENA (*lorlatinib*) 100 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| LORBRENA (*lorlatinib*) 25 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| LUMAKRAS (*sotorasib*) 120 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC |
| LUMAKRAS (*sotorasib*) 240 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/ day), SF, OAC |
| LUMAKRAS (*sotorasib*) 320 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| LYNPARZA (*olaparib*) (100 MG TAB, 150 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| LYTGOBI (12 MG DAILY DOSE) (*futibatinib*) 4 TAB THPK | Tier 4 | PA, LA, QLC (84 tabs/28 days), OAC |
| LYTGOBI (16 MG DAILY DOSE) (*futibatinib*) 4 TAB THPK | Tier 4 | PA, LA, QLC (112 tabs/28 days), OAC |
| LYTGOBI (20 MG DAILY DOSE) (*futibatinib*) 4 TAB THPK | Tier 4 | PA, LA, QLC (140 tabs/28 days), OAC |
| MEKINIST (*trametinib dimethyl sulfoxide*) 0.05 MG/ML RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC |
| MEKINIST (*trametinib dimethyl sulfoxide*) 0.5 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC |
| MEKINIST (*trametinib dimethyl sulfoxide*) 2 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MEKTOVI (*binimetinib*) 15 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC |
| NERLYNX (*neratinib maleate*) 40 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 tabs/day), SF, OAC |
| NEXAVAR (*sorafenib tosylate*) 200 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| *nilotinib hcl cap 150 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| *nilotinib hcl cap 200 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| *nilotinib hcl cap 50 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| NINLARO (*ixazomib citrate*) (2.3 MG CAP, 3 MG CAP, 4 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 caps/21 days), OAC |
| ODOMZO (*sonidegib phosphate*) 200 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC |
| OGSIVEO (*nirogacestat hydrobromide*) (100 MG TAB, 150 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| OGSIVEO (*nirogacestat hydrobromide*) 50 MG TAB | Tier 4 | PA, LA, QLC (6 tabs/day), SF, OAC |
| PAZOPANIB HCL 400 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| *pazopanib hcl tab 200 mg (base equiv)* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| PEMAZYRE (*pemigatinib*) (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| PHYRAGO (*dasatinib*) (100 MG TAB, 140 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day), SF, OAC |
| PHYRAGO (*dasatinib*) (20 MG TAB, 50 MG TAB) | Tier 4 | PA, LA, QLC (3 tabs/day), SF, OAC |
| PHYRAGO (*dasatinib*) (70 MG TAB, 80 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| PIQRAY (200 MG DAILY DOSE) (*alpelisib*) (TAB THPK | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| PIQRAY (250 MG DAILY DOSE) (*alpelisib*) 200 & TAB THPK | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PIQRAY (300 MG DAILY DOSE) (*alpelisib*) 2 X 150 TAB THPK | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| RETEVMO (*selpercatinib*) (80 MG TAB, 120 MG TAB, 160 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| RETEVMO (*selpercatinib*) 40 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC |
| RETEVMO (*selpercatinib*) 40 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| RETEVMO (*selpercatinib*) 80 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| REVUFORJ (*revumenib citrate*) 110 MG TAB | Tier 4 | PA, LA, QLC (4 tabs/day), SF, OAC |
| REVUFORJ (*revumenib citrate*) 160 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| REVUFORJ (*revumenib citrate*) 25 MG TAB | Tier 4 | PA, LA, QLC (8 tabs/day), SF, OAC |
| REZLIDHIA (*olutasidenib*) 150 MG CAP | Tier 4 | PA, LA, QLC (2 caps/day), SF, OAC |
| ROMVIMZA (*vimseltinib*) (14 MG CAP, 20 MG CAP, 30 MG CAP) | Tier 4 | PA, LA, QLC (8 caps/28 days), OAC |
| ROZLYTREK (*entrectinib*) 100 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (5 caps/day), SF, OAC |
| ROZLYTREK (*entrectinib*) 200 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC |
| ROZLYTREK (*entrectinib*) 50 MG PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (10 packs/day), SF, OAC |
| RUBRACA (*rucaparib camsylate*) (200 MG TAB, 250 MG TAB, 300 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| RYDAPT (*midostaurin*) 25 MG CAP | Tier 4 | PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC |
| SCEMBLIX (*asciminib hcl*) 100 MG TAB | Tier 4 | PA, LA, QLC (4 tabs/day), OAC |
| SCEMBLIX (*asciminib hcl*) 20 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| SCEMBLIX (*asciminib hcl*) 40 MG TAB | Tier 4 | PA, LA, QLC (8 tabs/day), OAC |
| *sorafenib tosylate tab 200 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| SPRYCEL (*dasatinib*) (100 MG TAB, 140 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SPRYCEL (*dasatinib*) (20 MG TAB, 50 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| SPRYCEL (*dasatinib*) (70 MG TAB, 80 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC |
| STIVARGA (*regorafenib*) 40 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| *sunitinib malate cap 12.5 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (3 caps/day), OAC |
| *sunitinib malate cap 25 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *sunitinib malate cap 37.5 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (1 cap/day), OAC |
| *sunitinib malate cap 50 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (1 cap/day), OAC |
| SUTENT (*sunitinib malate*) (25 MG CAP, 37.5 MG CAP, 50 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
| SUTENT (*sunitinib malate*) 12.5 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC |
| SYNRIBO (*omacetaxine mepesuccinate*) 3.5 MG RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 vials/day) |
| TABRECTA (*capmatinib hcl*) (150 MG TAB, 200 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), OAC |
| TAFINLAR (*dabrafenib mesylate*) (50 MG CAP, 75 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC |
| TAFINLAR (*dabrafenib mesylate*) 10 MG TAB SOL | Tier 4 | PA, LA, S (Specialty Drug), QLC (30 tabs/day), OAC |
| TAGRISSO (*osimertinib mesylate*) (40 MG TAB, 80 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| TALZENNA (*talazoparib tosylate*) (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC |
| TALZENNA (*talazoparib tosylate*) 0.25 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC |
| TARCEVA (*erlotinib hcl*) (100 MG TAB, 150 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| TARCEVA (*erlotinib hcl*) 25 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| TASIGNA (*nilotinib hcl*) (50 MG CAP, 150 MG CAP, 200 MG CAP) | Tier 4 | PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TAZVERIK (*tazemetostat hbr*) 200 MG TAB | Tier 4 | PA, LA, QLC (8 tabs/day), SF, OAC |
| TEPMETKO (*tepotinib hcl*) 225 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| TIBSOVO (*ivosidenib*) 250 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), SF, OAC |
| TRUSELTIQ (100MG DAILY DOSE) (*infigratinib phosphate*) (CAP THPK | Tier 4 | PA, S (Specialty Drug), QLC (21 caps/28 days), OAC |
| TRUSELTIQ (125MG DAILY DOSE) (*infigratinib phosphate*) (1100 & CAP THPK | Tier 4 | PA, S (Specialty Drug), QLC (42 caps/28 days), OAC |
| TRUSELTIQ (50MG DAILY DOSE) (*infigratinib phosphate*) 25 CAP THPK | Tier 4 | PA, S (Specialty Drug), QLC (42 caps/28 days), OAC |
| TRUSELTIQ (75MG DAILY DOSE) (*infigratinib phosphate*) (7525 CAP THPK | Tier 4 | PA, S (Specialty Drug), QLC (63 caps/28 days), OAC |
| TUKYSA (*tucatinib*) (50 MG TAB, 150 MG TAB) | Tier 4 | PA, LA, QLC (4 tabs/day), OAC |
| TURALIO (*pexidartinib hcl*) (125 MG CAP, 200 MG CAP) | Tier 4 | PA, LA, QLC (4 caps/day), OAC |
| TYKERB (*lapatinib ditosylate*) 250 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (6 tabs/day), OAC |
| VANFLYTA (*quizartinib dihydrochloride*) 17.7 MG TAB | Tier 4 | PA, LA, QLC (28 tabs/28 days), OAC |
| VANFLYTA (*quizartinib dihydrochloride*) 26.5 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| VENCLEXTA (*venetoclax*) 10 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| VENCLEXTA (*venetoclax*) 100 MG TAB | Tier 4 | PA, LA, QLC (6 tabs/day), OAC |
| VENCLEXTA (*venetoclax*) 50 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| VENCLEXTA STARTING PACK (*venetoclax*) 10 & 50 & 100 MG TAB THPK | Tier 4 | PA, LA, QLC (1 starter pack/365 days), OAC |
| VERZENIO (*abemaciclib*) (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| VIJOICE (*alpelisib (pros agents)*) (50 MG TAB THPK, 125 MG TAB THPK) | Tier 4 | PA, LA, QLC (1 tab/day) |
| VIJOICE (*alpelisib (pros agents)*) 200 & 50 MG TAB THPK | Tier 4 | PA, LA, QLC (2 tabs/day) |
| VIJOICE (*alpelisib (pros agents)*) 50 MG PACKET | Tier 4 | PA, LA, QLC (1 packet/day) |
| VITRAKVI (*larotrectinib sulfate*) 100 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 caps/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| VITRAKVI (*larotrectinib sulfate*) 20 MG/ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug), QLC (10 ml/day), SF, OAC |
| VITRAKVI (*larotrectinib sulfate*) 25 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC |
| VIZIMPRO (*dacomitinib*) (15 MG TAB, 30 MG TAB, 45 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC |
| VORANIGO (*vorasidenib*) 10 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| VORANIGO (*vorasidenib*) 40 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| VOTRIENT (*pazopanib hcl*) 200 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC |
| XALKORI (*crizotinib*) (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC |
| XALKORI (*crizotinib*) 150 MG CAP SPRINK | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC |
| XOSPATA (*gilteritinib fumarate*) 40 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| XPOVIO (100 MG ONCE WEEKLY) (*selinexor*) 50 TAB THPK | Tier 4 | PA, LA, QLC (8 tabs/28 days), OAC |
| XPOVIO (40 MG ONCE WEEKLY) (*selinexor*) 10 TAB THPK | Tier 4 | PA, LA, QLC (16 tabs/28 days), OAC |
| XPOVIO (40 MG ONCE WEEKLY) (*selinexor*) TAB THPK | Tier 4 | PA, LA, QLC (4 tabs/28 days), OAC |
| XPOVIO (40 MG TWICE WEEKLY) (*selinexor*) TAB THPK | Tier 4 | PA, LA, QLC (8 tabs/28 days), OAC |
| XPOVIO (60 MG ONCE WEEKLY) (*selinexor*) TAB THPK | Tier 4 | PA, LA, QLC (4 tabs/28 days), OAC |
| XPOVIO (60 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK | Tier 4 | PA, LA, QLC (24 tabs/28 days), OAC |
| XPOVIO (80 MG ONCE WEEKLY) (*selinexor*) 40 TAB THPK | Tier 4 | PA, LA, QLC (8 tabs/28 days), OAC |
| XPOVIO (80 MG ONCE WEEKLY) (*selinexor*) TAB THPK | Tier 4 | PA, LA, QLC (4 tabs/28 days), OAC |
| XPOVIO (80 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK | Tier 4 | PA, LA, QLC (8 tabs/7 days), OAC |
| ZEJULA (*niraparib tosylate*) (100 MG TAB, 200 MG TAB, 300 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC |
| ZEJULA (*niraparib tosylate*) 100 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZELBORAF (*vemurafenib*) 240 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC |
| ZYDELIG (*idelalisib*) (100 MG TAB, 150 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| ZYKADIA (*ceritinib*) 150 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC |
| **MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE** | | |
| ANDEMBRY (*garadacimab-gxii*) 200 MG/1.2ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 auto-injector/30 days) |
| VOYXACT (*sibeprenlimab-szsi*) 400 MG/2ML SOLN PRSYR | Tier 4 | PA, LA, QLC (one syringe (2 ml)/28 days) |
| **RETINOIDS** | | |
| *bexarotene cap 75 mg* | Tier 4 | PA, S (Specialty Drug), QLC (8 caps/day), SF, OAC |
| *bexarotene gel 1%* | Tier 4 | PA, S (Specialty Drug), QLC (1 tube/30 days) |
| PANRETIN (*alitretinoin*) 0.1 % GEL | Tier 3 | PA |
| TARGRETIN (*bexarotene (topical)*) 1 % GEL | Tier 4 | PA, S (Specialty Drug), QLC (1 tube/30 days) |
| TARGRETIN (*bexarotene*) 75 MG CAP | Tier 4 | PA, S (Specialty Drug), QLC (8 caps/day), SF, OAC |
| *tretinoin cap 10 mg* | Tier 4 | QLC (9 caps/day), OAC |
| **TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)** | | |
| DEXLYT (*dexamethasone*) 0.25 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| HEMADY (*dexamethasone*) 20 MG TAB | Tier 3 | PA, QLC (24 tabs/28 days) |
| *mesna tab 400 mg* | Tier 2 | OAC |
| MESNEX (*mesna*) 400 MG TAB | Tier 3 | OAC |
| VONJO (*pacritinib citrate*) 100 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day), OAC |
| **ANTIPARASITICS (Drugs for Parasitic Infections)** | | |
| **ANTHELMINTHICS** | | |
| *albendazole tab 200 mg* | Tier 2 | QLC (4 tabs/day) |
| BILTRICIDE (*praziquantel*) 600 MG TAB | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EMVERM (*mebendazole*) 100 MG CHEW TAB | Tier 3 | PA, QLC (2 tabs/30 days) |
| IVERMECTIN 6 MG TAB | Tier 1 | QLC (10 tabs/ 30 day) |
| *ivermectin tab 3 mg* | Tier 1 | QLC (20 tabs/30 days) |
| *praziquantel tab 600 mg* | Tier 1 | |
| STROMECTOL (*ivermectin*) 3 MG TAB | Tier 3 | QLC (20 tabs/30 days) |
| **ANTIPROTOZOALS (Drugs for Protozoal Infection)** | | |
| *atovaquone susp 750 mg/5ml* | Tier 1 | PA |
| *atovaquone-proguanil hcl tab 250-100 mg* | Tier 1 | QLC (1 tab/day) |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | Tier 1 | QLC (3 tabs/day) |
| BENZNIDAZOLE 100 MG TAB | Tier 3 | QLC (4 tabs/day; not to exceed 240 tabs/year) |
| BENZNIDAZOLE 12.5 MG TAB | Tier 3 | QLC (12 tabs/day; not to exceed 720 tabs/year) |
| CHLOROQUINE PHOSPHATE 250 MG TAB | Tier 1 | QLC (25 tabs/30 days) |
| *chloroquine phosphate tab 250 mg* | Tier 1 | QLC (25 tabs/30 days) |
| *chloroquine phosphate tab 500 mg* | Tier 1 | QLC (25 tabs/30 days) |
| COARTEM (*artemether-lumefantrine*) 20-120 MG TAB | Tier 2 | QLC (24 tabs/30 days) |
| DARAPRIM (*pyrimethamine*) 25 MG TAB | Tier 4 | PA |
| HYDROXYCHLOROQUINE SULFATE (100 MG TAB, 300 MG TAB) | Tier 1 | QLC (2 tabs/day) |
| HYDROXYCHLOROQUINE SULFATE 400 MG TAB | Tier 1 | QLC (1 tab/day) |
| *hydroxychloroquine sulfate tab 100 mg* | Tier 1 | QLC (2 tabs/day) |
| *hydroxychloroquine sulfate tab 200 mg* | Tier 1 | QLC (3 tabs/day) |
| *hydroxychloroquine sulfate tab 300 mg* | Tier 1 | QLC (2 tabs/day) |
| *hydroxychloroquine sulfate tab 400 mg* | Tier 1 | QLC (1 tab/day) |
| IMPAVIDO (*miltefosine*) 50 MG CAP | Tier 4 | PA, QLC (84 tabs/28 days) |
| KRINTAFEL (*tafenoquine succinate*) 150 MG TAB | Tier 3 | QLC (2 tabs/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LAMPIT (*nifurtimox*) 120 MG TAB | Tier 3 | QLC (7 & 1/2 tabs/day; max 450 tabs/365 days) |
| LAMPIT (*nifurtimox*) 30 MG TAB | Tier 3 | QLC (12 tabs/day; max 720 tabs/365 days) |
| MALARONE (*atovaquone-proguanil hcl*) 250-100 MG TAB | Tier 3 | QLC (1 tab/day) |
| MALARONE (*atovaquone-proguanil hcl*) 62.5-25 MG TAB | Tier 3 | QLC (3 tabs/day) |
| *mefloquine hcl tab 250 mg* | Tier 1 | QLC (5 tabs/30 days) |
| MEPRON (*atovaquone*) 750 MG/5ML SUSPENSION | Tier 3 | PA |
| *nitazoxanide tab 500 mg* | Tier 1 | PA, QLC (6 tabs/fill) |
| PLAQUENIL (*hydroxychloroquine sulfate*) 200 MG TAB | Tier 3 | QLC (3 tabs/day) |
| PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB | Tier 1 | |
| *primaquine phosphate tab 26.3 mg (15 mg base)* | Tier 1 | |
| *pyrimethamine tab 25 mg* | Tier 4 | PA |
| QUALAQUIN (*quinine sulfate*) 324 MG CAP | Tier 3 | QLC (6 caps/day) |
| *quinine sulfate cap 324 mg* | Tier 1 | QLC (6 caps/day) |
| SOVUNA (*hydroxychloroquine sulfate*) (200 MG TAB, 300 MG TAB) | Tier 4 | PA, QLC (2 tabs/day) |

## ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

### ANTICHOLINERGICS

| | | |
|---|---|---|
| *benztropine mesylate tab 0.5 mg* | Tier 1 | |
| *benztropine mesylate tab 1 mg* | Tier 1 | |
| *benztropine mesylate tab 2 mg* | Tier 1 | |
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | Tier 1 | |
| *trihexyphenidyl hcl tab 2 mg* | Tier 1 | |
| *trihexyphenidyl hcl tab 5 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTIPARKINSON AGENTS, OTHER** | | |
| *amantadine hcl cap 100 mg* | Tier 1 | |
| *amantadine hcl soln 50 mg/5ml* | Tier 1 | |
| *amantadine hcl tab 100 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | Tier 1 | |
| COMTAN (*entacapone*) 200 MG TAB | Tier 3 | QLC (8 tabs/day) |
| *entacapone tab 200 mg* | Tier 1 | QLC (8 tabs/day) |
| GOCOVRI (*amantadine hcl*) 137 MG CAP ER 24H | Tier 4 | PA, LA, QLC (2 caps/day) |
| GOCOVRI (*amantadine hcl*) 68.5 MG CAP ER 24H | Tier 4 | PA, LA, QLC (1 cap/day) |
| NOURIANZ (*istradefylline*) (20 MG TAB, 40 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| ONGENTYS (*opicapone*) (25 MG CAP, 50 MG CAP) | Tier 3 | ST, QLC (1 cap/day) |
| OSMOLEX ER (*amantadine hcl*) (ER 129 & 193 MG TB24 THPK, ER 129 MG TAB ER 24H) | Tier 3 | PA, LA, QLC (2 tabs/day) |
| OSMOLEX ER (*amantadine hcl*) 193 MG TAB 24H | Tier 3 | PA, LA, QLC (1 tab/day) |
| STALEVO 100 (*carbidopa-levodopa-entacapone*) 25-200 MG TAB | Tier 3 | |
| STALEVO 125 (*carbidopa-levodopa-entacapone*) 31.25-200 MG TAB | Tier 3 | |
| STALEVO 150 (*carbidopa-levodopa-entacapone*) 37.5-200 MG TAB | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| STALEVO 200 (*carbidopa-levodopa-entacapone*) 50-MG TAB | Tier 3 | |
| STALEVO 50 (*carbidopa-levodopa-entacapone*) 12.5-200 MG TAB | Tier 3 | |
| STALEVO 75 (*carbidopa-levodopa-entacapone*) 18.-200 MG TAB | Tier 3 | |
| TASMAR (*tolcapone*) 100 MG TAB | Tier 4 | ST, QLC (6 tabs/day) |
| *tolcapone tab 100 mg* | Tier 4 | ST, QLC (6 tabs/day) |
| **DOPAMINE AGONISTS** | | |
| APOKYN (*apomorphine hydrochloride*) 30 MG/3ML SOLN CART | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days)) |
| *apomorphine hcl soln cartridge 30 mg/3ml* | Tier 4 | PA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days)) |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | Tier 1 | |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | Tier 1 | |
| KYNMOBI (*apomorphine hydrochloride*) (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM) | Tier 4 | PA, QLC (5 films/day) |
| MIRAPEX ER (*pramipexole dihydrochloride*) (ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H) | Tier 3 | QLC (1 tab/day) |
| NEUPRO (*rotigotine*) (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR) | Tier 3 | QLC (1 patch/day) |
| PARLODEL (*bromocriptine mesylate*) (2.5 MG TAB, 5 MG CAP) | Tier 3 | |
| *pramipexole dihydrochloride tab 0.125 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 0.25 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 0.5 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 0.75 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *pramipexole dihydrochloride tab 1 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 1.5 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab er 24hr 0.375 mg* (PRAMIPEXOLE DIHYDROCHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| *pramipexole dihydrochloride tab er 24hr 0.75 mg* (PRAMIPEXOLE DIHYDROCHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| *pramipexole dihydrochloride tab er 24hr 1.5 mg* (PRAMIPEXOLE DIHYDROCHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| *pramipexole dihydrochloride tab er 24hr 2.25 mg* (PRAMIPEXOLE DIHYDROCHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| *pramipexole dihydrochloride tab er 24hr 3 mg* (PRAMIPEXOLE DIHYDROCHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| *pramipexole dihydrochloride tab er 24hr 3.75 mg* (PRAMIPEXOLE DIHYDROCHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| *pramipexole dihydrochloride tab er 24hr 4.5 mg* (PRAMIPEXOLE DIHYDROCHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| *ropinirole hydrochloride tab 0.25 mg* (ROPINIROLE HCL) | Tier 1 | |
| *ropinirole hydrochloride tab 0.5 mg* (ROPINIROLE HCL) | Tier 1 | |
| *ropinirole hydrochloride tab 1 mg* (ROPINIROLE HCL) | Tier 1 | |
| *ropinirole hydrochloride tab 2 mg* (ROPINIROLE HCL) | Tier 1 | |
| *ropinirole hydrochloride tab 3 mg* (ROPINIROLE HCL) | Tier 1 | |
| *ropinirole hydrochloride tab 4 mg* (ROPINIROLE HCL) | Tier 1 | |
| *ropinirole hydrochloride tab 5 mg* (ROPINIROLE HCL) | Tier 1 | |
| *ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)* (ROPINIROLE HCL ER) | Tier 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)* (ROPINIROLE HCL ER) *4hr* | Tier 1 | QLC (1 tab/day) |
| *ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)* (ROPINIROLE HCL ER) *2hr* | Tier 1 | QLC (1 tab/day) |
| *ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)* (ROPINIROLE HCL ER) | Tier 1 | QLC (1 tab/day) |
| *ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)* (ROPINIROLE HCL ER) | Tier 1 | QLC (3 tabs/day) |
| **DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS** | | |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* (CARBIDOPA-LEVODOPA) | Tier 1 | QLC (8 tabs/day) |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* (CARBIDOPA-LEVODOPA) | Tier 1 | QLC (8 tabs/day) |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* (CARBIDOPA-LEVODOPA) | Tier 1 | QLC (8 tabs/day) |
| *carbidopa & levodopa tab 10-100 mg* (CARBIDOPA-LEVODOPA) | Tier 1 | |
| *carbidopa & levodopa tab 25-100 mg* (CARBIDOPA-LEVODOPA) | Tier 1 | |
| *carbidopa & levodopa tab 25-250 mg* (CARBIDOPA-LEVODOPA) | Tier 1 | |
| *carbidopa & levodopa tab er 25-100 mg* (CARBIDOPA-LEVODOPA ER) | Tier 1 | |
| *carbidopa & levodopa tab er 50-200 mg* (CARBIDOPA-LEVODOPA ER) | Tier 1 | |
| *carbidopa tab 25 mg* | Tier 1 | |
| CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP | Tier 3 | ST, QLC (25 caps/day) |
| CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP | Tier 3 | ST, QLC (16 caps/day) |
| CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP | Tier 3 | ST, QLC (12 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP | Tier 3 | ST, QLC (10 caps/day) |
| CREXONT (*carbidopa-levodopa*) 35-140 MG CAP ER | Tier 3 | PA, QLC (15 caps/day) |
| CREXONT (*carbidopa-levodopa*) 52.5-210 MG CAP ER | Tier 3 | PA, QLC (10 caps/day) |
| CREXONT (*carbidopa-levodopa*) 70-280 MG CAP ER | Tier 3 | PA, QLC (7 caps/day) |
| CREXONT (*carbidopa-levodopa*) 87.5-350 MG CAP ER | Tier 3 | PA, QLC (6 caps/day) |
| DHIVY (*carbidopa-levodopa*) 25-100 MG TAB | Tier 3 | |
| INBRIJA (*levodopa*) 42 MG CAP | Tier 4 | PA, LA, QLC (10 caps/day) |
| LODOSYN (*carbidopa*) 25 MG TAB | Tier 3 | |
| RYTARY (*carbidopa-levodopa*) 23.75-95 MG CAP ER | Tier 3 | ST, QLC (25 caps/day) |
| RYTARY (*carbidopa-levodopa*) 36.25-145 MG CAP ER | Tier 3 | ST, QLC (16 caps/day) |
| RYTARY (*carbidopa-levodopa*) 48.75-195 MG CAP ER | Tier 3 | ST, QLC (12 caps/day) |
| RYTARY (*carbidopa-levodopa*) 61.25-245 MG CAP ER | Tier 3 | ST, QLC (10 caps/day) |
| SINEMET (*carbidopa-levodopa*) (10-100 MG TAB, 25-100 MG TAB) | Tier 3 | |
| VYALEV (*foslevodopa-foscarbidopa*) 12-240 MG/ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug), QLC (15 ml/day) |
| **MONOAMINE OXIDASE B (MAO-B) INHIBITORS** | | |
| AZILECT (*rasagiline mesylate*) (0.5 MG TAB, 1 MG TAB) | Tier 3 | QLC (1 tab/day) |
| *rasagiline mesylate tab 0.5 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| *rasagiline mesylate tab 1 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| *selegiline hcl cap 5 mg* | Tier 1 | |
| *selegiline hcl tab 5 mg* | Tier 1 | |
| XADAGO (*safinamide mesylate*) (50 MG TAB, 100 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZELAPAR (*selegiline hcl*) 1.25 MG TAB DISP | Tier 3 | |

## ANTIPSYCHOTICS (Drugs for Mental Health)

### 1ST GENERATION/TYPICAL

| | | |
|---|---|---|
| CHLORPROMAZINE HCL (30 MG/ML CONC, 100 MG/ML CONC) | Tier 4 | PA |
| *chlorpromazine hcl conc 100 mg/ml* | Tier 4 | PA |
| *chlorpromazine hcl conc 30 mg/ml* | Tier 4 | PA |
| *chlorpromazine hcl tab 10 mg* | Tier 1 | |
| *chlorpromazine hcl tab 100 mg* | Tier 1 | |
| *chlorpromazine hcl tab 200 mg* | Tier 1 | |
| *chlorpromazine hcl tab 25 mg* | Tier 1 | |
| *chlorpromazine hcl tab 50 mg* | Tier 1 | |
| FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC) | Tier 1 | |
| *fluphenazine hcl tab 1 mg* | Tier 1 | |
| *fluphenazine hcl tab 10 mg* | Tier 1 | |
| *fluphenazine hcl tab 2.5 mg* | Tier 1 | |
| *fluphenazine hcl tab 5 mg* | Tier 1 | |
| *haloperidol lactate oral conc 2 mg/ml* | Tier 1 | |
| *haloperidol tab 0.5 mg* | Tier 1 | |
| *haloperidol tab 1 mg* | Tier 1 | |
| *haloperidol tab 10 mg* | Tier 1 | |
| *haloperidol tab 2 mg* | Tier 1 | |
| *haloperidol tab 20 mg* | Tier 1 | |
| *haloperidol tab 5 mg* | Tier 1 | |
| *loxapine succinate cap 10 mg* | Tier 1 | |
| *loxapine succinate cap 25 mg* | Tier 1 | |
| *loxapine succinate cap 5 mg* | Tier 1 | |
| *loxapine succinate cap 50 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MOLINDONE HCL 10 MG TAB | Tier 3 | QLC (8 tabs/day) |
| MOLINDONE HCL 25 MG TAB | Tier 3 | QLC (9 tabs/day) |
| MOLINDONE HCL 5 MG TAB | Tier 3 | QLC (12 tabs/day) |
| *pimozide tab 1 mg* | Tier 1 | |
| *pimozide tab 2 mg* | Tier 1 | |
| *thioridazine hcl tab 10 mg* | Tier 1 | |
| *thioridazine hcl tab 100 mg* | Tier 1 | |
| *thioridazine hcl tab 25 mg* | Tier 1 | |
| *thioridazine hcl tab 50 mg* | Tier 1 | |
| *thiothixene cap 1 mg* | Tier 1 | |
| *thiothixene cap 10 mg* | Tier 1 | |
| *thiothixene cap 2 mg* | Tier 1 | |
| *thiothixene cap 5 mg* | Tier 1 | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | Tier 1 | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | Tier 1 | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | Tier 1 | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | Tier 1 | |
| **2ND GENERATION/ATYPICAL** | | |
| ABILIFY (*aripiprazole*) (10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB) | Tier 3 | QLC (1 tab/day) |
| ABILIFY (*aripiprazole*) 2 MG TAB | Tier 3 | QLC (4 tabs/day) |
| ABILIFY (*aripiprazole*) 5 MG TAB | Tier 3 | QLC (2 tabs/day) |
| ABILIFY MYCITE MAINTENANCE KIT (*aripiprazole with sensor, strips, & pod*) (KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK) | Tier 4 | PA, LA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ABILIFY MYCITE STARTER KIT (*aripiprazole with sensor, strips, & pod*) (KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK) | Tier 4 | PA, LA, QLC (1 tab/day) |
| *aripiprazole oral solution 1 mg/ml* | Tier 1 | QLC (25 ml/day) |
| *aripiprazole orally disintegrating tab 10 mg* | Tier 1 | QLC (2 tabs/day) |
| *aripiprazole orally disintegrating tab 15 mg* | Tier 1 | QLC (2 tabs/day) |
| *aripiprazole tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| *aripiprazole tab 15 mg* | Tier 1 | QLC (1 tab/day) |
| *aripiprazole tab 2 mg* | Tier 1 | QLC (4 tabs/day) |
| *aripiprazole tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *aripiprazole tab 30 mg* | Tier 1 | QLC (1 tab/day) |
| *aripiprazole tab 5 mg* | Tier 1 | QLC (2 tabs/day) |
| *asenapine maleate sl tab 10 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *asenapine maleate sl tab 2.5 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *asenapine maleate sl tab 5 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| BYSANTI (*milsaperidone*) (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | Tier 3 | PA, QLC (2 tabs/day) |
| BYSANTI TITRATION PACK A (*milsaperidone*) BYSNTI TITRTION PCK 1 & 2 & 4 & 6 MG TB THPK | Tier 3 | PA, QLC (8 tabs/30 days, max 2 fills/365 days) |
| BYSANTI TITRATION PACK B (*milsaperidone*) YSANTI 1 & 2 & 6 & 8 MG TATHPK | Tier 3 | PA, QLC (12 tabs/30 days, max 2 fills/365 days) |
| BYSANTI TITRATION PACK C (*milsaperidone*) PAK 1 & 2 & 6 MG TAB THPK | Tier 3 | PA, QLC (8 tabs/30 days, max 2 fills/365 days) |
| CAPLYTA (*lumateperone tosylate*) (10.5 MG CAP, 21 MG CAP, 42 MG CAP) | Tier 4 | PA, QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| FANAPT (*iloperidone*) (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| FANAPT TITRATION PACK A (*iloperidone*) FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB | Tier 3 | ST, QLC (8 tabs/30 days; 2 fills/365 days) |
| FANAPT TITRATION PACK B (*iloperidone*) 1 & 2 & 6 & 8 MG TA | Tier 3 | ST, QLC (12 tabs/30 days; 2 fills/365 days) |
| FANAPT TITRATION PACK C (*iloperidone*) PAK 1 & 2 & 6 MG TAB | Tier 3 | ST, QLC (8 tabs/30 days; 2 fills/365 days) |
| GEODON (*ziprasidone hcl*) (20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP) | Tier 3 | |
| INVEGA (*paliperidone*) (1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H) | Tier 3 | QLC (1 tab/day) |
| INVEGA (*paliperidone*) 6 MG TAB 24H | Tier 3 | QLC (2 tabs/day) |
| LATUDA (*lurasidone hcl*) (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB) | Tier 3 | QLC (1 tab/day) |
| LATUDA (*lurasidone hcl*) 80 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *lurasidone hcl tab 120 mg* | Tier 1 | QLC (1 tab/day) |
| *lurasidone hcl tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *lurasidone hcl tab 40 mg* | Tier 1 | QLC (1 tab/day) |
| *lurasidone hcl tab 60 mg* | Tier 1 | QLC (1 tab/day) |
| *lurasidone hcl tab 80 mg* | Tier 1 | QLC (2 tabs/day) |
| NUPLAZID (*pimavanserin tartrate*) 10 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF |
| NUPLAZID (*pimavanserin tartrate*) 34 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), SF |
| *olanzapine orally disintegrating tab 10 mg* | Tier 1 | |
| *olanzapine orally disintegrating tab 15 mg* | Tier 1 | |
| *olanzapine orally disintegrating tab 20 mg* | Tier 1 | |
| *olanzapine orally disintegrating tab 5 mg* | Tier 1 | |
| *olanzapine tab 10 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *olanzapine tab 15 mg* | Tier 1 | |
| *olanzapine tab 2.5 mg* | Tier 1 | |
| *olanzapine tab 20 mg* | Tier 1 | |
| *olanzapine tab 5 mg* | Tier 1 | |
| *olanzapine tab 7.5 mg* | Tier 1 | |
| OPIPZA (*aripiprazole*) (5 MG FILM, 10 MG FILM) | Tier 4 | PA, QLC (3 films/day) |
| OPIPZA (*aripiprazole*) 2 MG FILM | Tier 4 | PA, QLC (4 films/day) |
| *paliperidone tab er 24hr 1.5 mg* (PALIPERIDONE ER) | Tier 1 | QLC (1 tab/day) |
| *paliperidone tab er 24hr 3 mg* (PALIPERIDONE ER) | Tier 1 | QLC (1 tab/day) |
| *paliperidone tab er 24hr 6 mg* (PALIPERIDONE ER) | Tier 1 | QLC (2 tabs/day) |
| *paliperidone tab er 24hr 9 mg* (PALIPERIDONE ER) | Tier 1 | QLC (1 tab/day) |
| QUETIAPINE FUMARATE 150 MG TAB | Tier 1 | |
| *quetiapine fumarate tab 100 mg* | Tier 1 | |
| *quetiapine fumarate tab 200 mg* | Tier 1 | |
| *quetiapine fumarate tab 25 mg* | Tier 1 | |
| *quetiapine fumarate tab 300 mg* | Tier 1 | |
| *quetiapine fumarate tab 400 mg* | Tier 1 | |
| *quetiapine fumarate tab 50 mg* | Tier 1 | |
| *quetiapine fumarate tab er 24hr 150 mg* (QUETIAPINE FUMARATE ER) | Tier 1 | |
| *quetiapine fumarate tab er 24hr 200 mg* (QUETIAPINE FUMARATE ER) | Tier 1 | |
| *quetiapine fumarate tab er 24hr 300 mg* (QUETIAPINE FUMARATE ER) | Tier 1 | |
| *quetiapine fumarate tab er 24hr 400 mg* (QUETIAPINE FUMARATE ER) | Tier 1 | |
| *quetiapine fumarate tab er 24hr 50 mg* (QUETIAPINE FUMARATE ER) | Tier 1 | |
| REXULTI (*brexpiprazole*) (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB) | Tier 4 | PA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| RISPERDAL (*risperidone*) (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB) | Tier 3 | |
| RISPERIDONE 0.25 MG TAB DISP | Tier 1 | |
| *risperidone orally disintegrating tab 0.5 mg* | Tier 1 | |
| *risperidone orally disintegrating tab 1 mg* | Tier 1 | |
| *risperidone orally disintegrating tab 2 mg* | Tier 1 | |
| *risperidone orally disintegrating tab 3 mg* | Tier 1 | |
| *risperidone orally disintegrating tab 4 mg* | Tier 1 | |
| *risperidone soln 1 mg/ml* | Tier 1 | |
| *risperidone tab 0.25 mg* | Tier 1 | |
| *risperidone tab 0.5 mg* | Tier 1 | |
| *risperidone tab 1 mg* | Tier 1 | |
| *risperidone tab 2 mg* | Tier 1 | |
| *risperidone tab 3 mg* | Tier 1 | |
| *risperidone tab 4 mg* | Tier 1 | |
| SAPHRIS (*asenapine maleate*) (2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB) | Tier 3 | QLC (2 tabs/day) |
| SECUADO (*asenapine*) (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR) | Tier 4 | PA, QLC (1 patch/day) |
| SEROQUEL (*quetiapine fumarate*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB) | Tier 3 | |
| SEROQUEL XR (*quetiapine fumarate*) (50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H) | Tier 3 | |
| VRAYLAR (*cariprazine hcl*) (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP) | Tier 3 | PA, QLC (1 cap/day) |
| VRAYLAR (*cariprazine hcl*) 1.5 & 3 MG CAP THPK | Tier 3 | PA, QLC (1 pack/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ziprasidone hcl cap 20 mg* | Tier 1 | |
| *ziprasidone hcl cap 40 mg* | Tier 1 | |
| *ziprasidone hcl cap 60 mg* | Tier 1 | |
| *ziprasidone hcl cap 80 mg* | Tier 1 | |
| ZYPREXA (*olanzapine*) (2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) | Tier 3 | |
| ZYPREXA ZYDIS (*olanzapine*) (5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP) | Tier 3 | |
| **ANTIPSYCHOTICS, OTHER** | | |
| COBENFY (*xanomeline tartrate-trospium chloride*) (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP) | Tier 4 | PA, QLC (2 caps/day) |
| COBENFY STARTER PACK (*xanomeline tartrate-trospium chloride*) 50-20 & 100-20 MG CAP THPK | Tier 4 | PA, QLC (112 caps (2 packs)/365 days) |
| **TREATMENT-RESISTANT** | | |
| *clozapine orally disintegrating tab 100 mg* | Tier 2 | |
| *clozapine orally disintegrating tab 12.5 mg* | Tier 2 | |
| *clozapine orally disintegrating tab 150 mg* | Tier 2 | |
| *clozapine orally disintegrating tab 200 mg* | Tier 2 | |
| *clozapine orally disintegrating tab 25 mg* | Tier 2 | |
| *clozapine tab 100 mg* | Tier 1 | |
| *clozapine tab 200 mg* | Tier 1 | |
| *clozapine tab 25 mg* | Tier 1 | |
| *clozapine tab 50 mg* | Tier 1 | |
| CLOZARIL (*clozapine*) (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB) | Tier 3 | |
| VERSACLOZ (*clozapine*) 50 MG/ML SUSPENSION | Tier 3 | ST, QLC (18 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)** | | |
| BACLOFEN 5 MG/5ML SOLUTION | Tier 4 | PA, QLC (80 ml/day) |
| *baclofen oral soln 10 mg/5ml* | Tier 4 | PA, QLC (40 ml/day) |
| *baclofen oral soln 5 mg/5ml mg/ml* | Tier 4 | PA, QLC (80 ml/day) |
| *baclofen susp 25 mg/5ml* | Tier 4 | PA, QLC (16 ml/day) |
| *baclofen tab 10 mg* | Tier 1 | QLC (8 tabs/day) |
| *baclofen tab 15 mg* | Tier 2 | QLC (4 tabs/day) |
| *baclofen tab 20 mg* | Tier 1 | QLC (4 tabs/day) |
| *baclofen tab 5 mg* | Tier 1 | QLC (3 tabs/day) |
| DANTRIUM (*dantrolene sodium*) 25 MG CAP | Tier 3 | |
| *dantrolene sodium cap 100 mg* | Tier 1 | |
| *dantrolene sodium cap 25 mg* | Tier 1 | |
| *dantrolene sodium cap 50 mg* | Tier 1 | |
| FLEQSUVY (*baclofen*) 25 MG/5ML SUSPENSION | Tier 4 | PA, QLC (16 ml/day) |
| LYVISPAH (*baclofen*) (5 MG PACKET, 10 MG PACKET) | Tier 3 | PA, QLC (3 packets/day) |
| LYVISPAH (*baclofen*) 20 MG PACKET | Tier 3 | PA, QLC (4 packets/day) |
| ONTRALFY (*tizanidine hcl*) 2 MG/5ML SOLUTION | Tier 4 | PA, QLC (90 ml/day) |
| OZOBAX (*baclofen*) 5 MG/5ML SOLUTION | Tier 4 | PA, QLC (80 ml/day) |
| OZOBAX DS (*baclofen*) 10 MG/5ML SOLUTION | Tier 4 | PA, QLC (40 ml/day) |
| TIZANIDINE HCL 8 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| *tizanidine hcl cap 2 mg (base equivalent)* | Tier 1 | |
| *tizanidine hcl cap 4 mg (base equivalent)* | Tier 1 | |
| *tizanidine hcl cap 6 mg (base equivalent)* | Tier 1 | |
| *tizanidine hcl tab 2 mg (base equivalent)* | Tier 1 | |
| *tizanidine hcl tab 4 mg (base equivalent)* | Tier 1 | |
| ZANAFLEX (*tizanidine hcl*) (2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZANAFLEX (*tizanidine hcl*) 8 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| **ANTIVIRALS (Drugs for Viral Infections)** | | |
| **ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)** | | |
| LIVTENCITY (*maribavir*) 200 MG TAB | Tier 4 | PA, LA, QLC (4 tabs/day) |
| PREVYMIS (*letermovir*) (20 MG PACKET, 120 MG PACKET) | Tier 4 | PA, QLC (4 packets/day) |
| PREVYMIS (*letermovir*) (240 MG TAB, 480 MG TAB) | Tier 4 | PA, QLC (1 tab/day) |
| VALCYTE (*valganciclovir hcl*) 450 MG TAB | Tier 3 | QLC (2 tabs/day) |
| VALCYTE (*valganciclovir hcl*) 50 MG/ML RECON SOLN | Tier 3 | QLC (18 ml/day) |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | Tier 1 | QLC (18 ml/day) |
| *valganciclovir hcl tab 450 mg (base equivalent)* | Tier 1 | QLC (2 tabs/day) |
| **ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)** | | |
| *adefovir dipivoxil tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| BARACLUDE (*entecavir*) (0.5 MG TAB, 1 MG TAB) | Tier 3 | QLC (1 tab/day) |
| BARACLUDE (*entecavir*) 0.05 MG/ML SOLUTION | Tier 2 | QLC (3 bottles/30 days) |
| *entecavir tab 0.5 mg* | Tier 1 | QLC (1 tab/day) |
| *entecavir tab 1 mg* | Tier 1 | QLC (1 tab/day) |
| EPIVIR HBV (*lamivudine (hbv)*) 100 MG TAB | Tier 3 | QLC (1 tab/day) |
| EPIVIR HBV (*lamivudine (hbv)*) 5 MG/ML SOLUTION | Tier 2 | QLC (3 bottles/month) |
| HEPCLUDEX (*bulevirtide acetate-gmod*) 8.5 MG RECON SOLN | Tier 4 | PA, LA, QLC (1 vial/day) |
| HEPSERA (*adefovir dipivoxil*) 10 MG TAB | Tier 3 | QLC (1 tab/day) |
| *lamivudine tab 100 mg (hbv)* | Tier 1 | QLC (1 tab/day) |
| VEMLIDY (*tenofovir alafenamide fumarate*) 25 MG TAB | Tier 3 | PA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)** | | |
| EPCLUSA (*sofosbuvir-velpatasvir*) (200-50 MG TAB, 400-100 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| EPCLUSA (*sofosbuvir-velpatasvir*) 150-37.5 MG PACKET | Tier 4 | PA, S (Specialty Drug), QLC (1 packet/day) |
| EPCLUSA (*sofosbuvir-velpatasvir*) 200-50 MG PACKET | Tier 4 | PA, S (Specialty Drug), QLC (2 packets/day) |
| HARVONI (*ledipasvir-sofosbuvir*) (45-200 MG TAB, 90-400 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| HARVONI (*ledipasvir-sofosbuvir*) 33.75-150 MG PACKET | Tier 4 | PA, S (Specialty Drug), QLC (1 packet/day) |
| HARVONI (*ledipasvir-sofosbuvir*) 45-200 MG PACKET | Tier 4 | PA, S (Specialty Drug), QLC (2 packets/day) |
| LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| MAVYRET (*glecaprevir-pibrentasvir*) 100-40 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day) |
| MAVYRET (*glecaprevir-pibrentasvir*) 50-20 MG PACKET | Tier 4 | PA, S (Specialty Drug), QLC (6 packets/day) |
| RIBAVIRIN (*ribavirin (hepatitis c)*) (200 MG CAP, 200 MG TAB) | Tier 1 | S (Specialty Drug) |
| SOFOSBUVIR-VELPATASVIR 400-100 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| SOVALDI (*sofosbuvir*) (200 MG TAB, 400 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| SOVALDI (*sofosbuvir*) 150 MG PACKET | Tier 4 | PA, S (Specialty Drug), QLC (1 packet/day) |
| SOVALDI (*sofosbuvir*) 200 MG PACKET | Tier 4 | PA, S (Specialty Drug), QLC (2 packets/day) |
| VIEKIRA PAK (*ombitasvir-paritaprevir-ritonavir-dasabuvir*) 12.5-75-50 &250 MG TAB THPK | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day) |
| VOSEVI (*sofosbuvir-velpatasvir-voxilaprevir*) 400-100-100 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| ZEPATIER (*elbasvir-grazoprevir*) 50-100 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)** | | |
| BIKTARVY (*bictegravir-emtricitabine-tenofovir alafenamide fumarate*) (30-120-15 MG TAB, 50-200-25 MG TAB) | Tier 2 | QLC (1 tab/day) |
| DOVATO (*dolutegravir sodium-lamivudine*) 50-300 MG TAB | Tier 2 | QLC (1 tab/day) |
| GENVOYA (*elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*) 150-150-200-10 MG | Tier 2 | QLC (1 tab/day) |
| ISENTRESS (*raltegravir potassium*) (25 MG CHEW TAB, 100 MG CHEW TAB) | Tier 2 | QLC (6 tabs/day) |
| ISENTRESS (*raltegravir potassium*) 100 MG PACKET | Tier 2 | QLC (2 packets/day) |
| ISENTRESS (*raltegravir potassium*) 400 MG TAB | Tier 2 | QLC (4 tabs/day) |
| ISENTRESS HD (*raltegravir potassium*) 600 MG TAB | Tier 2 | QLC (2 tabs/day) |
| JULUCA (*dolutegravir sodium-rilpivirine hcl*) 50-25 MG TAB | Tier 2 | QLC (1 tab/day) |
| STRIBILD (*elvitegravir-cobicistat-emtricitabine-tenofovir df*) 150-150-200-300 MG | Tier 2 | QLC (1 tab/day) |
| TIVICAY (*dolutegravir sodium*) (10 MG TAB, 25 MG TAB, 50 MG TAB) | Tier 2 | QLC (2 tabs/day) |
| TIVICAY PD (*dolutegravir sodium*) 5 MG TAB SOL | Tier 2 | QLC (5 tabs/day) |
| **ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)** | | |
| COMPLERA (*emtricitabine-rilpivirine-tenofovir disoproxil fumarate*) 200-25-300 MG | Tier 3 | QLC (1 tab/day) |
| DELSTRIGO (*doravirine-lamivudine-tenofovir disoproxil fumarate*) 100-300-300 MG TAB | Tier 3 | QLC (1 tab/day) |
| EDURANT (*rilpivirine hcl*) 25 MG TAB | Tier 3 | QLC (2 tabs/day) |
| EDURANT PED (*rilpivirine hcl*) 2.5 MG TAB SOL | Tier 2 | AL1 (2 to 8 yrs old), QLC (6 tabs/day) |
| EFAVIRENZ 200 MG CAP | Tier 1 | QLC (3 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EFAVIRENZ 50 MG CAP | Tier 1 | QLC (6 caps/day) |
| *efavirenz tab 600 mg* | Tier 1 | QLC (1 tab/day) |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* (EFAVIRENZ-EMTRICITAB-TENOFO DF) | Tier 1 | QLC (1 tab/day) |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 400-300-300 MG TAB | Tier 1 | QLC (1 tab/day) |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | Tier 1 | QLC (1 tab/day) |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* (EMTRICITAB-RILPIVIR-TENOFOV DF) | Tier 1 | QLC (1 tab/day) |
| *etravirine tab 100 mg* | Tier 1 | QLC (4 tabs/day) |
| *etravirine tab 200 mg* | Tier 1 | QLC (2 tabs/day) |
| INTELENCE (*etravirine*) 100 MG TAB | Tier 3 | QLC (4 tabs/day) |
| INTELENCE (*etravirine*) 200 MG TAB | Tier 3 | QLC (2 tabs/day) |
| INTELENCE (*etravirine*) 25 MG TAB | Tier 2 | QLC (12 tabs/day) |
| NEVIRAPINE 50 MG/5ML SUSPENSION | Tier 1 | QLC (40 ml/day) |
| NEVIRAPINE ER 100 MG TAB 24H | Tier 1 | QLC (3 tabs/day) |
| *nevirapine tab 200 mg* | Tier 1 | QLC (2 tabs/day) |
| *nevirapine tab er 24hr 400 mg* (NEVIRAPINE ER) | Tier 1 | QLC (1 tab/day) |
| ODEFSEY (*emtricitabine-rilpivirine-tenofovir alafenamide fumarate*) 200-25-25 MG | Tier 2 | QLC (1 tab/day) |
| PIFELTRO (*doravirine*) 100 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *rilpivirine hcl tab 25 mg (base equivalent)* | Tier 1 | QLC (2 tabs/day) |
| SUSTIVA (*efavirenz*) 200 MG CAP | Tier 3 | QLC (3 caps/day) |
| SUSTIVA (*efavirenz*) 50 MG CAP | Tier 3 | QLC (6 caps/day) |
| SUSTIVA (*efavirenz*) 600 MG TAB | Tier 3 | QLC (1 tab/day) |
| SYMFI (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 600-300-300 MG TAB | Tier 3 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SYMFI LO (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 400-300-300 MG TAB | Tier 3 | QLC (1 tab/day) |
| **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)** | | |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | Tier 1 | QLC (30 ml/day) |
| *abacavir sulfate tab 300 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *abacavir sulfate-lamivudine tab 600-300 mg* | Tier 1 | QLC (1 tab/day) |
| CIMDUO (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB | Tier 2 | QLC (1 tab/day) |
| COMBIVIR (*lamivudine-zidovudine*) 150-300 MG TAB | Tier 3 | QLC (2 tabs/day) |
| DESCOVY (*emtricitabine-tenofovir alafenamide fumarate*) 120-15 MG | Tier 2 | QLC (1 tab/day) |
| DESCOVY (*emtricitabine-tenofovir alafenamide fumarate*) 200-25 MG | Tier 2 | ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.) |
| *emtricitabine caps 200 mg* | Tier 1 | QLC (1 cap/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* (EMTRICITABINE-TENOFOVIR DF) | Tier 1 | QLC (1 tab/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* (EMTRICITABINE-TENOFOVIR DF) | Tier 1 | QLC (1 tab/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* (EMTRICITABINE-TENOFOVIR DF) | Tier 1 | QLC (1 tab/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* (EMTRICITABINE-TENOFOVIR DF) | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| EMTRIVA (*emtricitabine*) 10 MG/ML SOLUTION | Tier 2 | QLC (24 ml/day) |
| EMTRIVA (*emtricitabine*) 200 MG CAP | Tier 3 | QLC (1 cap/day) |
| EPIVIR (*lamivudine*) 10 MG/ML SOLUTION | Tier 3 | QLC (30 ml/day) |
| EPIVIR (*lamivudine*) 150 MG TAB | Tier 3 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EPIVIR (*lamivudine*) 300 MG TAB | Tier 3 | QLC (1 tab/day) |
| EPZICOM (*abacavir sulfate-lamivudine*) 600-300 MG TAB | Tier 3 | QLC (1 tab/day) |
| *lamivudine oral soln 10 mg/ml* | Tier 1 | QLC (30 ml/day) |
| *lamivudine tab 150 mg* | Tier 1 | QLC (2 tabs/day) |
| *lamivudine tab 300 mg* | Tier 1 | QLC (1 tab/day) |
| *lamivudine-zidovudine tab 150-300 mg* | Tier 1 | QLC (2 tabs/day) |
| RETROVIR (*zidovudine*) 100 MG CAP | Tier 3 | QLC (5 caps/day) |
| RETROVIR (*zidovudine*) 50 MG/5ML SYRUP | Tier 3 | QLC (60 ml/day) |
| STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP) | Tier 1 | QLC (2 caps/day) |
| *tenofovir disoproxil fumarate tab 300 mg* | Tier 1 | QLC (1 tab/day) |
| TRIUMEQ (*abacavir-dolutegravir-lamivudine*) 600-50-300 MG TAB | Tier 2 | QLC (1 tab/day) |
| TRIUMEQ PD (*abacavir-dolutegravir-lamivudine*) 60-5-30 MG TAB SOL | Tier 2 | QLC (6 tabs/day) |
| TRIZIVIR (*abacavir sulfate-lamivudine-zidovudine*) 300-150-300 MG TAB | Tier 3 | QLC (2 tabs/day) |
| TRUVADA (*emtricitabine-tenofovir disoproxil fumarate*) (100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB) | Tier 3 | QLC (1 tab/day) |
| VIREAD (*tenofovir disoproxil fumarate*) (150 MG TAB, 200 MG TAB, 250 MG TAB) | Tier 2 | QLC (1 tab/day) |
| VIREAD (*tenofovir disoproxil fumarate*) 300 MG TAB | Tier 3 | QLC (1 tab/day) |
| VIREAD (*tenofovir disoproxil fumarate*) 40 MG/GM POWDER | Tier 2 | QLC (3 bottles/month) |
| ZIAGEN (*abacavir sulfate*) 20 MG/ML SOLUTION | Tier 3 | QLC (30 ml/day) |
| ZIAGEN (*abacavir sulfate*) 300 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *zidovudine cap 100 mg* | Tier 1 | QLC (5 caps/day) |
| *zidovudine syrup 10 mg/ml* | Tier 1 | QLC (60 ml/day) |
| *zidovudine tab 300 mg* | Tier 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTI-HIV AGENTS, OTHER** | | |
| FUZEON (*enfuvirtide*) 90 MG RECON SOLN | Tier 4 | LA, S (Specialty Drug), QLC (1 kit/30 days) |
| IDVYNSO (*doravirine-islatravir*) 100-0.25 MG TAB | Tier 3 | QLC (1 tab/day) |
| *maraviroc tab 150 mg* | Tier 1 | QLC (2 tabs/day) |
| *maraviroc tab 300 mg* | Tier 1 | QLC (4 tabs/day) |
| RUKOBIA (*fostemsavir tromethamine*) 600 MG TAB ER 12H | Tier 3 | PA, QLC (2 tabs/day) |
| SELZENTRY (*maraviroc*) 150 MG TAB | Tier 3 | QLC (2 tabs/day) |
| SELZENTRY (*maraviroc*) 20 MG/ML SOLUTION | Tier 2 | QLC (60 ml/day) |
| SELZENTRY (*maraviroc*) 25 MG TAB | Tier 2 | QLC (8 tabs/day) |
| SELZENTRY (*maraviroc*) 300 MG TAB | Tier 3 | QLC (4 tabs/day) |
| SELZENTRY (*maraviroc*) 75 MG TAB | Tier 2 | QLC (2 tabs/day) |
| SUNLENCA (*lenacapavir sodium*) 300 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tablets/180 days) |
| SUNLENCA (*lenacapavir sodium*) 4 X 300 MG TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/180 days) |
| SUNLENCA (*lenacapavir sodium*) 5 X 300 MG TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (5 tabs/180 days) |
| TYBOST (*cobicistat*) 150 MG TAB | Tier 3 | QLC (1 tab/day) |
| **ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)** | | |
| APTIVUS (*tipranavir*) 250 MG CAP | Tier 2 | QLC (4 caps/day) |
| *atazanavir sulfate cap 150 mg (base equiv)* | Tier 1 | QLC (2 caps/day) |
| *atazanavir sulfate cap 200 mg (base equiv)* | Tier 1 | QLC (2 caps/day) |
| *atazanavir sulfate cap 300 mg (base equiv)* | Tier 1 | QLC (1 cap/day) |
| *darunavir tab 600 mg* | Tier 1 | QLC (2 tabs/day) |
| *darunavir tab 800 mg* | Tier 1 | QLC (1 tab/day) |
| EVOTAZ (*atazanavir sulfate-cobicistat*) 300-150 MG TAB | Tier 3 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fosamprenavir calcium tab 700 mg (base equiv)* | Tier 1 | QLC (4 tabs/day) |
| KALETRA (*lopinavir-ritonavir*) (100-25 MG TAB, 200-50 MG TAB) | Tier 3 | QLC (4 tabs/day) |
| KALETRA (*lopinavir-ritonavir*) 400-100 MG/5ML SOLUTION | Tier 3 | QLC (10 ml/day) |
| LEXIVA (*fosamprenavir calcium*) 50 MG/ML SUSPENSION | Tier 2 | QLC (56 ml/day) |
| LEXIVA (*fosamprenavir calcium*) 700 MG TAB | Tier 3 | QLC (4 tabs/day) |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | Tier 1 | QLC (10 ml/day) |
| *lopinavir-ritonavir tab 100-25 mg* | Tier 1 | QLC (4 tabs/day) |
| *lopinavir-ritonavir tab 200-50 mg* | Tier 1 | QLC (4 tabs/day) |
| NORVIR (*ritonavir*) 100 MG CAP | Tier 2 | QLC (12 caps/day) |
| NORVIR (*ritonavir*) 100 MG PACKET | Tier 2 | QLC (12 packets/day) |
| NORVIR (*ritonavir*) 100 MG TAB | Tier 3 | QLC (12 tabs/day) |
| NORVIR (*ritonavir*) 80 MG/ML SOLUTION | Tier 2 | QLC (15 ml/day) |
| PREZCOBIX (*darunavir-cobicistat*) (675-150 MG TAB, 800-150 MG TAB) | Tier 2 | QLC (1 tab/day) |
| PREZISTA (*darunavir ethanolate*) 100 MG/ML SUSPENSION | Tier 2 | QLC (12 ml/day) |
| PREZISTA (*darunavir*) 150 MG TAB | Tier 2 | QLC (4 tabs/day) |
| PREZISTA (*darunavir*) 600 MG TAB | Tier 3 | QLC (2 tabs/day) |
| PREZISTA (*darunavir*) 75 MG TAB | Tier 2 | QLC (2 tabs/day) |
| PREZISTA (*darunavir*) 800 MG TAB | Tier 3 | QLC (1 tab/day) |
| REYATAZ (*atazanavir sulfate*) 200 MG CAP | Tier 3 | QLC (2 caps/day) |
| REYATAZ (*atazanavir sulfate*) 300 MG CAP | Tier 3 | QLC (1 cap/day) |
| REYATAZ (*atazanavir sulfate*) 50 MG PACKET | Tier 2 | QLC (5 packs/day) |
| *ritonavir tab 100 mg* | Tier 1 | QLC (12 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SYMTUZA (*darunavir-cobicistat-emtricitabine-tenofovir alafenamide*) 800-150-200-10 MG | Tier 2 | QLC (1 tab/day) |
| VIRACEPT (*nelfinavir mesylate*) 250 MG TAB | Tier 2 | QLC (9 tabs/day) |
| VIRACEPT (*nelfinavir mesylate*) 625 MG TAB | Tier 2 | QLC (4 tabs/day) |
| **ANTI-INFLUENZA AGENTS (Drugs for Flu)** | | |
| *oseltamivir phosphate cap 30 mg (base equiv)* | Tier 1 | QLC (40 caps/6 months) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | Tier 1 | QLC (20 caps/6 months) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | Tier 1 | QLC (20 caps/6 months) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | Tier 1 | QLC (6 bottles/6 months) |
| RELENZA DISKHALER (*zanamivir*) 5 MG/ACT AER POW BA | Tier 2 | QLC (2 inhalers/6 months) |
| RIMANTADINE HCL (*rimantadine hydrochloride*) 100 MG TAB | Tier 1 | |
| TAMIFLU (*oseltamivir phosphate*) (45 MG CAP, 75 MG CAP) | Tier 3 | QLC (20 caps/6 months) |
| TAMIFLU (*oseltamivir phosphate*) 30 MG CAP | Tier 3 | QLC (40 caps/6 months) |
| TAMIFLU (*oseltamivir phosphate*) 6 MG/ML RECON SUSP | Tier 3 | QLC (6 bottles/6 months) |
| XENLETA (*lefamulin acetate*) 600 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (10 tabs/month) |
| XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK | Tier 3 | QLC (1 tab/day; max 2 tabs/180 days) |
| XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 20 TAB THPK | Tier 3 | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |
| XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK | Tier 3 | QLC (1 tab/day; max 2 tabs/180 days) |
| XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 40 TAB THPK | Tier 3 | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTIHERPETIC AGENTS (Drugs for Herpes Infection)** | | |
| *acyclovir cap 200 mg* | Tier 1 | |
| *acyclovir susp 200 mg/5ml* | Tier 1 | |
| *acyclovir tab 400 mg* | Tier 1 | |
| *acyclovir tab 800 mg* | Tier 1 | |
| *famciclovir tab 125 mg* | Tier 1 | |
| *famciclovir tab 250 mg* | Tier 1 | |
| *famciclovir tab 500 mg* | Tier 1 | |
| *valacyclovir hcl tab 1 gm* | Tier 1 | |
| *valacyclovir hcl tab 500 mg* | Tier 1 | |
| VALTREX (*valacyclovir hcl*) (1 GM TAB, 500 MG TAB) | Tier 3 | |
| ZOVIRAX (*acyclovir*) 200 MG/5ML SUSPENSION | Tier 3 | |
| **ANTIVIRAL, CORONAVIRUS AGENTS** | | |
| LAGEVRIO (*molnupiravir*) 200 MG CAP | Tier 2 | AL1 (At least 18 yrs old), QLC (40 caps/30 days; COVID treatment covered at $0), CW |
| PAXLOVID (150/100) (*nirmatrelvir-ritonavir*) MG & 0MG TAB THPK | Tier 2 | AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at $0), CW |
| PAXLOVID (300/100 & 150/100) (*nirmatrelvir-ritonavir*) 6 10 MG 100MG TAB THPK | Tier 2 | AL1 (At least 12 yrs old), QLC (11 tabs/30 days; COVID treatment covered at $0) |
| PAXLOVID (300/100) (*nirmatrelvir-ritonavir*) 20 150 MG & 0MG TAB THPK | Tier 2 | AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at $0), CW |
| XOCOVA (*ensitrelvir fumarate*) 125 MG TAB | Tier 4 | AL1 (At least 12 yrs old), QLC (7 tabs/30 days) |
| **ANXIOLYTICS (Drugs for Anxiety)** | | |
| **ANXIOLYTICS, OTHER (Other Drugs for Anxiety)** | | |
| BUCAPSOL (*buspirone hcl*) (7.5 MG CAP, 10 MG CAP) | Tier 4 | PA, QLC (2 caps/day) |
| BUCAPSOL (*buspirone hcl*) BUSOL 15 MG | Tier 4 | PA, QLC (4 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| BUSPIRONE HCL (2.5 MG TAB, 12.5 MG TAB) | Tier 4 | PA, QLC (2 tabs/day) |
| *buspirone hcl tab 10 mg* | Tier 1 | |
| *buspirone hcl tab 15 mg* | Tier 1 | |
| *buspirone hcl tab 30 mg* | Tier 1 | |
| *buspirone hcl tab 5 mg* | Tier 1 | |
| *buspirone hcl tab 7.5 mg* | Tier 1 | |
| *meprobamate tab 200 mg* | Tier 3 | AL1 (Up to 64 yrs old) |
| *meprobamate tab 400 mg* | Tier 3 | AL1 (Up to 64 yrs old) |
| **BENZODIAZEPINES** | | |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC | Tier 1 | QLC (4 ml/day) |
| *alprazolam orally disintegrating tab 0.25 mg* | Tier 1 | QLC (4 tabs/day) |
| *alprazolam orally disintegrating tab 0.5 mg* | Tier 1 | QLC (4 tabs/day) |
| *alprazolam orally disintegrating tab 1 mg* | Tier 1 | QLC (4 tabs/day) |
| *alprazolam orally disintegrating tab 2 mg* | Tier 1 | QLC (2 tabs/day) |
| *alprazolam tab 0.25 mg* | Tier 1 | QLC (4 tabs/day) |
| *alprazolam tab 0.5 mg* | Tier 1 | QLC (4 tabs/day) |
| *alprazolam tab 1 mg* | Tier 1 | QLC (4 tabs/day) |
| *alprazolam tab 2 mg* | Tier 1 | QLC (2 tabs/day) |
| *alprazolam tab er 24hr 0.5 mg* (ALPRAZOLAM ER) | Tier 1 | QLC (1 tab/day) |
| *alprazolam tab er 24hr 0.5 mg* (ALPRAZOLAM XR) | Tier 1 | QLC (1 tab/day) |
| *alprazolam tab er 24hr 1 mg* (ALPRAZOLAM ER) | Tier 1 | QLC (1 tab/day) |
| *alprazolam tab er 24hr 1 mg* (ALPRAZOLAM XR) | Tier 1 | QLC (1 tab/day) |
| *alprazolam tab er 24hr 2 mg* (ALPRAZOLAM ER) *4hr* | Tier 1 | QLC (2 tabs/day) |
| *alprazolam tab er 24hr 2 mg* (ALPRAZOLAM XR) *4hr* | Tier 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *alprazolam tab er 24hr 3 mg* (ALPRAZOLAM ER) | Tier 1 | QLC (1 tab/day) |
| *alprazolam tab er 24hr 3 mg* (ALPRAZOLAM XR) | Tier 1 | QLC (1 tab/day) |
| ATIVAN (*lorazepam*) 0.5 MG TAB | Tier 3 | QLC (20 tabs/day) |
| ATIVAN (*lorazepam*) 1 MG TAB | Tier 3 | QLC (10 tabs/day) |
| ATIVAN (*lorazepam*) 2 MG TAB | Tier 3 | QLC (5 tabs/day) |
| *chlordiazepoxide hcl cap 10 mg* | Tier 1 | QLC (30 caps/day) |
| *chlordiazepoxide hcl cap 25 mg* | Tier 1 | QLC (12 caps/day) |
| *chlordiazepoxide hcl cap 5 mg* | Tier 1 | QLC (60 caps/day) |
| *clonazepam orally disintegrating tab 0.125 mg* | Tier 1 | |
| *clonazepam orally disintegrating tab 0.25 mg* | Tier 1 | |
| *clonazepam orally disintegrating tab 0.5 mg* | Tier 1 | |
| *clonazepam orally disintegrating tab 1 mg* | Tier 1 | |
| *clonazepam orally disintegrating tab 2 mg* | Tier 1 | |
| *clonazepam tab 0.5 mg* | Tier 1 | QLC (40 tabs/day) |
| *clonazepam tab 1 mg* | Tier 1 | QLC (20 tabs/day) |
| *clonazepam tab 2 mg* | Tier 1 | QLC (10 tabs/day) |
| *clorazepate dipotassium tab 15 mg* | Tier 1 | QLC (6 tabs/day) |
| *clorazepate dipotassium tab 3.75 mg* | Tier 1 | QLC (24 tabs/day) |
| *clorazepate dipotassium tab 7.5 mg* | Tier 1 | QLC (12 tabs/day) |
| *diazepam conc 5 mg/ml* | Tier 1 | QLC (12 bottles/30 days) |
| *diazepam conc 5 mg/ml* (DIAZEPAM INTENSOL) | Tier 1 | QLC (12 bottles/30 days) |
| *diazepam oral soln 1 mg/ml* | Tier 1 | QLC (60 ml/day) |
| *diazepam tab 10 mg* | Tier 1 | QLC (6 tabs/day) |
| *diazepam tab 2 mg* | Tier 1 | QLC (30 tabs/day) |
| *diazepam tab 5 mg* | Tier 1 | QLC (12 tabs/day) |
| KLONOPIN (*clonazepam*) 0.5 MG TAB | Tier 3 | QLC (40 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| KLONOPIN (*clonazepam*) 1 MG TAB | Tier 3 | QLC (20 tabs/day) |
| KLONOPIN (*clonazepam*) 2 MG TAB | Tier 3 | QLC (10 tabs/day) |
| *lorazepam conc 2 mg/ml* | Tier 1 | QLC (150 ml/30 days) |
| lorazepam conc 2 mg/ml (Lorazepam Intensol) | Tier 1 | QLC (150 ml/30 days) |
| *lorazepam tab 0.5 mg* | Tier 1 | QLC (20 tabs/day) |
| *lorazepam tab 1 mg* | Tier 1 | QLC (10 tabs/day) |
| *lorazepam tab 2 mg* | Tier 1 | QLC (5 tabs/day) |
| LOREEV XR (*lorazepam*) 1 MG CP24 SPRNK | Tier 3 | PA, QLC (3 caps/day) |
| LOREEV XR (*lorazepam*) 1.5 MG CP24 SPRNK | Tier 3 | PA, QLC (6 caps/day) |
| LOREEV XR (*lorazepam*) 2 MG CP24 SPRNK | Tier 3 | PA, QLC (5 caps/day) |
| LOREEV XR (*lorazepam*) 3 MG CP24 SPRNK | Tier 3 | PA, QLC (3 caps/day) |
| *oxazepam cap 10 mg* | Tier 1 | QLC (12 caps/day) |
| *oxazepam cap 15 mg* | Tier 1 | QLC (8 caps/day) |
| *oxazepam cap 30 mg* | Tier 1 | QLC (4 caps/day) |
| TRANXENE-T (*clorazepate dipotassium*) 7.5 MG TAB | Tier 3 | QLC (12 tabs/day) |
| VALIUM (*diazepam*) 10 MG TAB | Tier 3 | QLC (6 tabs/day) |
| VALIUM (*diazepam*) 2 MG TAB | Tier 3 | QLC (30 tabs/day) |
| VALIUM (*diazepam*) 5 MG TAB | Tier 3 | QLC (12 tabs/day) |
| XANAX (*alprazolam*) (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB) | Tier 3 | QLC (4 tabs/day) |
| XANAX (*alprazolam*) 2 MG TAB | Tier 3 | QLC (2 tabs/day) |
| XANAX XR (*alprazolam*) (0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H) | Tier 3 | QLC (1 tab/day) |
| XANAX XR (*alprazolam*) 2 MG TAB ER 24H | Tier 3 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **BIPOLAR AGENTS (Drugs for Bipolar Disorder)** | | |
| **MOOD STABILIZERS** | | |
| EQUETRO (*carbamazepine (antipsychotic)*) (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H) | Tier 2 | |
| LITHIUM CARBONATE (150 MG CAP, 300 MG CAP, 600 MG CAP) | Tier 1 | |
| *lithium carbonate cap 150 mg* | Tier 1 | |
| *lithium carbonate cap 300 mg* | Tier 1 | |
| *lithium carbonate cap 600 mg* | Tier 1 | |
| *lithium carbonate tab 300 mg* | Tier 1 | |
| *lithium carbonate tab er 300 mg* (LITHIUM CARBONATE ER) | Tier 1 | |
| *lithium carbonate tab er 450 mg* (LITHIUM CARBONATE ER) | Tier 1 | |
| *lithium oral solution 8 meq/5ml* | Tier 1 | |
| LITHOBID (*lithium carbonate*) 300 MG TAB ER | Tier 3 | |
| **BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)** | | |
| **ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)** | | |
| *acarbose tab 100 mg* | Tier 1 | |
| *acarbose tab 25 mg* | Tier 1 | |
| *acarbose tab 50 mg* | Tier 1 | |
| ACTOPLUS MET (*pioglitazone hcl-metformin hcl*) 15-850 MG TAB | Tier 3 | QLC (3 tabs/day) |
| ACTOS (*pioglitazone hcl*) (15 MG TAB, 30 MG TAB, 45 MG TAB) | Tier 3 | |
| ADLYXIN (*lixisenatide*) 20 MCG/0.2ML SOLN PEN | Tier 3 | PA, QLC (1 pack/month) |
| ADLYXIN STARTER PACK (*lixisenatide*) 10 & 20 MCG/0.2ML PEN KIT | Tier 3 | PA, QLC (1 pack/month) |
| ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| ALOGLIPTIN-PIOGLITAZONE (12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| AMARYL (*glimepiride*) (1 MG TAB, 2 MG TAB, 4 MG TAB) | Tier 3 | |
| BRYNOVIN (*sitagliptin hydrochloride*) 25 MG/ML SOLUTION | Tier 3 | PA, QLC (4 ml/day) |
| BYDUREON BCISE (*exenatide*) 2 MG/0.85ML A-INJ | Tier 3 | PA, QLC (4 injectors/28 days) |
| BYETTA 10 MCG PEN (*exenatide*) /0.04ML SOLN | Tier 3 | PA, QLC (1 pen/30 days) |
| BYETTA 5 MCG PEN (*exenatide*) /0.02ML SOLN | Tier 3 | PA, QLC (1 pen/30 days) |
| CYCLOSET (*bromocriptine mesylate (diabetes)*) 0.8 MG TAB | Tier 3 | PA, QLC (6 tabs/day) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* (DAPAGLIFLOZ BASE-METFORMIN ER) | Tier 1 | Metformin Step, QLC (1 tab/day) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* (DAPAGLIFLOZ BASE-METFORMIN ER) | Tier 1 | ST, QLC (1 tab/day) |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* (DAPAGLIFLOZ BASE-METFORMIN ER) | Tier 1 | ST, QLC (2 tabs/day) |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* (DAPAGLIFLOZ BASE-METFORMIN ER) | Tier 1 | ST, QLC (1 tab/day) |
| DAPAGLIFLOZIN-SAXAGLIPTIN 10-5 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| DUETACT (*pioglitazone hcl-glimepiride*) (30-2 MG TAB, 30-4 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| GLIMEPIRIDE 3 MG TAB | Tier 4 | PA, QLC (2 tabs/day) |
| *glimepiride tab 1 mg* | Tier 1 | |
| *glimepiride tab 2 mg* | Tier 1 | |
| *glimepiride tab 4 mg* | Tier 1 | |
| GLIPIZIDE 15 MG TAB | Tier 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| GLIPIZIDE 2.5 MG TAB | Tier 1 | QLC (1 tab/day) |
| *glipizide tab 10 mg* | Tier 1 | |
| *glipizide tab 5 mg* | Tier 1 | |
| *glipizide tab er 24hr 10 mg* (GLIPIZIDE ER) | Tier 1 | |
| *glipizide tab er 24hr 10 mg* (GLIPIZIDE XL) | Tier 1 | |
| *glipizide tab er 24hr 2.5 mg* (GLIPIZIDE ER) | Tier 1 | |
| *glipizide tab er 24hr 2.5 mg* (GLIPIZIDE XL) | Tier 1 | |
| *glipizide tab er 24hr 5 mg* (GLIPIZIDE ER) | Tier 1 | |
| *glipizide tab er 24hr 5 mg* (GLIPIZIDE XL) | Tier 1 | |
| *glipizide-metformin hcl tab 2.5-250 mg* | Tier 1 | |
| *glipizide-metformin hcl tab 2.5-500 mg* | Tier 1 | |
| *glipizide-metformin hcl tab 5-500 mg* | Tier 1 | |
| GLUCOTROL XL (*glipizide*) (2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H) | Tier 3 | |
| GLUMETZA (*metformin hcl*) 1000 MG TAB ER 24H | Tier 4 | PA, QLC (2 tabs/day) |
| GLUMETZA (*metformin hcl*) 500 MG TAB ER 24H | Tier 4 | PA, QLC (3 tabs/day) |
| GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB) | Tier 1 | |
| *glyburide tab 1.25 mg* | Tier 1 | |
| *glyburide tab 2.5 mg* | Tier 1 | |
| *glyburide tab 5 mg* | Tier 1 | |
| *glyburide-metformin tab 1.25-250 mg* | Tier 1 | |
| *glyburide-metformin tab 2.5-500 mg* | Tier 1 | |
| *glyburide-metformin tab 5-500 mg* | Tier 1 | |
| GLYNASE (*glyburide micronized*) (1.5 MG TAB, 3 MG TAB, 6 MG TAB) | Tier 3 | |
| GLYXAMBI (*empagliflozin-linagliptin*) (10-5 MG TAB, 25-5 MG TAB) | Tier 2 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| INVOKAMET (*canagliflozin-metformin hcl*) (50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| INVOKAMET (*canagliflozin-metformin hcl*) 50-500 MG TAB | Tier 3 | ST, QLC (4 tabs/day) |
| INVOKAMET XR (*canagliflozin-metformin hcl*) (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H) | Tier 3 | ST, QLC (2 tabs/day) |
| JANUMET (*sitagliptin phosphate-metformin hcl*) (50-1000 MG TAB, 50-500 MG TAB) | Tier 2 | ST, QLC (2 tabs/day) |
| JANUMET XR (*sitagliptin phosphate-metformin hcl*) (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H) | Tier 2 | ST, QLC (1 tab/day) |
| JANUMET XR (*sitagliptin phosphate-metformin hcl*) 50-1000 MG TAB ER 24H | Tier 2 | ST, QLC (2 tabs/day) |
| JANUVIA (*sitagliptin phosphate*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 2 | ST, QLC (1 tab/day) |
| JENTADUETO (*linagliptin-metformin hcl*) (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| JENTADUETO XR (*linagliptin-metformin hcl*) 2.5-1000 MG TAB ER 24H | Tier 3 | ST, QLC (2 tabs/day) |
| JENTADUETO XR (*linagliptin-metformin hcl*) 5-1000 MG TAB ER 24H | Tier 3 | ST, QLC (1 tab/day) |
| KAZANO (*alogliptin-metformin hcl*) (12.5-1000 MG TAB, 12.5-500 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| KOMBIGLYZE XR (*saxagliptin-metformin hcl*) (5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H) | Tier 3 | ST, QLC (1 tab/day) |
| KOMBIGLYZE XR (*saxagliptin-metformin hcl*) 2.5-1000 MG TAB ER 24H | Tier 3 | ST, QLC (2 tabs/day) |
| *liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)* | Tier 3 | PA, QLC (2 pens/30 days (2 pack size); 3 pens/30 days (3 pack size)) |
| METFORMIN HCL 750 MG TAB | Tier 4 | PA, QLC (3 tabs/day) |
| *metformin hcl oral soln 500 mg/5ml* | Tier 3 | PA, QLC (25.5 ml/day) |
| *metformin hcl tab 1000 mg* | Tier 1 | |
| *metformin hcl tab 500 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *metformin hcl tab 625 mg* | Tier 4 | PA, QLC (4 tabs/day) |
| *metformin hcl tab 750 mg* | Tier 4 | PA, QLC (3 tabs/day) |
| *metformin hcl tab 850 mg* | Tier 1 | |
| *metformin hcl tab er 24hr 500 mg* (METFORMIN HCL ER) | Tier 1 | |
| *metformin hcl tab er 24hr 750 mg* (METFORMIN HCL ER) | Tier 1 | |
| *metformin hcl tab er 24hr modified release 1000 mg* (METFORMIN HCL ER (MOD)) | Tier 3 | QLC (2 tabs/day) |
| *metformin hcl tab er 24hr modified release 500 mg* (METFORMIN HCL ER (MOD)) | Tier 3 | QLC (3 tabs/day) |
| *metformin hcl tab er 24hr osmotic 1000 mg* (METFORMIN HCL ER (OSM)) | Tier 2 | |
| *metformin hcl tab er 24hr osmotic 500 mg* (METFORMIN HCL ER (OSM)) | Tier 2 | |
| MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 1 | QLC (3 tabs/day) |
| *miglitol tab 100 mg* | Tier 1 | QLC (3 tabs/day) |
| *miglitol tab 25 mg* | Tier 1 | QLC (3 tabs/day) |
| *miglitol tab 50 mg* | Tier 1 | QLC (3 tabs/day) |
| MOUNJARO (*tirzepatide*) (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ) | Tier 2 | PA, QLC (4 pens (2 ml)/28 days) |
| *nateglinide tab 120 mg* | Tier 1 | |
| *nateglinide tab 60 mg* | Tier 1 | |
| NESINA (*alogliptin benzoate*) (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| ONGLYZA (*saxagliptin hcl*) (2.5 MG TAB, 5 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| OSENI (*alogliptin-pioglitazone*) (12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) (*semaglutide*) (MG/1.5ML SOLN PEN | Tier 2 | PA, QLC (1 pen/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) (*semaglutide*) (MG/3ML SOLN PEN | Tier 2 | PA, QLC (3 ml/28 days) |
| OZEMPIC (1 MG/DOSE) (*semaglutide*) 4 MG/3ML SOLN PEN | Tier 2 | PA, QLC (3 ml/ 28 days) |
| OZEMPIC (2 MG/DOSE) (*semaglutide*) 8 MG/3ML SOLN PEN | Tier 2 | PA, QLC (1 pen (3ml)/28 days) |
| OZEMPIC (*semaglutide*) (1.5 MG TAB, 4 MG TAB, 9 MG TAB) | Tier 2 | PA, QLC (1 tab/day) |
| *pioglitazone hcl tab 15 mg (base equiv)* | Tier 1 | |
| *pioglitazone hcl tab 30 mg (base equiv)* | Tier 1 | |
| *pioglitazone hcl tab 45 mg (base equiv)* | Tier 1 | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | Tier 1 | QLC (3 tabs/day) |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | Tier 1 | QLC (3 tabs/day) |
| PRECOSE (*acarbose*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | |
| QTERN (*dapagliflozin-saxagliptin*) (5-5 MG TAB, 10-5 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| *repaglinide tab 0.5 mg* | Tier 1 | |
| *repaglinide tab 1 mg* | Tier 1 | |
| *repaglinide tab 2 mg* | Tier 1 | |
| RIOMET (*metformin hcl*) 500 MG/5ML SOLUTION | Tier 3 | PA, QLC (25.5 ml/day) |
| RYBELSUS (*semaglutide*) (3 MG TAB, 7 MG TAB, 14 MG TAB) | Tier 2 | PA, QLC (1 tab/day) |
| *saxagliptin hcl tab 2.5 mg (base equiv)* | Tier 3 | ST, QLC (1 tab/day) |
| *saxagliptin hcl tab 5 mg (base equiv)* | Tier 3 | ST, QLC (1 tab/day) |
| *saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg* (SAXAGLIPTIN-METFORMIN ER) | Tier 3 | ST, QLC (2 tabs/day) |
| *saxagliptin-metformin hcl tab er 24hr 5-1000 mg* (SAXAGLIPTIN-METFORMIN ER) | Tier 3 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *saxagliptin-metformin hcl tab er 24hr 5-500 mg* (SAXAGLIPTIN-METFORMIN ER) | Tier 3 | ST, QLC (1 tab/day) |
| SEGLUROMET (*ertugliflozin-metformin hcl*) (2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| SEGLUROMET (*ertugliflozin-metformin hcl*) 2.5-500 MG TAB | Tier 3 | ST, QLC (4 tabs/day) |
| SITAGLIPT BASE-METFORM HCL ER (*sitagliptin free base-metformin hcl*) (ER 50-500 MG TAB ER 24H, ER 100-1000 MG TAB ER 24H) | Tier 3 | PA, QLC (1 tab/day) |
| SITAGLIPT BASE-METFORM HCL ER (*sitagliptin free base-metformin hcl*) 50-1000 MG TAB 24H | Tier 3 | PA, QLC (2 tabs/day) |
| SITAGLIPTIN (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| SITAGLIPTIN BASE-METFORMIN HCL (*sitagliptin free base-metformin hcl*) (50-1000 MG TAB, 50-500 MG TAB) | Tier 3 | PA, QLC (2 tabs/day) |
| *sitagliptin phosphate tab 100 mg (base equiv)* | Tier 1 | ST, QLC (1 tab/day) |
| *sitagliptin phosphate tab 25 mg (base equiv)* | Tier 1 | ST, QLC (1 tab/day) |
| *sitagliptin phosphate tab 50 mg (base equiv)* | Tier 1 | ST, QLC (1 tab/day) |
| *sitagliptin phosphate-metformin hcl tab 50-1000 mg* (SITAGLIPTIN PHOS-METFORMIN HCL) | Tier 1 | ST, QLC (2 tabs/day) |
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* (SITAGLIPTIN PHOS-METFORMIN HCL) | Tier 1 | ST, QLC (2 tabs/day) |
| SOLIQUA (*insulin glargine-lixisenatide*) 100-33 UNT-MCG/ML SOLN PEN | Tier 3 | PA, QLC (6 pens/30 days) |
| STEGLUJAN (*ertugliflozin-sitagliptin*) (5-100 MG TAB, 15-100 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| SYMLINPEN 120 (*pramlintide acetate*) SYMLIN2700 MCG/2.7ML SOLN | Tier 4 | PA |
| SYMLINPEN 60 (*pramlintide acetate*) SYMLIN1500 MCG/1.5ML SOLN | Tier 4 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SYNJARDY (*empagliflozin-metformin hcl*) (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB) | Tier 2 | ST, QLC (2 tabs/day) |
| SYNJARDY XR (*empagliflozin-metformin hcl*) (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H) | Tier 2 | ST, QLC (2 tabs/day) |
| SYNJARDY XR (*empagliflozin-metformin hcl*) 25-1000 MG TAB ER 24H | Tier 2 | ST, QLC (1 tab/day) |
| TRADJENTA (*linagliptin*) 5 MG TAB | Tier 3 | ST, QLC (1 tab/day) |
| TRIJARDY XR (*empagliflozin-linagliptin-metformin*) (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H) | Tier 3 | PA, QLC (1 tab/day) |
| TRIJARDY XR (*empagliflozin-linagliptin-metformin*) (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H) | Tier 3 | PA, QLC (2 tabs/day) |
| TRULICITY (*dulaglutide*) (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ) | Tier 2 | PA, QLC (4 pens (2 ml)/28 days) |
| VICTOZA (*liraglutide*) 18 MG/3ML SOLN PEN | Tier 3 | PA, QLC (2 pens/30 days (2 pack size); 3 pens/30 days (3 pack size)) |
| XIGDUO XR (*dapagliflozin free base-metformin hcl*) (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H) | Tier 3 | ST, QLC (1 tab/day) |
| XIGDUO XR (*dapagliflozin free base-metformin hcl*) 10-1000 MG TAB ER 24H | Tier 3 | Metformin Step, QLC (1 tab/day) |
| XIGDUO XR (*dapagliflozin free base-metformin hcl*) 2.5-1000 MG TAB ER 24H | Tier 2 | ST, QLC (2 tabs/day) |
| XIGDUO XR (*dapagliflozin free base-metformin hcl*) 5-1000 MG TAB ER 24H | Tier 3 | ST, QLC (2 tabs/day) |
| XULTOPHY (*insulin degludec-liraglutide*) 100-3.6 UNIT-MG/ML SOLN PEN | Tier 3 | PA, QLC (5 pens/month) |
| ZITUVIMET (*sitagliptin free base-metformin hcl*) (50-1000 MG TAB, 50-500 MG TAB) | Tier 3 | PA, QLC (2 tabs/day) |
| ZITUVIMET XR (*sitagliptin free base-metformin hcl*) (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H) | Tier 3 | PA, QLC (1 tab/day) |
| ZITUVIMET XR (*sitagliptin free base-metformin hcl*) 50-1000 MG TAB ER 24H | Tier 3 | PA, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZITUVIO (*sitagliptin*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| **GLYCEMIC AGENTS (Drugs for Low Blood Sugar)** | | |
| BAQSIMI ONE PACK (*glucagon*) 3 MG/DOSE POWDER | Tier 3 | QLC (2 sprayers/30 days) |
| BAQSIMI TWO PACK (*glucagon*) 3 MG/DOSE POWDER | Tier 3 | QLC (2 sprayers/30 days) |
| *diazoxide susp 50 mg/ml* | Tier 1 | |
| GLUCAGEN HYPOKIT (*glucagon hcl*) 1 MG RECON SOLN | Tier 2 | QLC (2 injections/fill) |
| GLUCAGON EMERGENCY (*glucagon hcl*) 1 MG/ML RECON SOLN | Tier 2 | QLC (2 kits/fill) |
| GLUCAGON EMERGENCY 1 MG RECON SOLN | Tier 3 | QLC (2 kits/fill) |
| glucagon for inj 1 mg (Glucagon Emergency) | Tier 1 | QLC (2 kits/fill) |
| GVOKE HYPOPEN 1-PACK (*glucagon*) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) | Tier 3 | QLC (2 injectors/30 days) |
| GVOKE HYPOPEN 2-PACK (*glucagon*) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) | Tier 3 | QLC (2 injectors/30 days) |
| GVOKE KIT (*glucagon*) 1 MG/0.2ML SOLUTION | Tier 3 | QLC (2 kits/30 days) |
| GVOKE PFS (*glucagon*) (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR) | Tier 3 | QLC (2 syringes/30 days) |
| PROGLYCEM (*diazoxide*) 50 MG/ML SUSPENSION | Tier 3 | |
| VYKAT XR (*diazoxide choline*) 150 MG TAB ER 24H | Tier 4 | PA, LA, QLC (3 tabs/day) |
| VYKAT XR (*diazoxide choline*) 25 MG TAB ER 24H | Tier 4 | PA, LA, QLC (4 tabs/day) |
| VYKAT XR (*diazoxide choline*) 75 MG TAB ER 24H | Tier 4 | PA, LA, QLC (7 tabs/day) |
| ZEGALOGUE (*dasiglucagon hcl*) (0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR) | Tier 3 | PA, QLC (2 syringes/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **INSULINS** | | |
| ADMELOG (*insulin lispro*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| ADMELOG SOLOSTAR (*insulin lispro*) 100 UNIT/ML SOLN PEN | Tier 3 | PA |
| AFREZZA (*insulin regular (human)*) (4 POWDER, 8 POWDER, 12 POWDER) | Tier 4 | PA, QLC (3 boxes/30 days) |
| AFREZZA (*insulin regular (human)*) (60X4 60X8 60X12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER) | Tier 4 | PA, QLC (1 box/30 days) |
| APIDRA (*insulin glulisine*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| APIDRA SOLOSTAR (*insulin glulisine*) 100 UNIT/ML SOLN PEN | Tier 3 | PA |
| AWIQLI FLEXTOUCH (*insulin icodec-abae*) 700 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (6 ml/28 days) |
| BASAGLAR KWIKPEN (*insulin glargine*) KWIK100 UNIT/ML SOLN | Tier 3 | PA, QLC (45 ml (15 pens)/ month) |
| BASAGLAR TEMPO PEN (*insulin glargine*) 100 UNIT/ML SOLN | Tier 3 | PA, QLC (45 ml (15 pens)/ month) |
| FIASP (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| FIASP FLEXTOUCH (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN PEN | Tier 3 | PA |
| FIASP PENFILL (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN CART | Tier 3 | PA |
| FIASP PUMPCART (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN | Tier 3 | PA |
| HUMALOG (*insulin lispro*) 100 UNIT/ML SOLN CART | Tier 2 | |
| HUMALOG (*insulin lispro*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| HUMALOG JUNIOR KWIKPEN (*insulin lispro*) KWIK100 UNIT/ML SOLN | Tier 2 | |
| HUMALOG KWIKPEN (*insulin lispro*) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN) | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HUMALOG MIX 50/50 (*insulin lispro protamine & lispro*) (50-50) 100 UNIT/ML SUSPENSION | Tier 2 | |
| HUMALOG MIX 50/50 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(50-50) 100 UNIT/ML SUSP | Tier 2 | |
| HUMALOG MIX 75/25 (*insulin lispro protamine & lispro*) (75-25) 100 UNIT/ML SUSPENSION | Tier 2 | |
| HUMALOG MIX 75/25 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(75-25) 100 UNIT/ML SUSP | Tier 2 | |
| HUMALOG TEMPO PEN (*insulin lispro*) 100 UNIT/ML SOLN | Tier 3 | PA |
| HUMULIN 70/30 (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION | Tier 2 | |
| HUMULIN 70/30 KWIKPEN (*insulin nph isophane & reg (human)*) KWIK(70-30) 100 UNIT/ML SUSP | Tier 3 | |
| HUMULIN N (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO | Tier 2 | |
| HUMULIN N KWIKPEN (*insulin nph (human) (isophane)*) KWIK100 UIT/ML SUSP | Tier 3 | |
| HUMULIN R (*insulin regular (human)*) 100 UNIT/ML SOLUTION | Tier 2 | |
| HUMULIN R U-500 (CONCENTRATED) (*insulin regular (human)*) (CONCENTATED) UNIT/ML SOLUTION | Tier 2 | |
| HUMULIN R U-500 KWIKPEN (*insulin regular (human)*) KWIKUNIT/ML SOLN | Tier 2 | |
| INSULIN ASP PROT & ASP FLEXPEN (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP | Tier 3 | PA |
| INSULIN ASPART 100 UNIT/ML SOLUTION | Tier 3 | PA |
| INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN | Tier 3 | PA |
| INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART | Tier 3 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| INSULIN ASPART PROT & ASPART (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION | Tier 3 | PA |
| INSULIN DEGLUDEC 100 UNIT/ML SOLUTION | Tier 3 | PA, QLC (3 vials/30 days) |
| INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (10 pens/30 days) |
| INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (9 pens/30 days) |
| INSULIN GLARGINE 100 UNIT/ML SOLUTION | Tier 3 | PA, QLC (40 ml (4 vials)/ month) |
| INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (6 pens/30 days) |
| INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (45 ml (15 pens)/ month) |
| INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (12 pens/30 days) |
| INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (45 ml/30 days) |
| INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN (CIVICA NDC 7257) | Tier 2 | QLC (45 ml/30 days) |
| INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION | Tier 3 | PA, QLC (40 ml/30 days) |
| INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN | Tier 1 | |
| INSULIN LISPRO 100 UNIT/ML SOLUTION | Tier 1 | |
| INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN | Tier 1 | |
| INSULIN LISPRO PROT & LISPRO (*insulin lispro protamine & lispro*) (75-25) 100 UNIT/ML SUSP PEN | Tier 3 | |
| KIRSTY (*insulin aspart-xjhz*) (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION) | Tier 3 | PA |
| LANTUS (*insulin glargine*) 100 UNIT/ML SOLUTION | Tier 2 | QLC (40 ml (4 vials)/ month) |
| LANTUS SOLOSTAR (*insulin glargine*) 100 UNIT/ML SOLN PEN | Tier 2 | QLC (45 ml (15 pens)/ month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LEVEMIR (*insulin detemir*) 100 UNIT/ML SOLUTION | Tier 3 | PA, QLC (40 ml/30 days) |
| LEVEMIR FLEXPEN (*insulin detemir*) FLEX100 UNIT/ML SOLN | Tier 3 | PA, QLC (45 ml/30 days) |
| LEVEMIR FLEXTOUCH (*insulin detemir*) 100 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (45 ml/30 days) |
| LYUMJEV (*insulin lispro-aabc*) 100 UNIT/ML SOLUTION | Tier 2 | |
| LYUMJEV KWIKPEN (*insulin lispro-aabc*) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN) | Tier 2 | |
| LYUMJEV TEMPO PEN (*insulin lispro-aabc*) 100 UNIT/ML SOLN | Tier 3 | PA |
| MERILOG (*insulin aspart-szjj*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| MERILOG SOLOSTAR (*insulin aspart-szjj*) 100 UNIT/ML SOLN PEN | Tier 3 | PA |
| NOVOLIN 70/30 (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION | Tier 3 | PA |
| NOVOLIN 70/30 FLEXPEN (*insulin nph isophane & reg (human)*) FLEX(70-30) 100 UNIT/ML SUSP | Tier 3 | PA |
| NOVOLIN 70/30 FLEXPEN RELION (*insulin nph isophane & reg (human)*) FLEX(70-30) 100 UNIT/ML SUSP | Tier 3 | PA |
| NOVOLIN 70/30 RELION (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION | Tier 3 | PA |
| NOVOLIN N (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO | Tier 3 | PA |
| NOVOLIN N FLEXPEN (*insulin nph (human) (isophane)*) FLEX100 UIT/ML SUSP | Tier 3 | PA |
| NOVOLIN N FLEXPEN RELION (*insulin nph (human) (isophane)*) FLEX100 UIT/ML SUSP | Tier 3 | PA |
| NOVOLIN N RELION (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO | Tier 3 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NOVOLIN R (*insulin regular (human)*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| NOVOLIN R FLEXPEN (*insulin regular (human)*) FLEX100 UNIT/ML SOLN | Tier 3 | PA |
| NOVOLIN R FLEXPEN RELION (*insulin regular (human)*) FLEXELION 100 UNIT/ML SOLN | Tier 3 | PA |
| NOVOLIN R RELION (*insulin regular (human)*) ELION 100 UNIT/ML SOLUTION | Tier 3 | PA |
| NOVOLOG (*insulin aspart*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| NOVOLOG 70/30 FLEXPEN RELION (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP | Tier 3 | PA |
| NOVOLOG FLEXPEN (*insulin aspart*) FLEX100 UNIT/ML SOLN | Tier 3 | PA |
| NOVOLOG FLEXPEN RELION (*insulin aspart*) FLEX100 UNIT/ML SOLN | Tier 3 | PA |
| NOVOLOG MIX 70/30 (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION | Tier 3 | PA |
| NOVOLOG MIX 70/30 FLEXPEN (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP | Tier 3 | PA |
| NOVOLOG MIX 70/30 RELION (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION | Tier 3 | PA |
| NOVOLOG PENFILL (*insulin aspart*) 100 UNIT/ML SOLN CART | Tier 3 | PA |
| NOVOLOG RELION (*insulin aspart*) 100 UNIT/ML SOLUTION | Tier 3 | PA |
| REZVOGLAR KWIKPEN (*insulin glargine-aglr*) KWIK100 UNIT/ML SOLN | Tier 3 | PA, QLC (45 ml/ 30 days) |
| SEMGLEE (*insulin glargine*) 100 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (45 ml (15 pens)/ month) |
| SEMGLEE (*insulin glargine*) 100 UNIT/ML SOLUTION | Tier 3 | PA, QLC (40 ml (4 vials)/ month) |
| SEMGLEE (YFGN) (*insulin glargine-yfgn*) 100 UNIT/ML SOLN PEN | Tier 3 | PA, QLC (45 ml/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SEMGLEE (YFGN) (*insulin glargine-yfgn*) 100 UNIT/ML SOLUTION | Tier 3 | PA, QLC (40 ml/30 days) |
| TOUJEO MAX SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN | Tier 2 | QLC (6 pens/30 days) |
| TOUJEO SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN | Tier 2 | QLC (12 pens/30 days) |
| TRESIBA (*insulin degludec*) 100 UNIT/ML SOLUTION | Tier 2 | QLC (3 vials/30 days) |
| TRESIBA FLEXTOUCH (*insulin degludec*) 100 UNIT/ML SOLN PEN | Tier 2 | QLC (10 pens/30 days) |
| TRESIBA FLEXTOUCH (*insulin degludec*) 200 UNIT/ML SOLN PEN | Tier 2 | QLC (9 pens/30 days) |
| **BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)** | | |
| **ANTICOAGULANTS (Blood Thinners)** | | |
| ARIXTRA (*fondaparinux sodium*) (2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION) | Tier 4 | QLC (1 syringe/day) |
| *dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (* | Tier 1 | QLC (2 caps/day) |
| *dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (* | Tier 1 | QLC (2 caps/day) |
| *dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (* | Tier 1 | QLC (2 caps/day) |
| ELIQUIS (1.5 MG PACK) (*apixaban*) 3 0.5 TAB SOL | Tier 2 | QLC (12 tabs/day (allows loading dose)) |
| ELIQUIS (2 MG PACK) (*apixaban*) 4 0.5 TAB SOL | Tier 2 | QLC (16 tabs/day (allows loading dose)) |
| ELIQUIS (*apixaban*) (2.5 MG TAB, 5 MG TAB) | Tier 2 | QLC (2 tabs/day) |
| ELIQUIS (*apixaban*) 0.15 MG CAP SPRINK | Tier 2 | QLC (2 caps/day (allows loading dose)) |
| ELIQUIS (*apixaban*) 0.5 MG TAB SOL | Tier 2 | QLC (4 tabs/day (allows loading dose)) |
| ELIQUIS DVT/PE STARTER PACK (*apixaban*) 5 MG TAB THPK | Tier 2 | QLC (74 tabs/180 days) |
| *enoxaparin sodium inj 300 mg/3ml* | Tier 4 | QLC (2 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | Tier 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | Tier 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | Tier 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 30 mg/0.3ml* | Tier 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 40 mg/0.4ml* | Tier 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 60 mg/0.6ml* | Tier 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 80 mg/0.8ml* | Tier 4 | QLC (2 syringes/day) |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | Tier 4 | QLC (1 syringe/day) |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | Tier 4 | QLC (1 syringe/day) |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | Tier 4 | QLC (1 syringe/day) |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | Tier 4 | QLC (1 syringe/day) |
| FRAGMIN (*dalteparin sodium*) (10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR) | Tier 4 | QLC (1 syringe/day) |
| FRAGMIN (*dalteparin sodium*) (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR) | Tier 4 | QLC (2 syringes/day) |
| FRAGMIN (*dalteparin sodium*) 10000 UNIT/4ML SOLUTION | Tier 4 | QLC (2 vials/day) |
| FRAGMIN (*dalteparin sodium*) 95000 UNIT/3.8ML SOLUTION | Tier 4 | QLC (0.8 ml/day) |
| HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR | Tier 1 | |
| *heparin sodium (porcine) inj 1000 unit/ml* | Tier 1 | |
| *heparin sodium (porcine) inj 1000 unit/ml* (HEPARIN SODIUM (PORCINE) +RFID) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *heparin sodium (porcine) inj 10000 unit/ml* | Tier 1 | |
| *heparin sodium (porcine) inj 20000 unit/ml* | Tier 1 | |
| *heparin sodium (porcine) inj 5000 unit/ml* | Tier 1 | |
| HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION | Tier 1 | |
| *heparin sodium (porcine) pf inj 1000 unit/ml* | Tier 1 | |
| *heparin sodium (porcine) pf inj 5000 unit/0.5ml* | Tier 1 | |
| LOVENOX (*enoxaparin sodium*) (30 MG/0.3ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR, 60 MG/0.6ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 100 MG/ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | Tier 4 | QLC (2 syringes/day) |
| LOVENOX (*enoxaparin sodium*) 300 MG/3ML SOLUTION | Tier 4 | QLC (2 ml/day) |
| PRADAXA (*dabigatran etexilate mesylate*) (20 MG PACKET, 150 MG PACKET) | Tier 4 | PA, QLC (2 packs/day) |
| PRADAXA (*dabigatran etexilate mesylate*) (30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET) | Tier 4 | PA, QLC (4 packs/day) |
| PRADAXA (*dabigatran etexilate mesylate*) (75 MG CAP, 110 MG CAP, 150 MG CAP) | Tier 3 | QLC (2 caps/day) |
| *rivaroxaban for susp 1 mg/ml* | Tier 2 | QLC (20 ml/day) |
| *rivaroxaban tab 2.5 mg* | Tier 2 | QLC (2 tabs/day) |
| SAVAYSA (*edoxaban tosylate*) (15 MG TAB, 30 MG TAB, 60 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| *warfarin sodium tab 1 mg* | Tier 1 | |
| warfarin sodium tab 1 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 10 mg* | Tier 1 | |
| warfarin sodium tab 10 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 2 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| warfarin sodium tab 2 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 2.5 mg* | Tier 1 | |
| warfarin sodium tab 2.5 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 3 mg* | Tier 1 | |
| warfarin sodium tab 3 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 4 mg* | Tier 1 | |
| warfarin sodium tab 4 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 5 mg* | Tier 1 | |
| warfarin sodium tab 5 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 6 mg* | Tier 1 | |
| warfarin sodium tab 6 mg (Jantoven) | Tier 1 | |
| *warfarin sodium tab 7.5 mg* | Tier 1 | |
| warfarin sodium tab 7.5 mg (Jantoven) | Tier 1 | |
| XARELTO (*rivaroxaban*) (10 MG TAB, 15 MG TAB, 20 MG TAB) | Tier 2 | QLC (1 tab/day) |
| XARELTO (*rivaroxaban*) 1 MG/ML RECON SUSP | Tier 2 | QLC (20 ml/day) |
| XARELTO (*rivaroxaban*) 2.5 MG TAB | Tier 2 | QLC (2 tabs/day) |
| XARELTO STARTER PACK (*rivaroxaban*) 15 & 20 MG TAB THPK | Tier 2 | QLC (1 starter pack/6 months) |
| ZONTIVITY (*vorapaxar sulfate*) 2.08 MG TAB | Tier 3 | QLC (1 tab/day) |
| **BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)** | | |
| AGRYLIN (*anagrelide hcl*) 0.5 MG CAP | Tier 3 | |
| ALVAIZ (*eltrombopag choline*) (36 MG TAB, 54 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| ALVAIZ (*eltrombopag choline*) (9 MG TAB, 18 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| *anagrelide hcl cap 0.5 mg* | Tier 1 | |
| *anagrelide hcl cap 1 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ARANESP (ALBUMIN FREE) (*darbepoetin alfa*) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe or vial/week) |
| ARMLUPEG (*pegfilgrastim-unne*) 6 MG/0.6ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug) |
| *eltrombopag olamine powder pack for susp 12.5 mg (base eq)* | Tier 4 | PA, S (Specialty Drug), QLC (1 packet/day) |
| *eltrombopag olamine powder pack for susp 25 mg (base equiv)* | Tier 4 | PA, S (Specialty Drug), QLC (6 packets/day) |
| *eltrombopag olamine tab 12.5 mg (base equiv)* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| *eltrombopag olamine tab 25 mg (base equiv)* | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day) |
| *eltrombopag olamine tab 50 mg (base equiv)* | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day) |
| *eltrombopag olamine tab 75 mg (base equiv)* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| EPOGEN (*epoetin alfa*) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| FABHALTA (*iptacopan hcl*) 200 MG CAP | Tier 4 | PA, LA, QLC (2 caps/day) |
| FILKRI (*filgrastim-laha*) (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) | Tier 4 | PA, LA |
| FULPHILA (*pegfilgrastim-jmdb*) 6 MG/0.6ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug) |
| FYLNETRA (*pegfilgrastim-pbbk*) 6 MG/0.6ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| GRANIX (*tbo-filgrastim*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| LEUKINE (*sargramostim*) 250 MCG RECON SOLN | Tier 4 | PA, S (Specialty Drug) |
| MIRCERA (*methoxy polyethylene glycol-epoetin beta*) (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 120 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR) | Tier 4 | PA, LA, QLC (2 syringes/28 days) |
| MOZOBIL (*plerixafor*) 24 MG/1.2ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug) |
| MULPLETA (*lusutrombopag*) 3 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day, not to exceed 7 tabs/120 days) |
| NEULASTA (*pegfilgrastim*) 6 MG/0.6ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug) |
| NEUPOGEN (*filgrastim*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| NIVESTYM (*filgrastim-aafi*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| NYPOZI (*filgrastim-txid*) (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) | Tier 4 | PA, LA |
| NYVEPRIA (*pegfilgrastim-apgf*) 6 MG/0.6ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug) |
| *plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)* | Tier 4 | PA, S (Specialty Drug) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PROCRIT (*epoetin alfa*) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| PROMACTA (*eltrombopag olamine*) (25 MG TAB, 50 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day) |
| PROMACTA (*eltrombopag olamine*) 12.5 MG PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 packet/day) |
| PROMACTA (*eltrombopag olamine*) 12.5 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| PROMACTA (*eltrombopag olamine*) 25 MG PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 packets/day) |
| PROMACTA (*eltrombopag olamine*) 75 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| PYRUKYND TAPER PACK (*mitapivat sulfate*) (PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK) | Tier 4 | PA, LA, QLC (14 tabs/28 days) |
| PYRUKYND TAPER PACK (*mitapivat sulfate*) 5 MG TAB THPK | Tier 4 | PA, LA, QLC (7 tabs/28 days) |
| RELEUKO (*filgrastim-ayow*) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) | Tier 4 | PA, LA, S (Specialty Drug) |
| RETACRIT (*epoetin alfa-epbx*) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| ROLVEDON (*eflapegrastim-xnst*) 13.2 MG/0.6ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug) |
| STIMUFEND (*pegfilgrastim-fpgk*) 6 MG/0.6ML SOLN PRSYR | Tier 4 | PA, LA |
| UDENYCA (*pegfilgrastim-cbqv*) (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug) |
| ZARXIO (*filgrastim-sndz*) (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZIEXTENZO (*pegfilgrastim-bmez*) 6 MG/0.6ML SOLN PRSYR | Tier 4 | PA, LA |
| **HEMOSTASIS AGENTS (Drugs to Stop Bleeding)** | | |
| *aminocaproic acid oral soln 0.25 gm/ml* | Tier 4 | |
| *aminocaproic acid tab 1000 mg* | Tier 4 | |
| *aminocaproic acid tab 500 mg* | Tier 4 | |
| LYSTEDA (*tranexamic acid*) 650 MG TAB | Tier 3 | QLC (6 tabs/day; max 5 days of therapy/28 days) |
| MEPHYTON (*phytonadione*) 5 MG TAB | Tier 3 | QLC (5 tabs/week) |
| *phytonadione tab 5 mg* | Tier 1 | QLC (5 tabs/week) |
| *tranexamic acid tab 650 mg* | Tier 1 | QLC (6 tabs/day; max 5 days of therapy/28 days) |
| **PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* (ASPIRIN-DIPYRIDAMOLE ER) | Tier 1 | |
| BRILINTA (*ticagrelor*) (60 MG TAB, 90 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| CABLIVI (*caplacizumab-yhdp*) 11 MG KIT | Tier 4 | PA, LA, QLC (1 kit/day) |
| *cilostazol tab 100 mg* | Tier 1 | |
| *cilostazol tab 50 mg* | Tier 1 | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| *dipyridamole tab 25 mg* | Tier 1 | |
| *dipyridamole tab 50 mg* | Tier 1 | |
| *dipyridamole tab 75 mg* | Tier 1 | |
| DOPTELET (*avatrombopag maleate*) 20 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| DOPTELET SPRINKLE (*avatrombopag maleate*) 10 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 caps/day) |
| EFFIENT (*prasugrel hcl*) (5 MG TAB, 10 MG TAB) | Tier 3 | QLC (1 tab/day) |
| PLAVIX (*clopidogrel bisulfate*) 75 MG TAB | Tier 3 | QLC (1 tab/day) |
| *prasugrel hcl tab 10 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *prasugrel hcl tab 5 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| TAVALISSE (*fostamatinib disodium*) (100 MG TAB, 150 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day) |
| *ticagrelor tab 60 mg* | Tier 1 | QLC (2 tabs/day) |
| *ticagrelor tab 90 mg* | Tier 1 | QLC (2 tabs/day) |
| **CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)** | | |
| **ALPHA-ADRENERGIC AGONISTS** | | |
| CLONIDINE ER 0.17 MG TAB 24H | Tier 4 | PA, QLC (3 tabs/day) |
| CLONIDINE HCL 0.05 MG TAB | Tier 2 | QLC (2 tabs/day) |
| *clonidine hcl tab 0.1 mg* | Tier 1 | |
| *clonidine hcl tab 0.2 mg* | Tier 1 | |
| *clonidine hcl tab 0.3 mg* | Tier 1 | |
| *clonidine td patch weekly 0.1 mg/24hr* | Tier 1 | |
| *clonidine td patch weekly 0.2 mg/24hr* | Tier 1 | |
| *clonidine td patch weekly 0.3 mg/24hr* | Tier 1 | |
| *droxidopa cap 100 mg* | Tier 4 | PA, S (Specialty Drug), QLC (18 caps/day) |
| *droxidopa cap 200 mg* | Tier 4 | PA, S (Specialty Drug), QLC (9 caps/day) |
| *droxidopa cap 300 mg* | Tier 4 | PA, S (Specialty Drug), QLC (6 caps/day) |
| *guanfacine hcl tab 1 mg* | Tier 1 | |
| *guanfacine hcl tab 2 mg* | Tier 1 | |
| JAVADIN (*clonidine hcl*) 0.02 MG/ML SOLUTION | Tier 4 | PA, QLC (120 ml/day) |
| METHYLDOPA (250 MG TAB, 500 MG TAB) | Tier 1 | |
| *methyldopa tab 250 mg* | Tier 1 | |
| *midodrine hcl tab 10 mg* | Tier 1 | |
| *midodrine hcl tab 2.5 mg* | Tier 1 | |
| *midodrine hcl tab 5 mg* | Tier 1 | |
| NEXICLON XR (*clonidine hcl*) 0.17 MG TAB ER 24H | Tier 4 | PA, QLC (3 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NORTHERA (*droxidopa*) 100 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (18 caps/day) |
| NORTHERA (*droxidopa*) 200 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (9 caps/day) |
| NORTHERA (*droxidopa*) 300 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 caps/day) |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| CARDURA (*doxazosin mesylate*) (1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB) | Tier 3 | |
| DIBENZYLINE (*phenoxybenzamine hcl*) 10 MG CAP | Tier 4 | PA |
| *doxazosin mesylate tab 1 mg* | Tier 1 | |
| *doxazosin mesylate tab 2 mg* | Tier 1 | |
| *doxazosin mesylate tab 4 mg* | Tier 1 | |
| *doxazosin mesylate tab 8 mg* | Tier 1 | |
| MINIPRESS (*prazosin hcl*) (1 MG CAP, 2 MG CAP, 5 MG CAP) | Tier 3 | |
| *phenoxybenzamine hcl cap 10 mg* | Tier 4 | PA |
| *prazosin hcl cap 1 mg* | Tier 1 | |
| *prazosin hcl cap 2 mg* | Tier 1 | |
| *prazosin hcl cap 5 mg* | Tier 1 | |
| *terazosin hcl cap 1 mg (base equivalent)* | Tier 1 | |
| *terazosin hcl cap 10 mg (base equivalent)* | Tier 1 | |
| *terazosin hcl cap 2 mg (base equivalent)* | Tier 1 | |
| *terazosin hcl cap 5 mg (base equivalent)* | Tier 1 | |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | |
| ARBLI (*losartan potassium*) 10 MG/ML SUSPENSION | Tier 4 | PA, QLC (330 ml/30 days) |
| ATACAND (*candesartan cilexetil*) 16 MG TAB | Tier 3 | QLC (2 tabs/day) |
| ATACAND (*candesartan cilexetil*) 32 MG TAB | Tier 3 | QLC (1 tab/day) |
| ATACAND (*candesartan cilexetil*) 4 MG TAB | Tier 3 | QLC (8 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ATACAND (*candesartan cilexetil*) 8 MG TAB | Tier 3 | QLC (4 tabs/day) |
| AVAPRO (*irbesartan*) (75 MG TAB, 150 MG TAB, 300 MG TAB) | Tier 3 | QLC (1 tab/day) |
| *azilsartan medoxomil tab 40 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *azilsartan medoxomil tab 80 mg* | Tier 2 | ST, QLC (1 tab/day) |
| BENICAR (*olmesartan medoxomil*) (20 MG TAB, 40 MG TAB) | Tier 3 | QLC (1 tab/day) |
| BENICAR (*olmesartan medoxomil*) 5 MG TAB | Tier 3 | QLC (3 tabs/day) |
| *candesartan cilexetil tab 16 mg* | Tier 1 | QLC (2 tabs/day) |
| *candesartan cilexetil tab 32 mg* | Tier 1 | QLC (1 tab/day) |
| *candesartan cilexetil tab 4 mg* | Tier 1 | QLC (8 tabs/day) |
| *candesartan cilexetil tab 8 mg* | Tier 1 | QLC (4 tabs/day) |
| COZAAR (*losartan potassium*) 100 MG TAB | Tier 3 | QLC (1 tab/day) |
| COZAAR (*losartan potassium*) 25 MG TAB | Tier 3 | QLC (4 tabs/day) |
| COZAAR (*losartan potassium*) 50 MG TAB | Tier 3 | QLC (2 tabs/day) |
| DIOVAN (*valsartan*) (40 MG TAB, 80 MG TAB, 160 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| DIOVAN (*valsartan*) 320 MG TAB | Tier 3 | QLC (1 tab/day) |
| EDARBI (*azilsartan medoxomil*) (40 MG TAB, 80 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| *irbesartan tab 150 mg* | Tier 1 | QLC (1 tab/day) |
| *irbesartan tab 300 mg* | Tier 1 | QLC (1 tab/day) |
| *irbesartan tab 75 mg* | Tier 1 | QLC (1 tab/day) |
| *losartan potassium tab 100 mg* | Tier 1 | QLC (1 tab/day) |
| *losartan potassium tab 25 mg* | Tier 1 | QLC (4 tabs/day) |
| *losartan potassium tab 50 mg* | Tier 1 | QLC (2 tabs/day) |
| MICARDIS (*telmisartan*) (20 MG TAB, 40 MG TAB) | Tier 3 | QLC (1 tab/day) |
| MICARDIS (*telmisartan*) 80 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *olmesartan medoxomil tab 20 mg* | Tier 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *olmesartan medoxomil tab 40 mg* | Tier 1 | QLC (1 tab/day) |
| *olmesartan medoxomil tab 5 mg* | Tier 1 | QLC (3 tabs/day) |
| *telmisartan tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *telmisartan tab 40 mg* | Tier 1 | QLC (1 tab/day) |
| *telmisartan tab 80 mg* | Tier 1 | QLC (2 tabs/day) |
| *valsartan oral soln 4 mg/ml* | Tier 4 | PA, QLC (80 ml/day) |
| *valsartan tab 160 mg* | Tier 1 | QLC (2 tabs/day) |
| *valsartan tab 320 mg* | Tier 1 | QLC (1 tab/day) |
| *valsartan tab 40 mg* | Tier 1 | QLC (2 tabs/day) |
| *valsartan tab 80 mg* | Tier 1 | QLC (2 tabs/day) |
| **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS** | | |
| ACCUPRIL (*quinapril hcl*) (5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB) | Tier 3 | |
| ALTACE (*ramipril*) (1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP) | Tier 3 | |
| *benazepril hcl tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| *benazepril hcl tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *benazepril hcl tab 40 mg* | Tier 1 | QLC (2 tabs/day) |
| *benazepril hcl tab 5 mg* | Tier 1 | QLC (1 tab/day) |
| *captopril tab 100 mg* | Tier 1 | |
| *captopril tab 12.5 mg* | Tier 1 | |
| *captopril tab 25 mg* | Tier 1 | |
| *captopril tab 50 mg* | Tier 1 | |
| *enalapril maleate oral soln 1 mg/ml* | Tier 2 | QLC (40 ml/day) |
| *enalapril maleate tab 10 mg* | Tier 1 | |
| *enalapril maleate tab 2.5 mg* | Tier 1 | |
| *enalapril maleate tab 20 mg* | Tier 1 | |
| *enalapril maleate tab 5 mg* | Tier 1 | |
| EPANED (*enalapril maleate*) 1 MG/ML SOLUTION | Tier 3 | QLC (40 ml/day) |
| *fosinopril sodium tab 10 mg* | Tier 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fosinopril sodium tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *fosinopril sodium tab 40 mg* | Tier 1 | QLC (2 tabs/day) |
| *lisinopril tab 10 mg* | Tier 1 | |
| *lisinopril tab 2.5 mg* | Tier 1 | |
| *lisinopril tab 20 mg* | Tier 1 | |
| *lisinopril tab 30 mg* | Tier 1 | |
| *lisinopril tab 40 mg* | Tier 1 | |
| *lisinopril tab 5 mg* | Tier 1 | |
| LOTENSIN (*benazepril hcl*) (10 MG TAB, 20 MG TAB) | Tier 3 | QLC (1 tab/day) |
| LOTENSIN (*benazepril hcl*) 40 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *moexipril hcl tab 15 mg* | Tier 1 | |
| *moexipril hcl tab 7.5 mg* | Tier 1 | |
| PERINDOPRIL ERBUMINE 2 MG TAB | Tier 1 | QLC (1 tab/day) |
| PERINDOPRIL ERBUMINE 8 MG TAB | Tier 1 | QLC (2 tabs/day) |
| *perindopril erbumine tab 2 mg* | Tier 1 | QLC (1 tab/day) |
| *perindopril erbumine tab 4 mg* | Tier 1 | QLC (1 tab/day) |
| QBRELIS (*lisinopril*) 1 MG/ML SOLUTION | Tier 3 | PA, QLC (40 ml/day) |
| *quinapril hcl tab 10 mg* | Tier 1 | |
| *quinapril hcl tab 20 mg* | Tier 1 | |
| *quinapril hcl tab 40 mg* | Tier 1 | |
| *quinapril hcl tab 5 mg* | Tier 1 | |
| *ramipril cap 1.25 mg* | Tier 1 | |
| *ramipril cap 10 mg* | Tier 1 | |
| *ramipril cap 2.5 mg* | Tier 1 | |
| *ramipril cap 5 mg* | Tier 1 | |
| *trandolapril tab 1 mg* | Tier 1 | |
| *trandolapril tab 2 mg* | Tier 1 | |
| *trandolapril tab 4 mg* | Tier 1 | |
| VASOTEC (*enalapril maleate*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZESTRIL (*lisinopril*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB) | Tier 3 | |
| **ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)** | | |
| *amiodarone hcl tab 100 mg* | Tier 1 | |
| amiodarone hcl tab 100 mg (Pacerone) | Tier 3 | |
| *amiodarone hcl tab 200 mg* | Tier 1 | |
| amiodarone hcl tab 200 mg (Pacerone) | Tier 1 | |
| *amiodarone hcl tab 400 mg* | Tier 1 | |
| amiodarone hcl tab 400 mg (Pacerone) | Tier 3 | |
| BETAPACE (*sotalol hcl*) (80 MG TAB, 120 MG TAB, 160 MG TAB) | Tier 3 | |
| BETAPACE AF (*sotalol hcl (afib/afl)*) (80 MG TAB, 120 MG TAB, 160 MG TAB) | Tier 3 | |
| DIGOXIN 0.05 MG/ML SOLUTION | Tier 1 | QLC (5 ml/day) |
| *digoxin oral soln 0.05 mg/ml* | Tier 1 | QLC (5 ml/day) |
| *digoxin tab 125 mcg (0.125 mg) (0.* | Tier 1 | QLC (1 tab/day) |
| digoxin tab 125 mcg (0.125 mg) (Digitek) (0. | Tier 1 | QLC (1 tab/day) |
| *digoxin tab 250 mcg (0.25 mg)* | Tier 1 | QLC (1 tab/day) |
| digoxin tab 250 mcg (0.25 mg) (Digitek) | Tier 1 | QLC (1 tab/day) |
| *digoxin tab 62.5 mcg (0.0625 mg)* | Tier 1 | QLC (1 tab/day) |
| *disopyramide phosphate cap 100 mg* | Tier 1 | |
| *disopyramide phosphate cap 150 mg* | Tier 1 | |
| *dofetilide cap 125 mcg (0.125 mg) (0.* | Tier 1 | |
| *dofetilide cap 250 mcg (0.25 mg)* | Tier 1 | |
| *dofetilide cap 500 mcg (0.5 mg)* | Tier 1 | |
| *flecainide acetate tab 100 mg* | Tier 1 | |
| *flecainide acetate tab 150 mg* | Tier 1 | |
| *flecainide acetate tab 50 mg* | Tier 1 | |
| LANOXIN (*digoxin*) (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB) | Tier 3 | QLC (1 tab/day) |
| *mexiletine hcl cap 150 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *mexiletine hcl cap 200 mg* | Tier 1 | |
| *mexiletine hcl cap 250 mg* | Tier 1 | |
| MULTAQ (*dronedarone hcl*) 400 MG TAB | Tier 2 | QLC (2 tabs/day) |
| NORPACE (*disopyramide phosphate*) (100 MG CAP, 150 MG CAP) | Tier 3 | |
| NORPACE CR (*disopyramide phosphate*) 100 MG CAP ER 12H | Tier 2 | QLC (8 caps/day) |
| NORPACE CR (*disopyramide phosphate*) 150 MG CAP ER 12H | Tier 2 | QLC (5 caps/day) |
| *propafenone hcl cap er 12hr 225 mg* (PROPAFENONE HCL ER) | Tier 1 | |
| *propafenone hcl cap er 12hr 325 mg* (PROPAFENONE HCL ER) | Tier 1 | |
| *propafenone hcl cap er 12hr 425 mg* (PROPAFENONE HCL ER) | Tier 1 | |
| *propafenone hcl tab 150 mg* | Tier 1 | |
| *propafenone hcl tab 225 mg* | Tier 1 | |
| *propafenone hcl tab 300 mg* | Tier 1 | |
| *quinidine gluconate tab er 324 mg* (QUINIDINE GLUCONATE ER) | Tier 1 | |
| QUINIDINE SULFATE (200 MG TAB, 300 MG TAB) | Tier 1 | |
| RYTHMOL SR (*propafenone hcl*) (225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H) | Tier 3 | |
| sotalol hcl (afib/afl) tab 120 mg (Sotalol Hcl (Af)) | Tier 1 | |
| sotalol hcl (afib/afl) tab 160 mg (Sotalol Hcl (Af)) | Tier 1 | |
| sotalol hcl (afib/afl) tab 80 mg (Sotalol Hcl (Af)) | Tier 1 | |
| *sotalol hcl tab 120 mg* | Tier 1 | |
| sotalol hcl tab 120 mg (Sorine) | Tier 1 | |
| *sotalol hcl tab 160 mg* | Tier 1 | |
| sotalol hcl tab 160 mg (Sorine) | Tier 1 | |
| *sotalol hcl tab 240 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| sotalol hcl tab 240 mg (Sorine) | Tier 1 | |
| *sotalol hcl tab 80 mg* | Tier 1 | |
| sotalol hcl tab 80 mg (Sorine) | Tier 1 | |
| SOTYLIZE (*sotalol hcl*) 5 MG/ML SOLUTION | Tier 3 | PA, QLC (64 ml/day) |
| TIKOSYN (*dofetilide*) (125 MCG CAP, 250 MCG CAP, 500 MCG CAP) | Tier 3 | |
| **BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *acebutolol hcl cap 200 mg* | Tier 1 | |
| *acebutolol hcl cap 400 mg* | Tier 1 | |
| *atenolol tab 100 mg* | Tier 1 | |
| *atenolol tab 25 mg* | Tier 1 | |
| *atenolol tab 50 mg* | Tier 1 | |
| *betaxolol hcl tab 10 mg* | Tier 1 | |
| *betaxolol hcl tab 20 mg* | Tier 1 | |
| BISOPROLOL FUMARATE 2.5 MG TAB | Tier 1 | QLC (1 tab/day) |
| *bisoprolol fumarate tab 10 mg* | Tier 1 | |
| *bisoprolol fumarate tab 5 mg* | Tier 1 | |
| BYSTOLIC (*nebivolol hcl*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | Tier 3 | QLC (1 tab/day) |
| BYSTOLIC (*nebivolol hcl*) 20 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *carvedilol phosphate cap er 24hr 10 mg* (CARVEDILOL PHOSPHATE ER) | Tier 1 | ST |
| *carvedilol phosphate cap er 24hr 20 mg* (CARVEDILOL PHOSPHATE ER) | Tier 1 | ST |
| *carvedilol phosphate cap er 24hr 40 mg* (CARVEDILOL PHOSPHATE ER) | Tier 1 | ST |
| *carvedilol phosphate cap er 24hr 80 mg* (CARVEDILOL PHOSPHATE ER) | Tier 1 | ST |
| *carvedilol tab 12.5 mg* | Tier 1 | |
| *carvedilol tab 25 mg* | Tier 1 | |
| *carvedilol tab 3.125 mg* | Tier 1 | |
| *carvedilol tab 6.25 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| COREG (*carvedilol*) (3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB) | Tier 3 | |
| COREG CR (*carvedilol phosphate*) (10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H) | Tier 3 | ST |
| CORGARD (*nadolol*) (20 MG TAB, 40 MG TAB, 80 MG TAB) | Tier 3 | |
| HEMANGEOL (*propranolol hcl*) 4.28 MG/ML SOLUTION | Tier 3 | PA, LA, QLC (2 bottles/30 days) |
| INDERAL LA (*propranolol hcl*) (60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H) | Tier 3 | |
| INDERAL XL (*propranolol hcl sustained-release beads*) (80 MG CAP ER 24H, 120 MG CAP ER 24H) | Tier 4 | PA |
| INNOPRAN XL (*propranolol hcl sustained-release beads*) (80 MG CAP ER 24H, 120 MG CAP ER 24H) | Tier 4 | PA |
| KAPSPARGO SPRINKLE (*metoprolol succinate*) (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK) | Tier 3 | QLC (1 cap/day) |
| *labetalol hcl tab 100 mg* | Tier 1 | |
| *labetalol hcl tab 200 mg* | Tier 1 | |
| *labetalol hcl tab 300 mg* | Tier 1 | |
| *labetalol hcl tab 400 mg* | Tier 3 | QLC (6 tabs/day) |
| LOPRESSOR (*metoprolol tartrate*) (50 MG TAB, 100 MG TAB) | Tier 3 | |
| LOPRESSOR (*metoprolol tartrate*) 10 MG/ML SOLUTION | Tier 3 | QLC (45 ml/day) |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | Tier 1 | |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | Tier 1 | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | Tier 1 | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *metoprolol tartrate tab 100 mg* | Tier 1 | |
| *metoprolol tartrate tab 25 mg* | Tier 1 | |
| *metoprolol tartrate tab 37.5 mg* | Tier 1 | |
| *metoprolol tartrate tab 50 mg* | Tier 1 | |
| *metoprolol tartrate tab 75 mg* | Tier 1 | |
| *nadolol tab 20 mg* | Tier 1 | |
| *nadolol tab 40 mg* | Tier 1 | |
| *nadolol tab 80 mg* | Tier 1 | |
| *nebivolol hcl tab 10 mg (base equivalent)* | Tier 1 | QLC (1 tab/day) |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | Tier 1 | QLC (1 tab/day) |
| *nebivolol hcl tab 20 mg (base equivalent)* | Tier 1 | QLC (2 tabs/day) |
| *nebivolol hcl tab 5 mg (base equivalent)* | Tier 1 | QLC (1 tab/day) |
| *pindolol tab 10 mg* | Tier 1 | |
| *pindolol tab 5 mg* | Tier 1 | |
| PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION) | Tier 1 | |
| *propranolol hcl cap er 24hr 120 mg* (PROPRANOLOL HCL ER) | Tier 1 | |
| *propranolol hcl cap er 24hr 160 mg* (PROPRANOLOL HCL ER) | Tier 1 | |
| *propranolol hcl cap er 24hr 60 mg* (PROPRANOLOL HCL ER) | Tier 1 | |
| *propranolol hcl cap er 24hr 80 mg* (PROPRANOLOL HCL ER) | Tier 1 | |
| *propranolol hcl tab 10 mg* | Tier 1 | |
| *propranolol hcl tab 20 mg* | Tier 1 | |
| *propranolol hcl tab 40 mg* | Tier 1 | |
| *propranolol hcl tab 60 mg* | Tier 1 | |
| *propranolol hcl tab 80 mg* | Tier 1 | |
| TENORMIN (*atenolol*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | |
| TIMOLOL MALEATE (5 MG TAB, 20 MG TAB) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *timolol maleate tab 10 mg* | Tier 1 | |
| *timolol maleate tab 20 mg* | Tier 1 | |
| *timolol maleate tab 5 mg* | Tier 1 | |
| TOPROL XL (*metoprolol succinate*) (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H) | Tier 3 | |
| **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES** | | |
| *amlodipine besylate tab 10 mg (base equivalent)* | Tier 1 | |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | Tier 1 | |
| *amlodipine besylate tab 5 mg (base equivalent)* | Tier 1 | |
| CONJUPRI (*levamlodipine maleate*) (2.5 MG TAB, 5 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| *felodipine tab er 24hr 10 mg* (FELODIPINE ER) | Tier 1 | |
| *felodipine tab er 24hr 2.5 mg* (FELODIPINE ER) | Tier 1 | |
| *felodipine tab er 24hr 5 mg* (FELODIPINE ER) | Tier 1 | |
| *isradipine cap 2.5 mg* | Tier 1 | |
| *isradipine cap 5 mg* | Tier 1 | |
| KATERZIA (*amlodipine benzoate*) 1 MG/ML SUSPENSION | Tier 3 | PA, QLC (10 ml/day) |
| LEVAMLODIPINE MALEATE (2.5 MG TAB, 5 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| *nicardipine hcl cap 20 mg* | Tier 1 | |
| *nicardipine hcl cap 30 mg* | Tier 1 | |
| *nifedipine cap 10 mg* | Tier 1 | |
| *nifedipine cap 20 mg* | Tier 1 | |
| *nifedipine tab er 24hr 30 mg* (NIFEDIPINE ER) | Tier 1 | |
| *nifedipine tab er 24hr 60 mg* (NIFEDIPINE ER) | Tier 1 | |
| *nifedipine tab er 24hr 90 mg* (NIFEDIPINE ER) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *nifedipine tab er 24hr osmotic release 30 mg* (NIFEDIPINE ER OSMOTIC RELEASE) | Tier 1 | |
| *nifedipine tab er 24hr osmotic release 60 mg* (NIFEDIPINE ER OSMOTIC RELEASE) | Tier 1 | |
| *nifedipine tab er 24hr osmotic release 90 mg* (NIFEDIPINE ER OSMOTIC RELEASE) | Tier 1 | |
| NIMODIPINE 60 MG/20ML SOLUTION | Tier 4 | PA, QLC (120 ml/day) |
| *nimodipine cap 30 mg* | Tier 1 | |
| NISOLDIPINE ER (ER 8.5 MG TAB ER 24H, ER 17 MG TAB ER 24H, ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 34 MG TAB ER 24H, ER 40 MG TAB ER 24H) | Tier 2 | |
| *nisoldipine tab er 24hr 17 mg* (NISOLDIPINE ER) | Tier 2 | |
| *nisoldipine tab er 24hr 34 mg* (NISOLDIPINE ER) | Tier 2 | |
| *nisoldipine tab er 24hr 8.5 mg* (NISOLDIPINE ER) | Tier 2 | |
| NORLIQVA (*amlodipine besylate*) 1 MG/ML SOLUTION | Tier 3 | PA, QLC (10 ml/day) |
| NORVASC (*amlodipine besylate*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | Tier 3 | |
| NYMALIZE (*nimodipine*) 6 MG/ML SOLUTION | Tier 4 | PA, QLC (60 ml/day) |
| PROCARDIA XL (*nifedipine*) (30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H) | Tier 3 | |
| SDAMLO (*amlodipine besylate*) (2.5 MG RECON SOLN, 5 MG RECON SOLN, 10 MG RECON SOLN) | Tier 4 | PA, QLC (1 bottle/day) |
| SULAR (*nisoldipine*) (8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H) | Tier 3 | |

## CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

| | | |
|---|---|---|
| CALAN SR (*verapamil hcl*) (120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CARDAMYST (*etripamil*) 2 X 70 MG/DOSE SOLUTION | Tier 4 | PA, QLC (2 bottles/30 days) |
| CARDIZEM (*diltiazem hcl*) (30 MG TAB, 60 MG TAB, 120 MG TAB) | Tier 3 | |
| CARDIZEM CD (*diltiazem hcl coated beads*) (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H) | Tier 3 | |
| CARDIZEM LA (*diltiazem hcl*) (120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H) | Tier 3 | |
| *diltiazem hcl cap er 12hr 120 mg* (DILTIAZEM HCL ER) | Tier 2 | |
| *diltiazem hcl cap er 12hr 60 mg* (DILTIAZEM HCL ER) | Tier 2 | |
| *diltiazem hcl cap er 12hr 90 mg* (DILTIAZEM HCL ER) | Tier 2 | |
| diltiazem hcl cap er 24hr 120 mg (Dilt-Xr) | Tier 1 | |
| *diltiazem hcl cap er 24hr 120 mg* (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl cap er 24hr 180 mg (Dilt-Xr) | Tier 1 | |
| *diltiazem hcl cap er 24hr 180 mg* (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl cap er 24hr 240 mg (Dilt-Xr) | Tier 1 | |
| *diltiazem hcl cap er 24hr 240 mg* (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt) | Tier 1 | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* (DILTIAZEM HCL ER COATED BEADS) | Tier 1 | |
| diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt) | Tier 1 | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* (DILTIAZEM HCL ER COATED BEADS) | Tier 1 | |
| diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***diltiazem hcl coated beads cap er 24hr 240 mg*** (DILTIAZEM HCL ER COATED BEADS) | Tier 1 | |
| diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt) | Tier 1 | |
| ***diltiazem hcl coated beads cap er 24hr 300 mg*** (DILTIAZEM HCL ER COATED BEADS) | Tier 1 | |
| ***diltiazem hcl coated beads cap er 24hr 360 mg*** (DILTIAZEM HCL ER COATED BEADS) | Tier 1 | |
| ***diltiazem hcl extended release beads cap er 24hr 120 mg*** (DILTIAZEM HCL ER BEADS) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er) | Tier 1 | |
| ***diltiazem hcl extended release beads cap er 24hr 180 mg*** (DILTIAZEM HCL ER BEADS) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er) | Tier 1 | |
| ***diltiazem hcl extended release beads cap er 24hr 240 mg*** (DILTIAZEM HCL ER BEADS) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er) | Tier 1 | |
| ***diltiazem hcl extended release beads cap er 24hr 300 mg*** (DILTIAZEM HCL ER BEADS) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er) | Tier 1 | |
| ***diltiazem hcl extended release beads cap er 24hr 360 mg*** (DILTIAZEM HCL ER BEADS) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er) | Tier 1 | |
| ***diltiazem hcl extended release beads cap er 24hr 420 mg*** (DILTIAZEM HCL ER BEADS) | Tier 1 | |
| diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er) | Tier 1 | |
| ***diltiazem hcl tab 120 mg*** | Tier 1 | |
| ***diltiazem hcl tab 30 mg*** | Tier 1 | |
| ***diltiazem hcl tab 60 mg*** | Tier 1 | |
| ***diltiazem hcl tab 90 mg*** | Tier 1 | |
| ***diltiazem hcl tab er 24hr 120 mg*** (DILTIAZEM HCL ER) | Tier 1 | |
| ***diltiazem hcl tab er 24hr 180 mg*** (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl tab er 24hr 180 mg (Matzim La) | Tier 1 | |
| ***diltiazem hcl tab er 24hr 240 mg*** (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl tab er 24hr 240 mg (Matzim La) | Tier 1 | |
| ***diltiazem hcl tab er 24hr 300 mg*** (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl tab er 24hr 300 mg (Matzim La) | Tier 1 | |
| ***diltiazem hcl tab er 24hr 360 mg*** (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl tab er 24hr 360 mg (Matzim La) | Tier 1 | |
| ***diltiazem hcl tab er 24hr 420 mg*** (DILTIAZEM HCL ER) | Tier 1 | |
| diltiazem hcl tab er 24hr 420 mg (Matzim La) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TIAZAC (*diltiazem hcl extended release beads*) (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H) | Tier 3 | |
| *verapamil hcl cap er 24hr 120 mg* (VERAPAMIL HCL ER) | Tier 1 | |
| *verapamil hcl cap er 24hr 180 mg* (VERAPAMIL HCL ER) | Tier 1 | |
| *verapamil hcl cap er 24hr 240 mg* (VERAPAMIL HCL ER) | Tier 1 | |
| VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H) | Tier 1 | |
| *verapamil hcl tab 120 mg* | Tier 1 | |
| *verapamil hcl tab 40 mg* | Tier 1 | |
| *verapamil hcl tab 80 mg* | Tier 1 | |
| *verapamil hcl tab er 120 mg* (VERAPAMIL HCL ER) | Tier 1 | |
| *verapamil hcl tab er 180 mg* (VERAPAMIL HCL ER) | Tier 1 | |
| *verapamil hcl tab er 240 mg* (VERAPAMIL HCL ER) | Tier 1 | |
| VERELAN (*verapamil hcl*) (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H) | Tier 3 | |
| VERELAN PM (*verapamil hcl*) (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H) | Tier 3 | |
| **CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)** | | |
| ACCURETIC (*quinapril-hydrochlorothiazide*) (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB) | Tier 3 | |
| *acetazolamide tab 125 mg* | Tier 1 | |
| *acetazolamide tab 250 mg* | Tier 1 | |
| ALDACTAZIDE (*spironolactone & hydrochlorothiazide*) (25-25 MG TAB, 50-50 MG TAB) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *aliskiren fumarate tab 150 mg (base equivalent)* | Tier 1 | ST, QLC (1 tab/day) |
| *aliskiren fumarate tab 300 mg (base equivalent)* | Tier 1 | ST, QLC (1 tab/day) |
| *amiloride & hydrochlorothiazide tab 5-50 mg* (AMILORIDE-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| AMILORIDE-HYDROCHLOROTHIAZIDE (*amiloride & hydrochlorothiazide*) 5-50 MG TAB | Tier 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* (AMLODIPINE-ATORVASTATIN) | Tier 1 | PA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *amlodipine besylate-benazepril hcl cap 10-20 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | Tier 1 | QLC (1 cap/day) |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | Tier 1 | QLC (1 cap/day) |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | Tier 1 | QLC (2 caps/day) |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* (AMLODIPINE-OLMESARTAN) | Tier 1 | QLC (1 tab/day) |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* (AMLODIPINE-OLMESARTAN) | Tier 1 | QLC (1 tab/day) |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* (AMLODIPINE-OLMESARTAN) | Tier 1 | QLC (1 tab/day) |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* (AMLODIPINE-OLMESARTAN) | Tier 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 10-160 mg* | Tier 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 10-320 mg* | Tier 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 5-160 mg* | Tier 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 5-320 mg* | Tier 1 | QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* (AMLODIPINE-VALSARTAN-HCTZ) | Tier 2 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* (AMLODIPINE-VALSARTAN-HCTZ) | Tier 2 | ST, QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* (AMLODIPINE-VALSARTAN-HCTZ) | Tier 2 | ST, QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* (AMLODIPINE-VALSARTAN-HCTZ) | Tier 2 | ST, QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* (AMLODIPINE-VALSARTAN-HCTZ) | Tier 2 | ST, QLC (1 tab/day) |
| ASPRUZYO SPRINKLE (*ranolazine*) (500 MG PACKET, 1000 MG PACKET) | Tier 3 | PA, QLC (2 packets/day) |
| ATACAND HCT (*candesartan cilexetil-hydrochlorothiazide*) (32-12.5 MG TAB, 32-25 MG TAB) | Tier 3 | QLC (1 tab/day) |
| ATACAND HCT (*candesartan cilexetil-hydrochlorothiazide*) 16-12.5 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *atenolol & chlorthalidone tab 100-25 mg* (ATENOLOL-CHLORTHALIDONE) | Tier 1 | |
| *atenolol & chlorthalidone tab 50-25 mg* (ATENOLOL-CHLORTHALIDONE) | Tier 1 | |
| ATTRUBY (*acoramidis hcl*) 356 MG TAB THPK | Tier 4 | PA, LA, QLC (4 tabs/day) |
| AVALIDE (*irbesartan-hydrochlorothiazide*) 150-12.5 MG TAB | Tier 3 | QLC (2 tabs/day) |
| AVALIDE (*irbesartan-hydrochlorothiazide*) 300-12.5 MG TAB | Tier 3 | QLC (1 tab/day) |
| AZOR (*amlodipine besylate-olmesartan medoxomil*) (5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB) | Tier 3 | QLC (1 tab/day) |
| BAXFENDY (*baxdrostat*) (1 MG TAB, 2 MG TAB) | Tier 4 | PA, QLC (1 tab/day) |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *benazepril & hydrochlorothiazide tab 20-25 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| BENICAR HCT (*olmesartan medoxomil-hydrochlorothiazide*) (20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB) | Tier 3 | QLC (1 tab/day) |
| BIDIL (*isosorbide dinitrate-hydralazine hcl*) 20-37.5 MG TAB | Tier 3 | QLC (6 tabs/day) |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* (BISOPROLOL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* (BISOPROLOL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* (BISOPROLOL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| CADUET (*amlodipine besylate-atorvastatin calcium*) (5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| CAMZYOS (*mavacamten*) (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day) |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* (CANDESARTAN CILEXETIL-HCTZ) | Tier 1 | QLC (2 tabs/day) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* (CANDESARTAN CILEXETIL-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* (CANDESARTAN CILEXETIL-HCTZ) | Tier 1 | QLC (1 tab/day) |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE (*captopril & hydrochlorothiazide*) (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB) | Tier 1 | |
| CORLANOR (*ivabradine hcl*) (5 MG TAB, 7.5 MG TAB) | Tier 3 | PA, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CORLANOR (*ivabradine hcl*) 5 MG/5ML SOLUTION | Tier 3 | PA, QLC (20 ml/day) |
| DEMSER (*metyrosine*) 250 MG CAP | Tier 4 | S (Specialty Drug), QLC (16 caps/day) |
| DIOVAN HCT (*valsartan-hydrochlorothiazide*) (320-12.5 MG TAB, 320-25 MG TAB) | Tier 3 | QLC (1 tab/day) |
| DIOVAN HCT (*valsartan-hydrochlorothiazide*) (80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| DUTOPROL (*metoprolol & hydrochlorothiazide*) 50-12.5 MG TAB ER 24H | Tier 3 | PA, QLC (1 tab/day) |
| EDARBYCLOR (*azilsartan medoxomil-chlorthalidone*) (40-12.5 MG TAB, 40-25 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* (ENALAPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* (ENALAPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| ENTRESTO (*sacubitril-valsartan*) (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| ENTRESTO (*sacubitril-valsartan*) (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK) | Tier 3 | PA, QLC (8 caps/day) |
| EXFORGE (*amlodipine besylate-valsartan*) (5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB) | Tier 3 | QLC (1 tab/day) |
| EXFORGE HCT (*amlodipine-valsartan-hydrochlorothiazide*) (5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* (FOSINOPRIL SODIUM-HCTZ) | Tier 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* (FOSINOPRIL SODIUM-HCTZ) | Tier 1 | |
| HYZAAR (*losartan potassium & hydrochlorothiazide*) (100-12.5 MG TAB, 100-25 MG TAB) | Tier 3 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HYZAAR (*losartan potassium & hydrochlorothiazide*) 50-12.5 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | Tier 1 | QLC (2 tabs/day) |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | Tier 1 | QLC (1 tab/day) |
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* (ISOSORB DINITRATE-HYDRALAZINE) | Tier 2 | QLC (6 tabs/day) |
| *ivabradine hcl tab 5 mg (base equiv)* | Tier 2 | PA, QLC (2 tabs/day) |
| *ivabradine hcl tab 7.5 mg (base equiv)* | Tier 2 | PA, QLC (2 tabs/day) |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* (LISINOPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* (LISINOPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* (LISINOPRIL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| LODOCO (*colchicine (cardiovascular)*) 0.5 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| LOPRESSOR (*metoprolol tartrate*) 12.5 MG TAB | Tier 4 | PA, QLC (4 tabs/day) |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* (LOSARTAN POTASSIUM-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* (LOSARTAN POTASSIUM-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* (LOSARTAN POTASSIUM-HCTZ) | Tier 1 | QLC (2 tabs/day) |
| LOTENSIN HCT (*benazepril & hydrochlorothiazide*) (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB) | Tier 3 | |
| LOTREL (*amlodipine besylate-benazepril hcl*) (10-20 MG CAP, 10-40 MG CAP) | Tier 3 | QLC (1 cap/day) |
| LOTREL (*amlodipine besylate-benazepril hcl*) (5-10 MG CAP, 5-20 MG CAP) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MAXZIDE (*triamterene & hydrochlorothiazide*) 75-50 MG TAB | Tier 3 | |
| MAXZIDE-25 (*triamterene & hydrochlorothiazide*) 37.5-25 MG TAB | Tier 3 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* (METOPROLOL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* (METOPROLOL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* (METOPROLOL-HYDROCHLOROTHIAZIDE) | Tier 1 | |
| *metyrosine cap 250 mg* | Tier 4 | S (Specialty Drug), QLC (16 caps/day) |
| MICARDIS HCT (*telmisartan-hydrochlorothiazide*) (80-12.5 MG TAB, 80-25 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| MICARDIS HCT (*telmisartan-hydrochlorothiazide*) 40-12.5 MG TAB | Tier 3 | QLC (3 tabs/day) |
| MYQORZO (*aficamten*) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day) |
| NEXLETOL (*bempedoic acid*) 180 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* (OLMESARTAN MEDOXOMIL-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* (OLMESARTAN MEDOXOMIL-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* (OLMESARTAN MEDOXOMIL-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | Tier 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | Tier 1 | QLC (1 tab/day) |
| *pentoxifylline tab er 400 mg* (PENTOXIFYLLINE ER) | Tier 1 | |
| PRESTALIA (*perindopril arginine-amlodipine besylate*) (3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB) | Tier 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | Tier 1 | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | Tier 1 | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | Tier 1 | |
| RANEXA (*ranolazine*) (500 MG TAB ER 12H, 1000 MG TAB ER 12H) | Tier 3 | QLC (2 tabs/day) |
| *ranolazine tab er 12hr 1000 mg* (RANOLAZINE ER) | Tier 1 | QLC (2 tabs/day) |
| *ranolazine tab er 12hr 500 mg* (RANOLAZINE ER) | Tier 1 | QLC (2 tabs/day) |
| REDEMPLO (*plozasiran sodium*) 25 MG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, QLC (0.5ml/90 days) |
| *sacubitril-valsartan tab 24-26 mg* | Tier 2 | QLC (2 tabs/day) |
| *sacubitril-valsartan tab 49-51 mg* | Tier 2 | QLC (2 tabs/day) |
| *sacubitril-valsartan tab 97-103 mg* | Tier 2 | QLC (2 tabs/day) |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* (SPIRONOLACTONE-HCTZ) | Tier 1 | |
| TEKTURNA (*aliskiren fumarate*) (150 MG TAB, 300 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TEKTURNA HCT (*aliskiren-hydrochlorothiazide*) (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB) | Tier 1 | ST, QLC (1 tab/day) |
| *telmisartan-amlodipine tab 40-10 mg* | Tier 1 | ST, QLC (1 tab/day) |
| *telmisartan-amlodipine tab 40-5 mg* | Tier 1 | ST, QLC (1 tab/day) |
| *telmisartan-amlodipine tab 80-10 mg* | Tier 1 | ST, QLC (1 tab/day) |
| *telmisartan-amlodipine tab 80-5 mg* | Tier 1 | ST, QLC (1 tab/day) |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* (TELMISARTAN-HCTZ) | Tier 1 | QLC (3 tabs/day) |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* (TELMISARTAN-HCTZ) | Tier 1 | QLC (2 tabs/day) |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* (TELMISARTAN-HCTZ) | Tier 1 | QLC (2 tabs/day) |
| TENORETIC 100 (*atenolol & chlorthalidone*) -25 MG TAB | Tier 3 | |
| TENORETIC 50 (*atenolol & chlorthalidone*) -25 MG TAB | Tier 3 | |
| TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER) | Tier 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* (TRIAMTERENE-HCTZ) | Tier 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* (TRIAMTERENE-HCTZ) | Tier 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* (TRIAMTERENE-HCTZ) | Tier 1 | |
| TRIBENZOR (*olmesartan medoxomil-amlodipine-hydrochlorothiazide*) (20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB) | Tier 3 | QLC (1 tab/day) |
| TRYNGOLZA (*olezarsen sodium*) 50 MG/0.8ML SOLN A-INJ | Tier 4 | PA, LA, QLC (0.8ml (1 pen)/28 days) |
| TRYNGOLZA (*olezarsen sodium*) 80 MG/0.8ML SOLN A-INJ | Tier 4 | PA, LA, QLC (1 pen/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TRYVIO (*aprocitentan*) 12.5 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | Tier 1 | QLC (2 tabs/day) |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | Tier 1 | QLC (2 tabs/day) |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | Tier 1 | QLC (1 tab/day) |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | Tier 1 | QLC (1 tab/day) |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | Tier 1 | QLC (2 tabs/day) |
| VASERETIC (*enalapril maleate & hydrochlorothiazide*) 10-25 MG TAB | Tier 3 | |
| VECAMYL (*mecamylamine hcl*) 2.5 MG TAB | Tier 1 | |
| VERQUVO (*vericiguat*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| ZESTORETIC (*lisinopril & hydrochlorothiazide*) (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB) | Tier 3 | |
| ZIAC (*bisoprolol & hydrochlorothiazide*) (2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB) | Tier 3 | |
| **DIURETICS, LOOP** | | |
| *bumetanide tab 0.5 mg* | Tier 1 | |
| *bumetanide tab 1 mg* | Tier 1 | |
| *bumetanide tab 2 mg* | Tier 1 | |
| BUMEX (*bumetanide*) 0.5 MG TAB | Tier 3 | |
| EDECRIN (*ethacrynic acid*) 25 MG TAB | Tier 4 | PA, QLC (8 tabs/day) |
| ENBUMYST (*bumetanide*) 0.5 MG/0.1ML SOLUTION | Tier 4 | PA, QLC (4 sprayers/day) |
| *ethacrynic acid tab 25 mg* | Tier 4 | PA, QLC (8 tabs/day) |
| FUROSCIX (*furosemide*) 80 MG/10ML CART KIT | Tier 4 | PA, LA, QLC (1 kit/day) |
| FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *furosemide oral soln 10 mg/ml* | Tier 1 | |
| *furosemide tab 20 mg* | Tier 1 | |
| *furosemide tab 40 mg* | Tier 1 | |
| *furosemide tab 80 mg* | Tier 1 | |
| LASIX (*furosemide*) (20 MG TAB, 40 MG TAB, 80 MG TAB) | Tier 3 | |
| LASIX ONYU (*furosemide*) 80 MG/2.67ML CART KIT | Tier 4 | PA, QLC (1 kit/day) |
| SOAANZ (*torsemide*) 20 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| SOAANZ (*torsemide*) 40 MG TAB | Tier 3 | PA, QLC (5 tabs/day) |
| SOAANZ (*torsemide*) 60 MG TAB | Tier 3 | PA, QLC (3 tabs/day) |
| *torsemide tab 10 mg* | Tier 1 | |
| *torsemide tab 100 mg* | Tier 1 | |
| *torsemide tab 20 mg* | Tier 1 | |
| *torsemide tab 5 mg* | Tier 1 | |
| **DIURETICS, POTASSIUM-SPARING** | | |
| *amiloride hcl tab 5 mg* | Tier 1 | |
| DYRENIUM (*triamterene*) (50 MG CAP, 100 MG CAP) | Tier 3 | ST |
| *eplerenone tab 25 mg* | Tier 1 | |
| *eplerenone tab 50 mg* | Tier 1 | |
| INSPRA (*eplerenone*) (25 MG TAB, 50 MG TAB) | Tier 3 | |
| *triamterene cap 100 mg* | Tier 2 | ST |
| *triamterene cap 50 mg* | Tier 2 | ST |
| **DIURETICS, THIAZIDE** | | |
| *chlorthalidone tab 25 mg* | Tier 1 | |
| *chlorthalidone tab 50 mg* | Tier 1 | |
| DIURIL (*chlorothiazide*) 250 MG/5ML SUSPENSION | Tier 3 | |
| HEMICLOR (*chlorthalidone*) 12.5 MG TAB | Tier 3 | QLC (1 tab/day) |
| *hydrochlorothiazide cap 12.5 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *hydrochlorothiazide tab 12.5 mg* | Tier 1 | |
| *hydrochlorothiazide tab 25 mg* | Tier 1 | |
| *hydrochlorothiazide tab 50 mg* | Tier 1 | |
| *indapamide tab 1.25 mg* | Tier 1 | |
| *indapamide tab 2.5 mg* | Tier 1 | |
| INZIRQO (*hydrochlorothiazide*) 10 MG/ML RECON SUSP | Tier 4 | AL1 (Up to 12 yrs old), QLC (10ml/day) |
| *metolazone tab 10 mg* | Tier 1 | |
| *metolazone tab 2.5 mg* | Tier 1 | |
| *metolazone tab 5 mg* | Tier 1 | |
| THALITONE (*chlorthalidone*) 15 MG TAB | Tier 3 | PA, QLC (4 tabs/day) |
| **DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)** | | |
| ANTARA (*fenofibrate micronized*) 30 MG CAP | Tier 3 | ST, QLC (2 caps/day) |
| *choline fenofibrate cap dr 135 mg (fenofibric acid equiv)* | Tier 1 | QLC (1 cap/day) |
| *choline fenofibrate cap dr 45 mg (fenofibric acid equiv)* | Tier 1 | QLC (1 cap/day) |
| FENOFIBRATE 150 MG CAP | Tier 3 | ST, QLC (1 cap/day) |
| FENOFIBRATE 50 MG CAP | Tier 3 | ST, QLC (2 caps/day) |
| FENOFIBRATE MICRONIZED 30 MG CAP | Tier 3 | ST, QLC (2 caps/day) |
| FENOFIBRATE MICRONIZED 90 MG CAP | Tier 3 | ST, QLC (1 cap/day) |
| *fenofibrate micronized cap 130 mg* | Tier 1 | ST, QLC (1 cap/day) |
| *fenofibrate micronized cap 134 mg* | Tier 1 | QLC (1 cap/day) |
| *fenofibrate micronized cap 200 mg* | Tier 1 | QLC (1 cap/day) |
| *fenofibrate micronized cap 43 mg* | Tier 1 | ST, QLC (2 caps/day) |
| *fenofibrate micronized cap 67 mg* | Tier 1 | QLC (1 cap/day) |
| *fenofibrate tab 120 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *fenofibrate tab 145 mg* | Tier 1 | QLC (1 tab/day) |
| *fenofibrate tab 40 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| *fenofibrate tab 48 mg* | Tier 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fenofibrate tab 54 mg* | Tier 1 | QLC (2 tabs/day) |
| FENOFIBRIC ACID 105 MG TAB | Tier 3 | QLC (1 tab/day) |
| FENOFIBRIC ACID 35 MG TAB | Tier 3 | QLC (2 tabs/day) |
| FENOGLIDE (*fenofibrate*) 120 MG TAB | Tier 3 | ST, QLC (1 tab/day) |
| FENOGLIDE (*fenofibrate*) 40 MG TAB | Tier 3 | ST, QLC (2 tabs/day) |
| FIBRICOR (*fenofibric acid*) 105 MG TAB | Tier 3 | QLC (1 tab/day) |
| FIBRICOR (*fenofibric acid*) 35 MG TAB | Tier 3 | QLC (2 tabs/day) |
| *gemfibrozil tab 600 mg* | Tier 1 | QLC (2.5 tabs/day) |
| LIPOFEN (*fenofibrate*) 150 MG CAP | Tier 3 | ST, QLC (1 cap/day) |
| LIPOFEN (*fenofibrate*) 50 MG CAP | Tier 3 | ST, QLC (2 caps/day) |
| LOPID (*gemfibrozil*) 600 MG TAB | Tier 3 | QLC (2.5 tabs/day) |
| TRICOR (*fenofibrate*) 145 MG TAB | Tier 3 | QLC (1 tab/day) |
| TRICOR (*fenofibrate*) 48 MG TAB | Tier 3 | QLC (2 tabs/day) |
| TRILIPIX (*choline fenofibrate*) (45 MG CAP DR, 135 MG CAP DR) | Tier 3 | QLC (1 cap/day) |
| **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol )** | | |
| ALTOPREV (*lovastatin*) (20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H) | Tier 4 | PA, QLC (1 tab/day) |
| ATORVALIQ (*atorvastatin calcium*) 20 MG/5ML SUSPENSION | Tier 4 | PA, QLC (20 ml/day) |
| *atorvastatin calcium tab 10 mg (base equivalent)* | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *atorvastatin calcium tab 20 mg (base equivalent)* | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *atorvastatin calcium tab 40 mg (base equivalent)* | Tier 1 | QLC (1 tab/day) |
| *atorvastatin calcium tab 80 mg (base equivalent)* | Tier 1 | QLC (1 tab/day) |
| CRESTOR (*rosuvastatin calcium*) (5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB) | Tier 3 | QLC (1 tab/day) |
| EZALLOR SPRINKLE (*rosuvastatin calcium*) (5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK) | Tier 3 | QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| FLOLIPID (*simvastatin*) 20 MG/5ML SUSPENSION | Tier 3 | PA, QLC (5 ml/day) |
| FLOLIPID (*simvastatin*) 40 MG/5ML SUSPENSION | Tier 3 | PA, QLC (10 ml/day) |
| *fluvastatin sodium cap 20 mg (base equivalent)* | Tier 1 | QLC (1 cap/day) |
| *fluvastatin sodium cap 40 mg (base equivalent)* | Tier 1 | QLC (2 caps/day) |
| *fluvastatin sodium tab er 24 hr 80 mg (base equivalent)* (FLUVASTATIN SODIUM ER) | Tier 2 | PA, QLC (1 tab/day) |
| LESCOL XL (*fluvastatin sodium*) 80 MG TAB ER 24H | Tier 3 | PA, QLC (1 tab/day) |
| LIPITOR (*atorvastatin calcium*) (10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB) | Tier 3 | QLC (1 tab/day) |
| LIVALO (*pitavastatin calcium*) (1 MG TAB, 2 MG TAB, 4 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| *lovastatin tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| *lovastatin tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *lovastatin tab 40 mg* | Tier 1 | QLC (2 tabs/day) |
| *pitavastatin calcium tab 1 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *pitavastatin calcium tab 2 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *pitavastatin calcium tab 4 mg* | Tier 2 | ST, QLC (1 tab/day) |
| *pravastatin sodium tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| *pravastatin sodium tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *pravastatin sodium tab 40 mg* | Tier 1 | QLC (1 tab/day) |
| *pravastatin sodium tab 80 mg* | Tier 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 20 mg* | Tier 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 40 mg* | Tier 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 5 mg* | Tier 1 | QLC (1 tab/day) |
| *simvastatin tab 10 mg* | Tier 1 | ACA (Affordable Care Act), QLC (1 tab/day) |
| *simvastatin tab 20 mg* | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *simvastatin tab 40 mg* | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *simvastatin tab 5 mg* | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *simvastatin tab 80 mg* | Tier 1 | QLC (1 tab/day) |
| ZOCOR (*simvastatin*) (10 MG TAB, 20 MG TAB, 40 MG TAB) | Tier 3 | QLC (1 tab/day) |
| ZYPITAMAG (*pitavastatin magnesium*) (2 MG TAB, 4 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| **DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)** | | |
| *cholestyramine light powder 4 gm/dose* | Tier 1 | |
| cholestyramine light powder 4 gm/dose (Prevalite) | Tier 1 | |
| *cholestyramine light powder packets 4 gm* | Tier 1 | |
| cholestyramine light powder packets 4 gm (Prevalite) | Tier 1 | |
| *cholestyramine powder 4 gm/dose* | Tier 1 | |
| *cholestyramine powder packets 4 gm* | Tier 1 | |
| *colesevelam hcl packet for susp 3.75 gm* | Tier 2 | |
| *colesevelam hcl tab 625 mg* | Tier 2 | |
| COLESTID (*colestipol hcl*) (1 GM TAB, 5 GM GRANULES, 5 GM PACKET) | Tier 3 | |
| COLESTID FLAVORED (*colestipol hcl*) (5 GM GRANULES, 5 GM PACKET) | Tier 3 | |
| *colestipol hcl granule packets 5 gm* | Tier 1 | |
| *colestipol hcl granules 5 gm* | Tier 1 | |
| *colestipol hcl tab 1 gm* | Tier 1 | |
| *ezetimibe tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| EZETIMIBE-ROSUVASTATIN (*ezetimibe-rosuvastatin calcium*) (10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB) | Tier 3 | QLC (1 tab/day) |
| *ezetimibe-simvastatin tab 10-10 mg* | Tier 1 | QLC (1 tab/day) |
| *ezetimibe-simvastatin tab 10-20 mg* | Tier 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ezetimibe-simvastatin tab 10-40 mg* | Tier 1 | QLC (1 tab/day) |
| *ezetimibe-simvastatin tab 10-80 mg* | Tier 1 | QLC (1 tab/day) |
| *icosapent ethyl cap 0.5 gm* | Tier 1 | PA, QLC (2 caps/day) |
| *icosapent ethyl cap 1 gm* | Tier 1 | PA, QLC (4 caps/day) |
| JUXTAPID (*lomitapide mesylate*) (2 MG CAP, 5 MG CAP, 10 MG CAP) | Tier 4 | PA, LA, QLC (1 cap/day) |
| JUXTAPID (*lomitapide mesylate*) (20 MG CAP, 30 MG CAP) | Tier 4 | PA, LA, QLC (2 caps/day) |
| LEROCHOL (*lerodalcibep-liga*) 300 MG/1.2ML SOLN PRSYR | Tier 3 | PA, QLC (1.2ml (1 syringe)/28 days) |
| LOVAZA (*omega-3-acid ethyl esters*) 1 GM CAP | Tier 3 | QLC (4 caps/day) |
| NEXLIZET (*bempedoic acid-ezetimibe*) 180-10 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB | Tier 1 | |
| *niacin tab er 1000 mg (antihyperlipidemic)* (NIACIN ER (ANTIHYPERLIPIDEMIC)) | Tier 1 | QLC (2 tabs/day) |
| *niacin tab er 500 mg (antihyperlipidemic)* (NIACIN ER (ANTIHYPERLIPIDEMIC)) | Tier 1 | QLC (4 tabs/day) |
| *niacin tab er 750 mg (antihyperlipidemic)* (NIACIN ER (ANTIHYPERLIPIDEMIC)) | Tier 1 | QLC (2 tabs/day) |
| NIACOR (*niacin (antihyperlipidemic)*) 500 MG TAB | Tier 1 | |
| NIASPAN (*niacin (antihyperlipidemic)*) (750 MG TAB ER, 1000 MG TAB ER) | Tier 3 | QLC (2 tabs/day) |
| NIASPAN (*niacin (antihyperlipidemic)*) 500 MG TAB | Tier 3 | QLC (4 tabs/day) |
| *omega-3-acid ethyl esters cap 1 gm* | Tier 1 | QLC (4 caps/day) |
| PRALUENT (*alirocumab*) (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ) | Tier 4 | PA, QLC (2 pens/28 days) |
| PRALUENT 150 MG/ML PEN (NDC 72733) | Tier 3 | PA, QLC (2 pens/28 days) |
| PRALUENT 75 MG/ML PEN (NDC 72733) | Tier 3 | PA, QLC (2 pens/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| QUESTRAN (*cholestyramine*) (4 GM PACKET, 4 GM/DOSE POWDER) | Tier 3 | |
| QUESTRAN LIGHT (*cholestyramine light*) 4 GM/DOSE POWDER | Tier 3 | |
| REPATHA (*evolocumab*) 140 MG/ML SOLN PRSYR | Tier 2 | PA, QLC (6 syringes/28 days) |
| REPATHA PUSHTRONEX SYSTEM (*evolocumab*) 420 MG/3.5ML SOLN CART | Tier 2 | PA, QLC (2 injectors/28 days) |
| REPATHA SURECLICK (*evolocumab*) 140 MG/ML SOLN A-INJ | Tier 2 | PA, QLC (6 pens/28 days) |
| ROSZET (*ezetimibe-rosuvastatin calcium*) (10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB) | Tier 3 | QLC (1 tab/day) |
| VASCEPA (*icosapent ethyl*) 0.5 GM CAP | Tier 3 | PA, QLC (2 caps/day) |
| VASCEPA (*icosapent ethyl*) 1 GM CAP | Tier 3 | PA, QLC (4 caps/day) |
| VYTORIN (*ezetimibe-simvastatin*) (10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB) | Tier 3 | QLC (1 tab/day) |
| WELCHOL (*colesevelam hcl*) (3.75 GM PACKET, 625 MG TAB) | Tier 3 | |
| ZETIA (*ezetimibe*) 10 MG TAB | Tier 3 | QLC (1 tab/day) |
| **MINERALOCORTICOID RECEPTOR ANTAGONISTS** | | |
| ALDACTONE (*spironolactone*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | |
| CAROSPIR (*spironolactone*) 25 MG/5ML SUSPENSION | Tier 3 | PA, QLC (20 ml/day) |
| KERENDIA (*finerenone*) (10 MG TAB, 20 MG TAB, 40 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| *spironolactone susp 25 mg/5ml* | Tier 2 | PA, QLC (20 ml/day) |
| *spironolactone tab 100 mg* | Tier 1 | |
| *spironolactone tab 25 mg* | Tier 1 | |
| *spironolactone tab 50 mg* | Tier 1 | |
| **SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)** | | |
| *dapagliflozin tab 10 mg* | Tier 1 | ST, QLC (1 tab/day) |
| *dapagliflozin tab 5 mg* | Tier 1 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| FARXIGA (*dapagliflozin*) (5 MG TAB, 10 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| INPEFA (*sotagliflozin*) (200 MG TAB, 400 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| INVOKANA (*canagliflozin*) (100 MG TAB, 300 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| JARDIANCE (*empagliflozin*) (10 MG TAB, 25 MG TAB) | Tier 2 | ST, QLC (1 tab/day) |
| STEGLATRO (*ertugliflozin l-pyroglutamic acid*) 15 MG TAB | Tier 3 | ST, QLC (1 tab/day) |
| STEGLATRO (*ertugliflozin l-pyroglutamic acid*) 5 MG TAB | Tier 3 | ST, QLC (2 tabs/day) |
| **VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)** | | |
| *hydralazine hcl tab 10 mg* | Tier 1 | |
| *hydralazine hcl tab 100 mg* | Tier 1 | |
| *hydralazine hcl tab 25 mg* | Tier 1 | |
| *hydralazine hcl tab 50 mg* | Tier 1 | |
| *minoxidil tab 10 mg* | Tier 1 | |
| *minoxidil tab 2.5 mg* | Tier 1 | |
| **VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS** | | |
| GONITRO (*nitroglycerin*) 400 MCG PACKET | Tier 3 | QLC (36 packs/month) |
| ISORDIL TITRADOSE (*isosorbide dinitrate*) (5 MG TAB, 40 MG TAB) | Tier 3 | |
| *isosorbide dinitrate tab 10 mg* | Tier 1 | |
| *isosorbide dinitrate tab 20 mg* | Tier 1 | |
| *isosorbide dinitrate tab 30 mg* | Tier 1 | |
| *isosorbide dinitrate tab 40 mg* | Tier 1 | |
| *isosorbide dinitrate tab 5 mg* | Tier 1 | |
| *isosorbide mononitrate tab 10 mg* | Tier 1 | |
| *isosorbide mononitrate tab 20 mg* | Tier 1 | |
| *isosorbide mononitrate tab er 24hr 120 mg* (ISOSORBIDE MONONITRATE ER) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *isosorbide mononitrate tab er 24hr 30 mg* (ISOSORBIDE MONONITRATE ER) | Tier 1 | |
| *isosorbide mononitrate tab er 24hr 60 mg* (ISOSORBIDE MONONITRATE ER) | Tier 1 | |
| NITRO-DUR (*nitroglycerin*) (0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR) | Tier 3 | |
| NITRO-DUR (*nitroglycerin*) (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR) | Tier 2 | |
| NITRO-TIME (*nitroglycerin*) (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER) | Tier 1 | |
| *nitroglycerin oint 0.4%* | Tier 2 | PA, QLC (30 gm/30 days) |
| *nitroglycerin oint 2%* | Tier 2 | |
| nitroglycerin oint 2% (Nitro-Bid) | Tier 2 | |
| *nitroglycerin sl tab 0.3 mg* | Tier 1 | |
| *nitroglycerin sl tab 0.4 mg* | Tier 1 | |
| *nitroglycerin sl tab 0.6 mg* | Tier 1 | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | Tier 1 | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | Tier 1 | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | Tier 1 | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* | Tier 1 | |
| *nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)* | Tier 3 | |
| NITROLINGUAL (*nitroglycerin*) 0.4 MG/SPRAY SOLUTION | Tier 3 | |
| NITROSTAT (*nitroglycerin*) (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB) | Tier 3 | |
| RECTIV (*nitroglycerin (intra-anal)*) 0.4 % OINTMENT | Tier 3 | PA, QLC (30 gm/30 days) |

## CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

### AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

| | | |
|---|---|---|
| EXSERVAN (*riluzole*) 50 MG FILM | Tier 4 | PA, LA, QLC (2 films/day) |
| RADICAVA ORS (*edaravone*) 105 MG/5ML SUSPENSION | Tier 4 | PA, LA, S (Specialty Drug), QLC (50 ml/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| RADICAVA ORS STARTER KIT (*edaravone*) 105 MG/5ML SUSPENSION | Tier 4 | PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year) |
| RELYVRIO (*sodium phenylbutyrate-taurursodiol*) 3-1 GM PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 packets/day) |
| RILUTEK (*riluzole*) 50 MG TAB | Tier 3 | |
| *riluzole tab 50 mg* | Tier 1 | |
| TEGLUTIK (*riluzole*) 50 MG/10ML SUSPENSION | Tier 4 | PA, LA, QLC (20 ml/day) |
| TIGLUTIK (*riluzole*) 50 MG/10ML SUSPENSION | Tier 4 | PA, LA, QLC (20 ml/day) |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES** | | |
| ADDERALL (*amphetamine-dextroamphetamine*) (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB) | Tier 3 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| ADDERALL (*amphetamine-dextroamphetamine*) 12.5 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (5 tabs/day) |
| ADDERALL (*amphetamine-dextroamphetamine*) 20 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| ADDERALL (*amphetamine-dextroamphetamine*) 30 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| ADDERALL XR (*amphetamine-dextroamphetamine*) (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H) | Tier 3 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| ADZENYS XR-ODT (*amphetamine*) (3.1 MG TAB ER DISP, 6.3 MG TAB ER DISP, 9.4 MG TAB ER DISP, 12.5 MG TAB ER DISP, 15.7 MG TAB ER DISP, 18.8 MG TAB ER DISP) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *amphetamine sulfate tab 10 mg* | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| *amphetamine sulfate tab 5 mg* | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| *amphetamine tab extended release disintegrating 12.5 mg* (AMPHETAMINE ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *amphetamine tab extended release disintegrating 15.7 mg* (AMPHETAMINE ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *amphetamine tab extended release disintegrating 18.8 mg* (AMPHETAMINE ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *amphetamine tab extended release disintegrating 3.1 mg* (AMPHETAMINE ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *amphetamine tab extended release disintegrating 6.3 mg* (AMPHETAMINE ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *amphetamine tab extended release disintegrating 9.4 mg* (AMPHETAMINE ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg* (AMPHET-DEXTROAMPHET 3-BEAD ER) | Tier 2 | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg* (AMPHET-DEXTROAMPHET 3-BEAD ER) | Tier 2 | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg* (AMPHET-DEXTROAMPHET 3-BEAD ER) | Tier 2 | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg* (AMPHET-DEXTROAMPHET 3-BEAD ER) | Tier 2 | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* (AMPHETAMINE-DEXTROAMPHET ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* (AMPHETAMINE-DEXTROAMPHET ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* (AMPHETAMINE-DEXTROAMPHET ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* (AMPHETAMINE-DEXTROAMPHET ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* (AMPHETAMINE-DEXTROAMPHET ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* (AMPHETAMINE-DEXTROAMPHET ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *amphetamine-dextroamphetamine tab 10 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (5 tabs/day) |
| *amphetamine-dextroamphetamine tab 15 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *amphetamine-dextroamphetamine tab 20 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| *amphetamine-dextroamphetamine tab 30 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *amphetamine-dextroamphetamine tab 5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| ARYNTA (*lisdexamfetamine dimesylate*) 10 MG/ML SOLUTION | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (60ml/30 days) |
| AZSTARYS (*serdexmethylphenidate chloride-dexmethylphenidate hcl*) (26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| DESOXYN (*methamphetamine hcl*) 5 MG TAB | Tier 4 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| DEXEDRINE (*dextroamphetamine sulfate*) 10 MG CAP ER 24H | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (6 caps/day) |
| DEXEDRINE (*dextroamphetamine sulfate*) 15 MG CAP ER 24H | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (4 caps/day) |
| DEXEDRINE (*dextroamphetamine sulfate*) 5 MG CAP ER 24H | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (12 caps/day) |
| *dextroamphetamine sulfate cap er 24hr 10 mg* (DEXTROAMPHETAMINE SULFATE ER) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (6 caps/day) |
| *dextroamphetamine sulfate cap er 24hr 15 mg* (DEXTROAMPHETAMINE SULFATE ER) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (4 caps/day) |
| *dextroamphetamine sulfate cap er 24hr 5 mg* (DEXTROAMPHETAMINE SULFATE ER) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (12 caps/day) |
| dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra) mg/ml | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (40 ml/day) |
| *dextroamphetamine sulfate oral solution 5 mg/5ml mg/ml* | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (40 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***dextroamphetamine sulfate tab 10 mg*** | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| dextroamphetamine sulfate tab 10 mg (Zenzedi) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| ***dextroamphetamine sulfate tab 15 mg*** | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| dextroamphetamine sulfate tab 15 mg (Zenzedi) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| ***dextroamphetamine sulfate tab 2.5 mg*** | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| dextroamphetamine sulfate tab 2.5 mg (Zenzedi) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| ***dextroamphetamine sulfate tab 20 mg*** | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| dextroamphetamine sulfate tab 20 mg (Zenzedi) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| ***dextroamphetamine sulfate tab 30 mg*** | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| dextroamphetamine sulfate tab 30 mg (Zenzedi) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| ***dextroamphetamine sulfate tab 5 mg*** | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| dextroamphetamine sulfate tab 5 mg (Zenzedi) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| ***dextroamphetamine sulfate tab 7.5 mg*** | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| dextroamphetamine sulfate tab 7.5 mg (Zenzedi) | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| DYANAVEL XR (***amphetamine***) (5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| DYANAVEL XR (***amphetamine***) 2.5 MG/ML SUSP | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (8 ml/day) |
| EVEKEO (***amphetamine sulfate***) 10 MG TAB | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| EVEKEO (***amphetamine sulfate***) 5 MG TAB | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EVEKEO ODT (*amphetamine sulfate*) (ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP) | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *lisdexamfetamine dimesylate cap 10 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *lisdexamfetamine dimesylate cap 20 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *lisdexamfetamine dimesylate cap 30 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *lisdexamfetamine dimesylate cap 40 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *lisdexamfetamine dimesylate cap 50 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *lisdexamfetamine dimesylate cap 60 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *lisdexamfetamine dimesylate cap 70 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *lisdexamfetamine dimesylate chew tab 10 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *lisdexamfetamine dimesylate chew tab 20 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *lisdexamfetamine dimesylate chew tab 30 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *lisdexamfetamine dimesylate chew tab 40 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *lisdexamfetamine dimesylate chew tab 50 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *lisdexamfetamine dimesylate chew tab 60 mg* | Tier 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methamphetamine hcl tab 5 mg* | Tier 4 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| MYDAYIS (*amphetamine-dextroamphetamine*) (12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| VYVANSE (*lisdexamfetamine dimesylate*) (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP) | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| VYVANSE (*lisdexamfetamine dimesylate*) (10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB) | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| XELSTRYM (*dextroamphetamine*) (4.5 MG/9HR PATCH, 9 MG/9HR PATCH, 13.5 MG/9HR PATCH, 18 MG/9HR PATCH) | Tier 3 | PA, QLC (1 patch/day) |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES** | | |
| APTENSIO XR (*methylphenidate hcl*) (10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H) | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *atomoxetine hcl cap 10 mg (base equiv)* | Tier 1 | QLC (4 caps/day) |
| *atomoxetine hcl cap 100 mg (base equiv)* | Tier 1 | QLC (1 cap/day) |
| *atomoxetine hcl cap 18 mg (base equiv)* | Tier 1 | QLC (4 caps/day) |
| *atomoxetine hcl cap 25 mg (base equiv)* | Tier 1 | QLC (4 caps/day) |
| *atomoxetine hcl cap 40 mg (base equiv)* | Tier 1 | QLC (2 caps/day) |
| *atomoxetine hcl cap 60 mg (base equiv)* | Tier 1 | QLC (1 cap/day) |
| *atomoxetine hcl cap 80 mg (base equiv)* | Tier 1 | QLC (1 cap/day) |
| ATONCY (*atomoxetine hcl*) 4 MG/ML SOLUTION | Tier 4 | PA, QLC (25 ml/day) |
| *clonidine hcl tab er 12hr 0.1 mg* (CLONIDINE HCL ER) | Tier 1 | QLC (4 tabs/day) |
| CONCERTA (*methylphenidate hcl*) (18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER) | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| CONCERTA (*methylphenidate hcl*) CONCTA 36 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| COTEMPLA XR-ODT (*methylphenidate*) (17.3 MG TAB ER DISP, 25.9 MG TAB ER DISP) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| COTEMPLA XR-ODT (*methylphenidate*) 8.6 MG TAB ER DISP | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day) |
| DAYTRANA (*methylphenidate*) (10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH) | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *dexmethylphenidate hcl cap er 24 hr 10 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 15 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 20 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 25 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 30 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 35 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 40 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 5 mg* (DEXMETHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl tab 10 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *dexmethylphenidate hcl tab 2.5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *dexmethylphenidate hcl tab 5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| FOCALIN (*dexmethylphenidate hcl*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | Tier 3 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| FOCALIN XR (*dexmethylphenidate hcl*) (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H) | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* (GUANFACINE HCL ER) | Tier 1 | QLC (1 tab/day) |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* (GUANFACINE HCL ER) *4hr* | Tier 1 | QLC (1 tab/day) |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* (GUANFACINE HCL ER) | Tier 1 | QLC (1 tab/day) |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* (GUANFACINE HCL ER) *2hr* | Tier 1 | QLC (1 tab/day) |
| INTUNIV (*guanfacine hcl (adhd)*) (1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H) | Tier 3 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| JORNAY PM (*methylphenidate hcl*) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| KAPVAY (*clonidine hcl (adhd)*) 0.1 MG TAB ER 12H | Tier 3 | QLC (4 tabs/day) |
| METADATE CD (*methylphenidate hcl*) (10 MG CAP ER, 20 MG CAP ER, 30 MG CAP ER) | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| METADATE CD (*methylphenidate hcl*) (40 MG CAP ER, 50 MG CAP ER, 60 MG CAP ER) | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| METHYLIN (*methylphenidate hcl*) 10 MG/5ML SOLUTION | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (30 ml/day) |
| METHYLIN (*methylphenidate hcl*) 5 MG/5ML SOLUTION | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (60 ml/day) |
| METHYLPHENIDATE ER (ER 17.3 MG TAB ER DISP, ER 25.9 MG TAB ER DISP) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| METHYLPHENIDATE ER 8.6 MG TAB DISP | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day) |
| *methylphenidate hcl cap er 10 mg (cd)* (METHYLPHENIDATE HCL ER (CD)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 20 mg (cd)* (METHYLPHENIDATE HCL ER (CD)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 24hr 10 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 24hr 10 mg (xr)* (METHYLPHENIDATE HCL ER (XR)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 15 mg (xr)* (METHYLPHENIDATE HCL ER (XR)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 20 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 24hr 20 mg (xr)* (METHYLPHENIDATE HCL ER (XR)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 30 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 24hr 30 mg (xr)* (METHYLPHENIDATE HCL ER (XR)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 40 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *methylphenidate hcl cap er 24hr 40 mg (xr)* (METHYLPHENIDATE HCL ER (XR)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 50 mg (xr)* (METHYLPHENIDATE HCL ER (XR)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 60 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 60 mg (xr)* (METHYLPHENIDATE HCL ER (XR)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 30 mg (cd)* (METHYLPHENIDATE HCL ER (CD)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 40 mg (cd)* (METHYLPHENIDATE HCL ER (CD)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 50 mg (cd)* (METHYLPHENIDATE HCL ER (CD)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 60 mg (cd)* (METHYLPHENIDATE HCL ER (CD)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl chew tab 10 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| *methylphenidate hcl chew tab 2.5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| *methylphenidate hcl chew tab 5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| METHYLPHENIDATE HCL ER (ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| METHYLPHENIDATE HCL ER (OSM) (ER 45 MG TAB ER, ER 63 MG TAB ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| METHYLPHENIDATE HCL ER 36 MG TAB 24H | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 54 MG TAB ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *methylphenidate hcl soln 10 mg/5ml* | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (30 ml/day) |
| *methylphenidate hcl soln 5 mg/5ml mg/ml* | Tier 1 | ST, AL1 (Up to 17 yrs old), QLC (60 ml/day) |
| *methylphenidate hcl tab 10 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *methylphenidate hcl tab 20 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| *methylphenidate hcl tab 5 mg* | Tier 1 | AL1 (Up to 17 yrs old), QLC (12 tabs/day) |
| *methylphenidate hcl tab er 10 mg* (METHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| *methylphenidate hcl tab er 20 mg* (METHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| *methylphenidate hcl tab er diffusion 27 mg* (METHYLPHENIDATE HCL ER(DIFFUS)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er diffusion 36 mg* (METHYLPHENIDATE HCL ER(DIFFUS)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *methylphenidate hcl tab er diffusion 54 mg* (METHYLPHENIDATE HCL ER(DIFFUS)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 18 mg* (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 18 mg* (METHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 27 mg* (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 27 mg* (METHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 36 mg* (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *methylphenidate hcl tab er osmotic release (osm) 36 mg* (METHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *methylphenidate hcl tab er osmotic release (osm) 54 mg* (METHYLPHENIDATE HCL ER (OSM)) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 54 mg* (METHYLPHENIDATE HCL ER) | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *methylphenidate hcl tab er osmotic release (osm) 72 mg* (METHYLPHENIDATE HCL ER (OSM)) | Tier 2 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate td patch 10 mg/9hr* | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| *methylphenidate td patch 15 mg/9hr* | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| *methylphenidate td patch 20 mg/9hr* | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| *methylphenidate td patch 30 mg/9hr* | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| ONYDA XR (*clonidine hcl (adhd)*) 0.1 MG/ML SUSP | Tier 4 | PA, QLC (4 ml/day) |
| QELBREE (*viloxazine hcl (adhd)*) 100 MG CAP ER 24H | Tier 3 | PA, QLC (1 cap/day) |
| QELBREE (*viloxazine hcl (adhd)*) 150 MG CAP ER 24H | Tier 3 | PA, QLC (2 caps/day) |
| QELBREE (*viloxazine hcl (adhd)*) 200 MG CAP ER 24H | Tier 3 | PA, QLC (3 caps/day) |
| QUILLICHEW ER (*methylphenidate hcl*) (ER 20 MG, ER 40 MG) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| QUILLICHEW ER (*methylphenidate hcl*) 30 MG CH | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| QUILLIVANT XR (*methylphenidate hcl*) 25 MG/5ML SRER | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (12 ml/day) |
| RELEXXII (*methylphenidate hcl*) (18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 45 MG TAB ER, 54 MG TAB ER, 63 MG TAB ER, 72 MG TAB ER) | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| RITALIN (*methylphenidate hcl*) 10 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| RITALIN (*methylphenidate hcl*) 20 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| RITALIN (*methylphenidate hcl*) 5 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (12 tabs/day) |
| RITALIN LA (*methylphenidate hcl*) (10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H) | Tier 3 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| RITALIN LA (*methylphenidate hcl*) 40 MG CAP ER 24H | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| STRATTERA (*atomoxetine hcl*) (10 MG CAP, 18 MG CAP, 25 MG CAP) | Tier 3 | QLC (4 caps/day) |
| STRATTERA (*atomoxetine hcl*) (60 MG CAP, 80 MG CAP, 100 MG CAP) | Tier 3 | QLC (1 cap/day) |
| STRATTERA (*atomoxetine hcl*) 40 MG CAP | Tier 3 | QLC (2 caps/day) |
| **CENTRAL NERVOUS SYSTEM, OTHER** | | |
| ADIPEX-P (*phentermine hcl*) 37.5 MG CAP | Tier 1 | PA, QLC (1 cap/day), BL |
| ADIPEX-P (*phentermine hcl*) 37.5 MG TAB | Tier 3 | PA, QLC (1 tab/day), BL |
| ALLZITAL (*butalbital-acetaminophen*) 25-325 MG TAB | Tier 3 | PA, QLC (12 tabs/day; max 96 tabs/30 days) |
| AUSTEDO (*deutetrabenazine*) (6 MG TAB, 9 MG TAB, 12 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day) |
| AUSTEDO XR (*deutetrabenazine*) (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| AUSTEDO XR (*deutetrabenazine*) 24 MG TAB ER 24H | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| AUSTEDO XR PATIENT TITRATION (*deutetrabenazine*) 12 & 18 & 24 & 30 MG TBER THPK | Tier 4 | PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days) |
| AUSTEDO XR PATIENT TITRATION (*deutetrabenazine*) 6 & 12 & 24 MG TBER THPK | Tier 4 | PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/365 days) |
| *benzphetamine hcl tab 50 mg* | Tier 1 | PA, QLC (3 tabs/day), BL |
| *butalbital-acetaminophen cap 50-300 mg* | Tier 3 | PA, QLC (6 caps/day; max 48 caps/30 days) |
| *butalbital-acetaminophen tab 50-300 mg* | Tier 3 | PA, QLC (6 tabs/day; max 48 tabs/30 days) |
| butalbital-acetaminophen tab 50-300 mg (Bupap) | Tier 3 | PA, QLC (6 tabs/day; max 48 tabs/30 days) |
| *butalbital-acetaminophen tab 50-325 mg* | Tier 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| *butalbital-acetaminophen-caffeine cap 50-300-40 mg* (BUTALBITAL-APAP-CAFFEINE) | Tier 3 | PA, QLC (6 caps/day; max 48 caps/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***butalbital-acetaminophen-caffeine cap 50-325-40 mg*** (BUTALBITAL-APAP-CAFFEINE) | Tier 3 | PA, QLC (6 caps/day; max 48 caps/30 days) |
| butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic) | Tier 3 | PA, QLC (6 caps/day; max 48 caps/30 days) |
| butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal) | Tier 3 | PA, QLC (6 caps/day; max 48 caps/30 days) |
| ***butalbital-acetaminophen-caffeine tab 50-325-40 mg*** (BAC (BUTALBITAL-ACETAMIN-CAFF)) | Tier 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| ***butalbital-acetaminophen-caffeine tab 50-325-40 mg*** (BUTALBITAL-APAP-CAFFEINE) | Tier 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| BUTALBITAL-APAP-CAFFEINE (***butalbital-acetaminophen-caffeine***) 50-325-40 MG/15ML SOLUTION | Tier 4 | PA, QLC (90 ml/day; max 720 ml/30 days) |
| DIETHYLPROPION HCL ER 75 MG TAB 24H | Tier 1 | PA, QLC (1 tab/day), BL |
| ***diethylpropion hcl tab 25 mg*** | Tier 1 | PA, QLC (3 tabs/day), BL |
| ESGIC (***butalbital-acetaminophen-caffeine***) 50-325-40 MG TAB | Tier 3 | QLC (6 tabs/day; max 48 tabs/30 days) |
| FIORICET (***butalbital-acetaminophen-caffeine***) 50-300-40 MG CAP | Tier 3 | PA, QLC (6 caps/day; max 48 caps/30 days) |
| FIRDAPSE (***amifampridine phosphate***) 10 MG TAB | Tier 4 | PA, LA, QLC (10 tabs/day) |
| ***gabapentin (once-daily) tab 300 mg*** | Tier 2 | PA, QLC (1 tab/day) |
| ***gabapentin (once-daily) tab 450 mg*** | Tier 2 | PA, QLC (3 tabs/day) |
| ***gabapentin (once-daily) tab 600 mg*** | Tier 2 | PA, QLC (3 tabs/day) |
| ***gabapentin (once-daily) tab 750 mg*** | Tier 2 | PA, QLC (2 tabs/day) |
| ***gabapentin (once-daily) tab 900 mg*** | Tier 2 | PA, QLC (2 tabs/day) |
| GRALISE (***gabapentin (once-daily)***) (450 MG TAB, 600 MG TAB) | Tier 3 | PA, QLC (3 tabs/day) |
| GRALISE (***gabapentin (once-daily)***) (750 MG TAB, 900 MG TAB) | Tier 3 | PA, QLC (2 tabs/day) |
| GRALISE (***gabapentin (once-daily)***) 300 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| HORIZANT (***gabapentin enacarbil***) (300 MG TAB ER, 600 MG TAB ER) | Tier 3 | PA, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| INGREZZA (*valbenazine tosylate*) (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day) |
| INGREZZA (*valbenazine tosylate*) 40 & 80 MG CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 packet/6 months) |
| LEQEMBI IQLIK (*lecanemab-irmb*) 360 MG/1.8ML SOLN A-INJ | Tier 4 | PA, LA, QLC (4 pens/28 days) |
| LYNKUET (*elinzanetant*) 60 MG CAP | Tier 4 | PA, QLC (2 caps/day) |
| NUEDEXTA (*dextromethorphan hbr-quinidine sulfate*) 20-10 MG CAP | Tier 2 | PA, QLC (2 caps/day) |
| PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H | Tier 3 | PA, QLC (1 cap/day), BL |
| *phendimetrazine tartrate tab 35 mg* | Tier 1 | PA, QLC (6 tabs/day), BL |
| *phentermine hcl cap 15 mg* | Tier 1 | PA, QLC (1 cap/day), BL |
| *phentermine hcl cap 30 mg* | Tier 1 | PA, QLC (1 cap/day), BL |
| *phentermine hcl cap 37.5 mg* | Tier 1 | PA, QLC (1 cap/day), BL |
| *phentermine hcl tab 37.5 mg* | Tier 1 | PA, QLC (1 tab/day), BL |
| *phentermine hcl tab 8 mg* | Tier 1 | PA, QLC (3 tabs/day), BL |
| phentermine hcl tab 8 mg (Lomaira) | Tier 1 | PA, QLC (3 tabs/day), BL |
| *phentermine hcl-topiramate cap er 24hr 11.25-69 mg* (PHENTERMINE-TOPIRAMATE ER) | Tier 3 | PA, QLC (1 cap/day) |
| *phentermine hcl-topiramate cap er 24hr 11.25-69 mg* (PHENTERMINE-TOPIRAMATE ERXDNU) | Tier 3 | PA, QLC (1 cap/day) |
| *phentermine hcl-topiramate cap er 24hr 15-92 mg* (PHENTERMINE-TOPIRAMATE ER) | Tier 3 | PA, QLC (1 cap/day) |
| *phentermine hcl-topiramate cap er 24hr 15-92 mg* (PHENTERMINE-TOPIRAMATE ERXDNU) | Tier 3 | PA, QLC (1 cap/day) |
| *phentermine hcl-topiramate cap er 24hr 3.75-23 mg* (PHENTERMINE-TOPIRAMATE ER) | Tier 3 | PA, QLC (1 cap/day) |
| *phentermine hcl-topiramate cap er 24hr 3.75-23 mg* (PHENTERMINE-TOPIRAMATE ERXDNU) | Tier 3 | PA, QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *phentermine hcl-topiramate cap er 24hr 7.5-46 mg* (PHENTERMINE-TOPIRAMATE ER) | Tier 3 | PA, QLC (1 cap/day) |
| *phentermine hcl-topiramate cap er 24hr 7.5-46 mg* (PHENTERMINE-TOPIRAMATE ERXDNU) | Tier 3 | PA, QLC (1 cap/day) |
| QSYMIA (*phentermine hcl-topiramate*) (3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H) | Tier 3 | PA, QLC (1 cap/day), BL |
| TENCON (*butalbital-acetaminophen*) 50-325 MG TAB | Tier 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| *tetrabenazine tab 12.5 mg* | Tier 4 | PA, S (Specialty Drug), QLC (8 tabs/day) |
| *tetrabenazine tab 25 mg* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day) |
| VEOZAH (*fezolinetant*) 45 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| VTOL LQ (*butalbital-acetaminophen-caffeine*) 50-325-40 MG/15ML SOLUTION | Tier 4 | PA, QLC (90 ml/day; max 720 ml/30 days) |
| VYLEESI (*bremelanotide acetate*) 1.75 MG/0.3ML SOLN A-INJ | Tier 4 | PA, LA, QLC (8 doses/30 days) |
| XENAZINE (*tetrabenazine*) 12.5 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (8 tabs/day) |
| XENAZINE (*tetrabenazine*) 25 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day) |
| **FIBROMYALGIA AGENTS** | | |
| CYMBALTA (*duloxetine hcl*) (20 MG CP DR PART, 60 MG CP DR PART) | Tier 3 | QLC (2 caps/day) |
| CYMBALTA (*duloxetine hcl*) 30 MG CP DR PART | Tier 3 | QLC (3 caps/day) |
| DRIZALMA SPRINKLE (*duloxetine hcl*) (20 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR) | Tier 3 | PA, QLC (2 caps/day) |
| DRIZALMA SPRINKLE (*duloxetine hcl*) 30 MG CAP | Tier 3 | PA, QLC (3 caps/day) |
| DULOXETINE HCL (80 MG CP DR PART, 90 MG CP DR PART, 120 MG CP DR PART) | Tier 3 | QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | Tier 1 | QLC (2 caps/day) |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | Tier 1 | QLC (3 caps/day) |
| *duloxetine hcl enteric coated pellets cap 40 mg (base eq)* | Tier 1 | QLC (2 caps/day) |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | Tier 1 | QLC (2 caps/day) |
| LYRICA (*pregabalin*) (225 MG CAP, 300 MG CAP) | Tier 3 | QLC (2 caps/day) |
| LYRICA (*pregabalin*) (25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP) | Tier 3 | QLC (3 caps/day) |
| LYRICA (*pregabalin*) 20 MG/ML SOLUTION | Tier 3 | QLC (30 ml/day) |
| LYRICA CR (*pregabalin (once-daily)*) (82.5 MG TAB ER 24H, 165 MG TAB ER 24H) | Tier 3 | PA, QLC (3 tabs/day) |
| LYRICA CR (*pregabalin (once-daily)*) 330 MG TAB ER 24H | Tier 3 | PA, QLC (2 tabs/day) |
| *milnacipran hcl tab 100 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| *milnacipran hcl tab 12.5 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| *milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak* | Tier 2 | ST, QLC (55 tabs/28 days) |
| *milnacipran hcl tab 25 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| *milnacipran hcl tab 50 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| *pregabalin cap 100 mg* | Tier 1 | QLC (3 caps/day) |
| *pregabalin cap 150 mg* | Tier 1 | QLC (3 caps/day) |
| *pregabalin cap 200 mg* | Tier 1 | QLC (3 caps/day) |
| *pregabalin cap 225 mg* | Tier 1 | QLC (2 caps/day) |
| *pregabalin cap 25 mg* | Tier 1 | QLC (3 caps/day) |
| *pregabalin cap 300 mg* | Tier 1 | QLC (2 caps/day) |
| *pregabalin cap 50 mg* | Tier 1 | QLC (3 caps/day) |
| *pregabalin cap 75 mg* | Tier 1 | QLC (3 caps/day) |
| *pregabalin soln 20 mg/ml* | Tier 1 | QLC (30 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *pregabalin tab er 24hr 165 mg* (PREGABALIN ER) | Tier 2 | PA, QLC (3 tabs/day) |
| *pregabalin tab er 24hr 330 mg* (PREGABALIN ER) | Tier 2 | PA, QLC (2 tabs/day) |
| *pregabalin tab er 24hr 82.5 mg* (PREGABALIN ER) | Tier 2 | PA, QLC (3 tabs/day) |
| SAVELLA (*milnacipran hcl*) (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | ST, QLC (2 tabs/day) |
| SAVELLA TITRATION PACK (*milnacipran hcl*) 12.5 & 25 & 50 MG MISC | Tier 3 | ST, QLC (55 tabs/28 days) |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| AMPYRA (*dalfampridine*) 10 MG TAB ER 12H | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| AUBAGIO (*teriflunomide*) (7 MG TAB, 14 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| AVONEX PEN (*interferon beta-1a*) 30 MCG/0.5ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (4 injections/28 days) |
| AVONEX PREFILLED (*interferon beta-1a*) ILLED 30 MCG/0.5ML SY KT | Tier 4 | PA, S (Specialty Drug), QLC (4 injections/28 days) |
| BAFIERTAM (*monomethyl fumarate*) 95 MG CAP DR | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day) |
| BETASERON (*interferon beta-1b*) 0.3 MG KIT | Tier 4 | PA, S (Specialty Drug), QLC (15 injections/30 days) |
| *cladribine tab therapy pack 10 mg (10 tabs)* (CLADRIBINE (10 TABS)) *s)* | Tier 4 | PA, S (Specialty Drug), QLC (20 tabs/365 days) |
| *cladribine tab therapy pack 10 mg (4 tabs)* (CLADRIBINE (4 TABS)) *s)* | Tier 4 | PA, S (Specialty Drug), QLC (20 tabs/365 days) |
| *cladribine tab therapy pack 10 mg (5 tabs)* (CLADRIBINE (5 TABS)) *s)* | Tier 4 | PA, S (Specialty Drug), QLC (20 tabs/365 days) |
| *cladribine tab therapy pack 10 mg (6 tabs)* (CLADRIBINE (6 TABS)) *s)* | Tier 4 | PA, S (Specialty Drug), QLC (20 tabs/365 days) |
| *cladribine tab therapy pack 10 mg (7 tabs)* (CLADRIBINE (7 TABS)) *s)* | Tier 4 | PA, S (Specialty Drug), QLC (20 tabs/365 days) |
| *cladribine tab therapy pack 10 mg (8 tabs)* (CLADRIBINE (8 TABS)) *s)* | Tier 4 | PA, S (Specialty Drug), QLC (20 tabs/365 days) |
| *cladribine tab therapy pack 10 mg (9 tabs)* (CLADRIBINE (9 TABS)) *s)* | Tier 4 | PA, S (Specialty Drug), QLC (20 tabs/365 days) |
| COPAXONE (*glatiramer acetate*) 20 MG/ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| COPAXONE (*glatiramer acetate*) 40 MG/ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (12 syringes/30 days) |
| *dalfampridine tab er 12hr 10 mg* (DALFAMPRIDINE ER) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| *dimethyl fumarate capsule delayed release 120 mg* | Tier 1 | S (Specialty Drug), QLC (2 caps/day) |
| *dimethyl fumarate capsule delayed release 240 mg* | Tier 1 | S (Specialty Drug), QLC (2 caps/day) |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* (DIMETHYL FUMARATE STARTER PACK) | Tier 1 | S (Specialty Drug), QLC (2 tabs/day) |
| EXTAVIA (*interferon beta-1b*) 0.3 MG KIT | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 kit/30 days) |
| *fingolimod hcl cap 0.5 mg (base equiv)* | Tier 2 | S (Specialty Drug), QLC (1 cap/day) |
| GILENYA (*fingolimod hcl*) (0.25 MG CAP, 0.5 MG CAP) | Tier 4 | PA, S (Specialty Drug), QLC (1 cap/day) |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | Tier 2 | S (Specialty Drug), QLC (1 syringe/day) |
| glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa) | Tier 2 | S (Specialty Drug), QLC (1 syringe/day) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | Tier 2 | S (Specialty Drug), QLC (12 syringes/30 days) |
| glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa) | Tier 2 | S (Specialty Drug), QLC (12 syringes/30 days) |
| KESIMPTA (*ofatumumab (ms)*) 20 MG/0.4ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/28 days) |
| MAVENCLAD (10 TABS) (*cladribine (multiple sclerosis)*) S) MG THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 tabs/365 days) |
| MAVENCLAD (4 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 tabs/365 days) |
| MAVENCLAD (5 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 tabs/365 days) |
| MAVENCLAD (6 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 tabs/365 days) |
| MAVENCLAD (7 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 tabs/365 days) |
| MAVENCLAD (8 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 tabs/365 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MAVENCLAD (9 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 tabs/365 days) |
| MAYZENT (*siponimod fumarate*) (1 MG TAB, 2 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| MAYZENT (*siponimod fumarate*) 0.25 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day) |
| MAYZENT STARTER PACK (*siponimod fumarate*) 12 X 0.25 MG TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (12 tabs/28 days; max 2 fills/365 days) |
| MAYZENT STARTER PACK (*siponimod fumarate*) 7 X 0.25 MG TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (7 tabs/28 days; max 2 fills/365 days) |
| PLEGRIDY (*peginterferon beta-1a*) 125 MCG/0.5ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 pens/28 days) |
| PLEGRIDY (*peginterferon beta-1a*) 125 MCG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days) |
| PLEGRIDY STARTER PACK (*peginterferon beta-1a*) (PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 starter pack/12 months) |
| PONVORY (*ponesimod*) 20 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| PONVORY STARTER PACK (*ponesimod*) 2-3-4-5-6-7-8-9 & 10 MG TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (14 tabs/30 days; max 2 fills/365 days) |
| REBIF (*interferon beta-1a*) (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (12 injections/28 days) |
| REBIF REBIDOSE (*interferon beta-1a*) (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ) | Tier 4 | PA, S (Specialty Drug), QLC (12 injections/28 days) |
| REBIF REBIDOSE TITRATION PACK (*interferon beta-1a*) 6X8.8 & 6X22 MCG SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/365 days) |
| REBIF TITRATION PACK (*interferon beta-1a*) 6X8.8 & 6X22 MCG SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/365 days) |
| TASCENSO ODT (*fingolimod lauryl sulfate*) (ODT 0.25 MG TAB DISP, ODT 0.5 MG TAB DISP) | Tier 4 | PA, LA, QLC (1 tab/day) |
| TECFIDERA (*dimethyl fumarate*) (120 MG CAP DR, 240 MG CAP DR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 caps/day) |
| TECFIDERA (*dimethyl fumarate*) 120 & 240 MG CPDR THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *teriflunomide tab 14 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| *teriflunomide tab 7 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| VUMERITY (*diroximel fumarate*) 231 MG CAP DR | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day) |
| ZEPOSIA (*ozanimod hcl*) 0.92 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day) |
| ZEPOSIA 7-DAY STARTER PACK (*ozanimod hcl*) 4 X 0.23MG & 3 X 0.46MG CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year) |
| ZEPOSIA STARTER KIT (*ozanimod hcl*) 0.23MG & 0.46MG & 0.92MG CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year) |
| ZEPOSIA STARTER KIT (*ozanimod hcl*) 0.23MG &0.46MG 0.92MG(21) CAP THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year) |

## DENTAL AND ORAL AGENTS (Drugs for the Mouth)

| | | |
|---|---|---|
| *cevimeline hcl cap 30 mg* | Tier 1 | |
| *chlorhexidine gluconate soln 0.12%* | Tier 1 | |
| chlorhexidine gluconate soln 0.12% (Periogard) | Tier 1 | |
| EVOXAC (*cevimeline hcl*) 30 MG CAP | Tier 3 | |
| *pilocarpine hcl tab 5 mg* | Tier 1 | |
| *pilocarpine hcl tab 7.5 mg* | Tier 1 | |
| SALAGEN (*pilocarpine hcl (oral)*) (5 MG TAB, 7.5 MG TAB) | Tier 3 | |
| *triamcinolone acetonide dental paste 0.1%* | Tier 1 | |
| triamcinolone acetonide dental paste 0.1% (Kourzeq) | Tier 1 | |
| triamcinolone acetonide dental paste 0.1% (Oralone) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **DERMATOLOGICAL AGENTS (Drugs for the Skin)** | | |
| **ACNE AND ROSACEA AGENTS** | | |
| ABSORICA (*isotretinoin*) (10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP) | Tier 4 | |
| ABSORICA LD (*isotretinoin micronized*) (8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP) | Tier 4 | PA |
| ACANYA (*clindamycin phosphate-benzoyl peroxide*) 1.2-2.5 % GEL | Tier 3 | ST |
| *acitretin cap 10 mg* | Tier 1 | QLC (4 caps/day) |
| *acitretin cap 17.5 mg* | Tier 1 | QLC (2 caps/day) |
| *acitretin cap 25 mg* | Tier 1 | QLC (2 caps/day) |
| ADAPALENE 0.1 % PAD | Tier 4 | PA |
| ADAPALENE 0.1 % SOLUTION | Tier 3 | PA |
| *adapalene cream 0.1%* | Tier 1 | AL1 (Up to 39 yrs old) |
| *adapalene gel 0.3%* | Tier 1 | AL1 (Up to 39 yrs old) |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | Tier 1 | AL1 (Up to 39 yrs old) |
| *adapalene-benzoyl peroxide gel 0.3-2.5%* | Tier 1 | ST, AL1 (Up to 39 yrs old) |
| AKLIEF (*trifarotene*) 0.005 % CREAM | Tier 3 | PA, QLC (45 gm/30 days) |
| ALTRENO (*tretinoin*) 0.05 % LOTION | Tier 3 | AL1 (Up to 39 yrs old) |
| AMZEEQ (*minocycline hcl micronized (acne)*) 4 % FOAM | Tier 3 | PA, QLC (1 bottle/30 days) |
| ARAZLO (*tazarotene (acne)*) 0.045 % LOTION | Tier 3 | PA, QLC (1 bottle(45 gm)/30 days) |
| ATRALIN (*tretinoin*) 0.05 % GEL | Tier 3 | PA |
| *azelaic acid gel 15%* | Tier 1 | QLC (1 tube/30 days) |
| AZELEX (*azelaic acid (acne)*) 20 % CREAM | Tier 3 | |
| BENZAMYCIN (*benzoyl peroxide-erythromycin*) 5-3 % GEL | Tier 3 | |
| *benzoyl peroxide-erythromycin gel 5-3%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *brimonidine tartrate gel 0.33% (base equivalent)* | Tier 3 | PA, QLC (1 tube/30 days) |
| CABTREO (*adapalene-benzoyl peroxide-clindamycin phosphate*) 0.15-3.1-1.2 % GEL | Tier 4 | PA, QLC (one 50 gm/bottle/30 days) |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* (CLINDAMYCIN PHOS-BENZOYL PEROX) | Tier 1 | |
| clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac) | Tier 3 | |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* (CLINDAMYCIN PHOS-BENZOYL PEROX) | Tier 1 | |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* (CLINDAMYCIN PHOS-BENZOYL PEROX) | Tier 1 | ST |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%* (CLINDAMYCIN PHOS-BENZOYL PEROX) | Tier 2 | ST, QLC (1 bottle/30 days) |
| *clindamycin phosphate-tretinoin gel 1.2-0.025%* (CLINDAMYCIN-TRETINOIN) | Tier 1 | ST |
| DIFFERIN (*adapalene*) (0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL) | Tier 3 | AL1 (Up to 39 yrs old) |
| EPIDUO (*adapalene-benzoyl peroxide*) 0.1-2.5 % GEL | Tier 3 | AL1 (Up to 39 yrs old) |
| EPIDUO FORTE (*adapalene-benzoyl peroxide*) 0.3-2.5 % GEL | Tier 3 | ST, AL1 (Up to 39 yrs old) |
| EPSOLAY (*benzoyl peroxide*) 5 % CREAM | Tier 3 | PA, QLC (30 gm/30 days) |
| FABIOR (*tazarotene (acne)*) 0.1 % FOAM | Tier 4 | PA, QLC (100 gm/30 days) |
| FINACEA (*azelaic acid*) 15 % FOAM | Tier 3 | QLC (1 bottle/30 days) |
| FINACEA (*azelaic acid*) 15 % GEL | Tier 3 | QLC (1 tube/30 days) |
| *isotretinoin cap 10 mg* | Tier 1 | |
| isotretinoin cap 10 mg (Accutane) | Tier 1 | |
| isotretinoin cap 10 mg (Amnesteem) | Tier 1 | |
| isotretinoin cap 10 mg (Claravis) | Tier 1 | |
| isotretinoin cap 10 mg (Myorisan) | Tier 1 | |
| isotretinoin cap 10 mg (Zenatane) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *isotretinoin cap 20 mg* | Tier 1 | |
| isotretinoin cap 20 mg (Accutane) | Tier 1 | |
| isotretinoin cap 20 mg (Amnesteem) | Tier 1 | |
| isotretinoin cap 20 mg (Claravis) | Tier 1 | |
| isotretinoin cap 20 mg (Myorisan) | Tier 1 | |
| isotretinoin cap 20 mg (Zenatane) | Tier 1 | |
| *isotretinoin cap 25 mg* | Tier 4 | |
| *isotretinoin cap 30 mg* | Tier 1 | |
| isotretinoin cap 30 mg (Accutane) | Tier 1 | |
| isotretinoin cap 30 mg (Amnesteem) | Tier 1 | |
| isotretinoin cap 30 mg (Claravis) | Tier 1 | |
| isotretinoin cap 30 mg (Myorisan) | Tier 1 | |
| isotretinoin cap 30 mg (Zenatane) | Tier 1 | |
| *isotretinoin cap 35 mg* | Tier 4 | |
| *isotretinoin cap 40 mg* | Tier 1 | |
| isotretinoin cap 40 mg (Accutane) | Tier 1 | |
| isotretinoin cap 40 mg (Amnesteem) | Tier 1 | |
| isotretinoin cap 40 mg (Claravis) | Tier 1 | |
| isotretinoin cap 40 mg (Myorisan) | Tier 1 | |
| isotretinoin cap 40 mg (Zenatane) | Tier 1 | |
| *ivermectin cream 1%* | Tier 2 | PA, QLC (1 bottle (45gm)/30 days) |
| KLARON (*sulfacetamide sodium (acne)*) 10 % LOTION | Tier 3 | |
| MIRVASO (*brimonidine tartrate (topical)*) 0.33 % GEL | Tier 4 | PA, QLC (1 tube/30 days) |
| ONEXTON (*clindamycin phosphate-benzoyl peroxide*) 1.2-3.75 % GEL | Tier 4 | ST, QLC (1 bottle/30 days) |
| *oxymetazoline hcl cream 1%* | Tier 2 | PA, QLC (one 30 gm tube/30 days) |
| RETIN-A (*tretinoin*) (0.01 % GEL, 0.025 % CREAM, 0.025 % GEL, 0.05 % CREAM, 0.1 % CREAM) | Tier 3 | AL1 (Up to 39 yrs old) |
| RETIN-A MICRO (*tretinoin microsphere*) (0.04 % GEL, 0.1 % GEL) | Tier 3 | ST, AL1 (Up to 39 yrs old) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| RETIN-A MICRO PUMP (*tretinoin microsphere*) (PUMP 0.04 % GEL, PUMP 0.1 % GEL) | Tier 3 | ST, AL1 (Up to 39 yrs old) |
| RETIN-A MICRO PUMP (*tretinoin microsphere*) (PUMP 0.06 % GEL, PUMP 0.08 % GEL) | Tier 3 | ST, AL1 (Up to 39 yrs old), QLC (1 bottle/30 days) |
| RHOFADE (*oxymetazoline hcl (topical)*) 1 % CREAM | Tier 3 | PA, QLC (one 30 gm tube/30 days) |
| SOOLANTRA (*ivermectin (rosacea)*) 1 % CREAM | Tier 3 | PA, QLC (1 bottle (45gm)/30 days) |
| *sulfacetamide sodium lotion 10% (acne)* (SULFACETAMIDE SODIUM (ACNE)) | Tier 1 | |
| TAZAROTENE (*tazarotene (acne)*) 0.1 % FOAM | Tier 3 | PA, QLC (100 gm/30 days) |
| *tazarotene cream 0.05%* | Tier 1 | |
| *tazarotene cream 0.1%* | Tier 1 | |
| *tazarotene gel 0.05%* | Tier 1 | |
| *tazarotene gel 0.1%* | Tier 1 | |
| tazarotene gel 0.1% (Trilitas) | Tier 3 | PA |
| TAZORAC (*tazarotene*) (0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL) | Tier 3 | |
| *tretinoin cream 0.025%* | Tier 1 | AL1 (Up to 39 yrs old) |
| tretinoin cream 0.025% (Avita) | Tier 3 | AL1 (Up to 39 yrs old) |
| *tretinoin cream 0.05%* | Tier 1 | AL1 (Up to 39 yrs old) |
| *tretinoin cream 0.1%* | Tier 1 | AL1 (Up to 39 yrs old) |
| *tretinoin gel 0.01%* | Tier 1 | AL1 (Up to 39 yrs old) |
| *tretinoin gel 0.025%* | Tier 1 | AL1 (Up to 39 yrs old) |
| tretinoin gel 0.025% (Avita) | Tier 3 | AL1 (Up to 39 yrs old) |
| *tretinoin gel 0.05%* | Tier 2 | PA |
| TRETINOIN MICROSPHERE (0.04 % GEL, 0.1 % GEL) | Tier 3 | ST, AL1 (Up to 39 yrs old) |
| *tretinoin microsphere gel 0.04%* | Tier 3 | ST, AL1 (Up to 39 yrs old) |
| *tretinoin microsphere gel 0.08%* | Tier 3 | ST, AL1 (Up to 39 yrs old), QLC (1 bottle/30 days) |
| *tretinoin microsphere gel 0.08%* (TRETINOIN MICROSPHERE PUMP) | Tier 3 | ST, AL1 (Up to 39 yrs old), QLC (1 bottle/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *tretinoin microsphere gel 0.1%* | Tier 3 | ST, AL1 (Up to 39 yrs old) |
| TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL) | Tier 3 | ST, AL1 (Up to 39 yrs old) |
| VELTIN (*clindamycin phosphate-tretinoin*) 1.2-0.025 % GEL | Tier 3 | ST |
| WINLEVI (*clascoterone*) 1 % CREAM | Tier 3 | PA, QLC (60 gm/30 days) |
| ZIANA (*clindamycin phosphate-tretinoin*) 1.2-0.025 % GEL | Tier 3 | ST |
| ZILXI (*minocycline hcl micronized (rosacea)*) 1.5 % FOAM | Tier 3 | PA, QLC (1 bottle/30 days) |
| **DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)** | | |
| ADBRY (*tralokinumab-ldrm*) 150 MG/ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days) |
| ADBRY (*tralokinumab-ldrm*) 300 MG/2ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 pens/28 days) |
| ALA SCALP (*hydrocortisone (topical)*) 2 % LOTION | Tier 3 | PA |
| ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT | Tier 1 | |
| *alclometasone dipropionate cream 0.05%* | Tier 1 | |
| *alclometasone dipropionate oint 0.05%* | Tier 1 | |
| AMCINONIDE (0.1 % CREAM, 0.1 % OINTMENT) | Tier 3 | PA |
| AMCINONIDE 0.1 % LOTION | Tier 3 | ST |
| ANUCORT-HC (*hydrocortisone acetate (rectal)*) 25 MG SUPPOS | Tier 3 | |
| ANUSOL-HC (*hydrocortisone (rectal)*) 2.5 % CREAM | Tier 1 | |
| ANUSOL-HC (*hydrocortisone acetate (rectal)*) 25 MG SUPPOS | Tier 4 | PA |
| APEXICON E (*diflorasone diacetate emollient base*) APXICON 0.05 % CRAM | Tier 3 | ST |
| BETAMETHASONE DIPROPIONATE AUG (*betamethasone dipropionate augmented*) 0.05 % GEL | Tier 1 | |
| *betamethasone dipropionate augmented cream 0.05%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *betamethasone dipropionate augmented lotion 0.05%* | Tier 1 | |
| *betamethasone dipropionate augmented oint 0.05%* | Tier 1 | |
| *betamethasone dipropionate cream 0.05%* | Tier 1 | |
| *betamethasone dipropionate lotion 0.05%* | Tier 1 | |
| *betamethasone dipropionate oint 0.05%* | Tier 1 | |
| BETAMETHASONE VALERATE 0.1 % LOTION | Tier 1 | |
| *betamethasone valerate aerosol foam 0.12%* | Tier 3 | ST |
| *betamethasone valerate cream 0.1% (base equivalent)* | Tier 1 | |
| *betamethasone valerate lotion 0.1% (base equivalent)* | Tier 1 | |
| *betamethasone valerate oint 0.1% (base equivalent)* | Tier 1 | |
| BRYHALI (*halobetasol propionate*) 0.01 % LOTION | Tier 3 | PA, QLC (200 gm/28 days) |
| BYLVAY (*odevixibat*) 1200 MCG CAP | Tier 4 | PA, LA, QLC (5 caps/day) |
| BYLVAY (*odevixibat*) 400 MCG CAP | Tier 4 | PA, LA, QLC (15 caps/day) |
| BYLVAY (PELLETS) (*odevixibat*) 200 MCG CAP SPRINK | Tier 4 | PA, LA, QLC (30 caps/day) |
| BYLVAY (PELLETS) (*odevixibat*) 600 MCG CAP SPRINK | Tier 4 | PA, LA, QLC (10 caps/day) |
| CAPEX (*fluocinolone acetonide*) 0.01 % SHAMPOO | Tier 3 | PA |
| CLOBETASOL PROPIONATE 0.025 % CREAM | Tier 4 | PA, QLC (1 tube/30 days) |
| *clobetasol propionate cream 0.05%* | Tier 1 | |
| *clobetasol propionate emollient base cream 0.05%* | Tier 1 | |
| *clobetasol propionate emollient base cream 0.05%* (CLOBETASOL PROP EMOLLIENT BASE) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *clobetasol propionate emulsion foam 0.05%* | Tier 1 | ST |
| clobetasol propionate emulsion foam 0.05% (Tovet) | Tier 1 | ST |
| *clobetasol propionate foam 0.05%* | Tier 1 | |
| *clobetasol propionate gel 0.05%* | Tier 1 | |
| *clobetasol propionate lotion 0.05%* | Tier 1 | |
| *clobetasol propionate oint 0.05%* | Tier 1 | |
| *clobetasol propionate shampoo 0.05%* | Tier 1 | |
| clobetasol propionate shampoo 0.05% (Clodan) | Tier 1 | |
| *clobetasol propionate soln 0.05%* | Tier 1 | |
| *clobetasol propionate spray 0.05%* | Tier 3 | QLC (125 ml/30 days) |
| CLOBEX (*clobetasol propionate*) (0.05 % LOTION, 0.05 % SHAMPOO) | Tier 3 | |
| CLOBEX SPRAY (*clobetasol propionate*) 0.05 % LIQUID | Tier 4 | QLC (125 ml/30 days) |
| CLOCORTOLONE PIVALATE 0.1 % CREAM | Tier 3 | ST |
| *clocortolone pivalate cream 0.1%* | Tier 3 | ST |
| CORDRAN (*flurandrenolide*) (0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE) | Tier 3 | PA |
| CUTIVATE (*fluticasone propionate*) 0.05 % LOTION | Tier 3 | ST |
| DERMA-SMOOTHE/FS BODY (*fluocinolone acetonide*) 0.01 % OIL | Tier 2 | |
| DERMA-SMOOTHE/FS SCALP (*fluocinolone acetonide*) 0.01 % OIL | Tier 2 | |
| DESONIDE 0.05 % GEL | Tier 2 | PA |
| *desonide cream 0.05%* | Tier 1 | |
| desonide gel 0.05% (Desrx) | Tier 2 | PA |
| *desonide lotion 0.05%* | Tier 1 | |
| *desonide oint 0.05%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DESOWEN (*desonide*) 0.05 % CREAM | Tier 3 | |
| DESOXIMETASONE 0.05 % GEL | Tier 1 | ST |
| *desoximetasone cream 0.05%* | Tier 1 | ST |
| *desoximetasone cream 0.25%* | Tier 1 | ST |
| *desoximetasone oint 0.05%* | Tier 1 | ST |
| *desoximetasone oint 0.25%* | Tier 1 | ST |
| *desoximetasone spray 0.25%* | Tier 1 | ST, QLC (1 bottle/30 days) |
| DIFLORASONE DIACETATE 0.05 % CREAM | Tier 3 | PA |
| *diflorasone diacetate oint 0.05%* | Tier 3 | PA |
| DIPROLENE (*betamethasone dipropionate augmented*) 0.05 % OINTMENT | Tier 3 | |
| *doxepin hcl cream 5%* | Tier 4 | PA |
| EBGLYSS (*lebrikizumab-lbkz*) 250 MG/2ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 ml/28 days) |
| EBGLYSS (*lebrikizumab-lbkz*) 250 MG/2ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (2ml/28 days) |
| ELIDEL (*pimecrolimus*) 1 % CREAM | Tier 3 | QLC (100 gm/30 days) |
| EUCRISA (*crisaborole*) 2 % OINTMENT | Tier 3 | PA, QLC (100 gm/30 days) |
| *fluocinolone acetonide cream 0.01%* | Tier 1 | |
| *fluocinolone acetonide cream 0.025%* | Tier 1 | |
| *fluocinolone acetonide oil 0.01% (body oil)* (FLUOCINOLONE ACETONIDE BODY) *)* | Tier 1 | |
| *fluocinolone acetonide oil 0.01% (scalp oil)* (FLUOCINOLONE ACETONIDE SCALP) *)* | Tier 1 | |
| *fluocinolone acetonide oint 0.025%* | Tier 1 | |
| *fluocinolone acetonide soln 0.01%* | Tier 1 | |
| *fluocinonide cream 0.05%* | Tier 1 | |
| *fluocinonide cream 0.1%* | Tier 1 | |
| *fluocinonide emulsified base cream 0.05%* | Tier 1 | |
| *fluocinonide gel 0.05%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fluocinonide oint 0.05%* | Tier 1 | |
| *fluocinonide soln 0.05%* | Tier 1 | |
| FLURANDRENOLIDE 0.05 % CREAM | Tier 3 | PA |
| FLURANDRENOLIDE 0.05 % LOTION | Tier 1 | PA |
| flurandrenolide cream 0.05% (Nolix) | Tier 3 | PA |
| *flurandrenolide lotion 0.05%* | Tier 1 | PA |
| flurandrenolide lotion 0.05% (Nolix) | Tier 1 | PA |
| FLUTICASONE PROPIONATE 0.05 % LOTION | Tier 3 | ST |
| *fluticasone propionate cream 0.05%* | Tier 1 | |
| *fluticasone propionate lotion 0.05%* | Tier 3 | ST |
| *fluticasone propionate oint 0.005%* | Tier 1 | |
| *halcinonide cream 0.1%* | Tier 2 | PA |
| *halcinonide soln 0.1%* | Tier 4 | PA |
| HALOBETASOL PROPIONATE 0.05 % FOAM | Tier 4 | PA, QLC (200 gm/28 days) |
| HALOBETASOL PROPIONATE 0.05 % LOTION | Tier 4 | PA, QLC (1 bottle (60ml) /30 days) |
| *halobetasol propionate cream 0.05%* | Tier 1 | |
| *halobetasol propionate foam 0.05%* | Tier 4 | PA, QLC (200 gm/28 days) |
| *halobetasol propionate oint 0.05%* | Tier 1 | |
| HALOG (*halcinonide*) (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION) | Tier 4 | PA |
| HEMMOREX-HC (*hydrocortisone acetate (rectal)*) 25 MG SUPPOS | Tier 2 | |
| HYDROCORTISONE (*hydrocortisone (topical)*) 2 % LOTION | Tier 3 | PA |
| HYDROCORTISONE (*hydrocortisone (topical)*) 2.5 % LOTION | Tier 1 | |
| HYDROCORTISONE (*hydrocortisone (topical)*) 2.5 % SOLUTION | Tier 4 | PA, QLC (30 ml bottle/30 days) |
| HYDROCORTISONE ACETATE (*hydrocortisone acetate (rectal)*) 25 MG SUPPOS | Tier 1 | |
| HYDROCORTISONE ACETATE (*hydrocortisone acetate (topical)*) 2.5 % CREAM | Tier 4 | PA, QLC (1 tube/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *hydrocortisone acetate suppos 25 mg* | Tier 1 | |
| HYDROCORTISONE BUTYR LIPO BASE (*hydrocortisone butyrate hydrophilic lipo base*) 0.1 % CREAM | Tier 3 | ST |
| HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION) | Tier 1 | |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM | Tier 1 | ST |
| *hydrocortisone butyrate hydrophilic lipo base cream 0.1%* (HYDROCORTISONE BUTYR LIPO BASE) | Tier 3 | ST |
| *hydrocortisone butyrate lotion 0.1%* | Tier 3 | ST |
| hydrocortisone butyrate lotion 0.1% (Evesse) | Tier 3 | ST |
| *hydrocortisone butyrate oint 0.1%* | Tier 1 | |
| *hydrocortisone cream 2.5%* | Tier 1 | |
| *hydrocortisone lotion 2.5%* | Tier 1 | |
| *hydrocortisone oint 2.5%* | Tier 1 | |
| *hydrocortisone perianal cream 2.5%* (HYDROCORTISONE (PERIANAL)) | Tier 1 | |
| hydrocortisone perianal cream 2.5% (Procto-Med Hc) | Tier 1 | |
| hydrocortisone perianal cream 2.5% (Proctosol Hc) | Tier 1 | |
| hydrocortisone perianal cream 2.5% (Proctozone-Hc) | Tier 1 | |
| *hydrocortisone valerate cream 0.2%* | Tier 1 | |
| *hydrocortisone valerate oint 0.2%* | Tier 1 | |
| IMPEKLO (*clobetasol propionate*) 0.15 MG/ACT (0.05%) LOTION | Tier 3 | PA, QLC (272 gm (4 bottles)/28 days) |
| KENALOG (*triamcinolone acetonide (topical)*) 0.147 MG/GM AERO SOLN | Tier 3 | ST |
| LEXETTE (*halobetasol propionate*) 0.05 % FOAM | Tier 4 | PA, QLC (200 gm/28 days) |
| LOCOID (*hydrocortisone butyrate*) 0.1 % LOTION | Tier 3 | ST |
| LOCOID LIPOCREAM (*hydrocortisone butyrate hydrophilic lipo base*) LIPO0.1 % | Tier 3 | ST |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LUXIQ (*betamethasone valerate*) 0.12 % FOAM | Tier 3 | ST |
| MICORT HC (*hydrocortisone acetate (topical)*) 2.5 % CREAM | Tier 4 | PA, QLC (1 tube/30 days) |
| *mometasone furoate cream 0.1%* | Tier 1 | |
| *mometasone furoate oint 0.1%* | Tier 1 | |
| *mometasone furoate solution 0.1% (lotion)* | Tier 1 | |
| OLUX (*clobetasol propionate*) 0.05 % FOAM | Tier 3 | |
| OLUX-E (*clobetasol propionate emulsion*) 0.05 % FOAM | Tier 3 | ST |
| PANDEL (*hydrocortisone probutate*) 0.1 % CREAM | Tier 3 | PA |
| *pimecrolimus cream 1%* | Tier 1 | QLC (100 gm/30 days) |
| PREDNICARBATE 0.1 % OINTMENT | Tier 1 | |
| PRUDOXIN (*doxepin hcl (antipruritic)*) 5 % CREAM | Tier 4 | PA |
| SELENIUM SULFIDE 2.5 % LOTION | Tier 1 | QLC (1 bottle/30 days) |
| *selenium sulfide lotion 2.5%* | Tier 1 | QLC (1 bottle/30 days) |
| SERNIVO (*betamethasone dipropionate (topical)*) 0.05 % EMULSION | Tier 4 | PA, QLC (1 bottle/30 days) |
| SYNALAR (*fluocinolone acetonide*) (0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT) | Tier 3 | |
| *tacrolimus oint 0.03%* | Tier 1 | QLC (100 gm/30 days) |
| *tacrolimus oint 0.1%* | Tier 1 | AL1 (At least 16 yrs old), QLC (100 gm/30 days) |
| TEMOVATE (*clobetasol propionate*) (0.05 % CREAM, 0.05 % OINTMENT) | Tier 3 | |
| TEXACORT (*hydrocortisone (topical)*) 2.5 % SOLUTION | Tier 3 | QLC (30 ml bottle/30 days) |
| TOPICORT (*desoximetasone*) (0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT) | Tier 3 | ST |
| TOPICORT SPRAY (*desoximetasone*) 0.25 % LIQUID | Tier 3 | ST, QLC (1 bottle/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TRIAMCINOLONE ACETONIDE (*triamcinolone acetonide (topical)*) 0.025 % LOTION | Tier 1 | |
| TRIAMCINOLONE ACETONIDE (*triamcinolone acetonide (topical)*) 0.147 MG/GM AERO SOLN | Tier 1 | ST |
| *triamcinolone acetonide aerosol soln 0.147 mg/gm* | Tier 1 | ST |
| *triamcinolone acetonide cream 0.025%* | Tier 1 | |
| *triamcinolone acetonide cream 0.1%* | Tier 1 | |
| *triamcinolone acetonide cream 0.5%* | Tier 1 | |
| triamcinolone acetonide cream 0.5% (Triderm) | Tier 1 | |
| *triamcinolone acetonide lotion 0.025%* | Tier 1 | |
| *triamcinolone acetonide lotion 0.1%* | Tier 1 | |
| *triamcinolone acetonide oint 0.025%* | Tier 1 | |
| *triamcinolone acetonide oint 0.05%* | Tier 3 | ST |
| *triamcinolone acetonide oint 0.05%* (TRIAMCINOLONE IN ABSORBASE) | Tier 3 | ST |
| triamcinolone acetonide oint 0.05% (Trianex) | Tier 3 | ST |
| triamcinolone acetonide oint 0.05% (Tritocin) | Tier 3 | ST |
| *triamcinolone acetonide oint 0.1%* | Tier 1 | |
| *triamcinolone acetonide oint 0.5%* | Tier 1 | |
| ULTRAVATE (*halobetasol propionate*) 0.05 % LOTION | Tier 4 | PA, QLC (1 bottle (60ml) /30 days) |
| VANOS (*fluocinonide*) 0.1 % CREAM | Tier 3 | |
| VERDESO (*desonide*) 0.05 % FOAM | Tier 4 | PA |
| VTAMA (*tapinarof*) 1 % CREAM | Tier 4 | PA, QLC (60 gm/30 days) |
| ZONALON (*doxepin hcl (antipruritic)*) 5 % CREAM | Tier 4 | PA |

## DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)

| | | |
|---|---|---|
| ANALPRAM HC (*hydrocortisone acetate w/ pramoxine*) 1-1 % CREAM | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ANALPRAM HC (*hydrocortisone acetate w/ pramoxine*) 2.5-1 % LOTION | Tier 2 | |
| ANALPRAM-HC (*hydrocortisone acetate w/ pramoxine*) 1-1 % CREAM | Tier 3 | |
| ANALPRAM-HC (*hydrocortisone acetate w/ pramoxine*) 2.5-1 % LOTION | Tier 2 | |
| ANZUPGO (*delgocitinib*) 20 MG/GM CREAM | Tier 4 | PA, LA, QLC (60 gm/28 days) |
| AVAR CLEANSER (*sulfacetamide sodium w/ sulfur*) 10-5 % LIQUID | Tier 3 | ST |
| AVAR LS CLEANSER (*sulfacetamide sodium w/ sulfur*) 10-2 % LIQUID | Tier 3 | ST |
| AVAR-E EMOLLIENT (*sulfacetamide sodium w/ sulfur*) 10-5 % CREAM | Tier 3 | ST |
| AVAR-E LS (*sulfacetamide sodium w/ sulfur*) 10-2 % CREAM | Tier 3 | ST |
| BP 10-1 (*sulfacetamide sodium w/ sulfur*) % EMULSION | Tier 1 | |
| CALCIPOTRIENE 0.005 % FOAM | Tier 3 | PA |
| CALCIPOTRIENE 0.005 % SOLUTION | Tier 1 | |
| *calcipotriene cream 0.005%* | Tier 1 | |
| *calcipotriene oint 0.005%* | Tier 1 | |
| calcipotriene oint 0.005% (Calcitrene) | Tier 1 | |
| *calcipotriene soln 0.005% (50 mcg/ml)* | Tier 1 | |
| *calcipotriene-betamethasone dipropionate oint 0.005-0.064%* (CALCIPOTRIENE-BETAMETH DIPROP) | Tier 1 | PA, QLC (400 gm/30 days) |
| *calcipotriene-betamethasone dipropionate susp 0.005-0.064%* (CALCIPOTRIENE-BETAMETH DIPROP) | Tier 3 | QLC (400 gm/30 days) |
| CALCITRIOL (*calcitriol (topical)*) 3 MCG/GM OINTMENT | Tier 3 | QLC (800 gm/30 days) |
| CIBINQO (*abrocitinib*) (50 MG TAB, 100 MG TAB, 200 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| *clotrimazole w/ betamethasone cream 1-0.05%* (CLOTRIMAZOLE-BETAMETHASONE) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *clotrimazole w/ betamethasone lotion 1-0.05%* (CLOTRIMAZOLE-BETAMETHASONE) | Tier 1 | |
| CLOTRIMAZOLE-BETAMETHASONE (*clotrimazole w/ betamethasone*) 1-0.05 % LOTION | Tier 1 | |
| CONDYLOX (*podofilox*) 0.5 % GEL | Tier 4 | ST |
| DOVONEX (*calcipotriene*) 0.005 % CREAM | Tier 3 | |
| DUOBRII (*halobetasol propionate-tazarotene*) 0.01-0.045 % LOTION | Tier 4 | PA, QLC (200 gm/28 days) |
| EFUDEX (*fluorouracil (topical)*) 5 % CREAM | Tier 3 | |
| ENSTILAR (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % FOAM | Tier 4 | PA, QLC (420gm/30 days) |
| EPIFOAM (*pramoxine-hc*) 1 | Tier 2 | |
| FLUOROURACIL (*fluorouracil (topical)*) 0.5 % CREAM | Tier 4 | PA, QLC (1 tube/30 days) |
| FLUOROURACIL (*fluorouracil (topical)*) 2 % SOLUTION | Tier 1 | |
| *fluorouracil cream 5%* | Tier 1 | |
| *fluorouracil soln 5%* | Tier 1 | |
| HYDROCORTISONE ACE-PRAMOXINE (*hydrocortisone acetate w/ pramoxine*) 1-1 % CREAM | Tier 1 | |
| HYFTOR (*sirolimus (topical)*) 0.2 % GEL | Tier 4 | PA, LA, QLC (10 gm/30 days) |
| *imiquimod cream 3.75%* | Tier 4 | ST, QLC (28 packets/28 days; max 56 packets/180 days) |
| *imiquimod cream 3.75%* (IMIQUIMOD PUMP) | Tier 4 | ST, QLC (1 bottle/30 days, max of 2 bottles/180 days) |
| *imiquimod cream 5%* | Tier 1 | QLC (24 packs/30 days, max of 48 packs/180 days) |
| KERALYT (*salicylic acid*) 6 % SHAMPOO | Tier 3 | |
| KLISYRI (250 MG) (*tirbanibulin*) 1 % OINTMENT | Tier 4 | PA, QLC (5 packets/30 days) |
| KLISYRI (350 MG) (*tirbanibulin*) 1 % OINTMENT | Tier 4 | PA, QLC (5 packets/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LITFULO (*ritlecitinib tosylate*) 50 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day) |
| METHOXSALEN RAPID 10 MG CAP | Tier 1 | |
| NEO-SYNALAR (*neomycin sulfate-fluocinolone acetonide*) 0.5-0.025 % CREAM | Tier 3 | PA, QLC (1 tube/30 days) |
| *nystatin-triamcinolone cream 100000-0.1 unit/gm-%* | Tier 1 | |
| *nystatin-triamcinolone oint 100000-0.1 unit/gm-%* | Tier 1 | |
| OPZELURA (*ruxolitinib phosphate (topical)*) 1.5 % CREAM | Tier 4 | PA, QLC (240 gm/30 days) |
| OTEZLA (*apremilast*) (20 MG TAB, 30 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| OTEZLA XR (*apremilast*) 75 MG TAB ER 24H | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| OVACE PLUS (*sulfacetamide sodium*) (10 % CREAM, 10 % SHAMPOO) | Tier 3 | |
| OVACE PLUS (*sulfacetamide sodium*) 9.8 % LOTION | Tier 3 | QLC (1 bottle (57gm)/30 days) |
| OVACE PLUS WASH (*sulfacetamide sodium*) 10 % GEL | Tier 3 | ST, QLC (1 bottle/30 days) |
| OVACE PLUS WASH (*sulfacetamide sodium*) 10 % LIQUID | Tier 3 | |
| OVACE WASH (*sulfacetamide sodium*) 10 % LIQUID | Tier 3 | |
| PELLIX (*calcipotriene*) 0.005 % SOLUTION | Tier 3 | PA |
| PLEXION (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % CREAM | Tier 3 | ST, QLC (1 bottle/30 days) |
| PLEXION (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % LOTION | Tier 4 | ST, QLC (1 bottle/30 days) |
| PLEXION CLEANSER (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % LIQUID | Tier 3 | ST, QLC (1 bottle/30 days) |
| PLEXION CLEANSING CLOTH (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % PAD | Tier 4 | ST, QLC (1 box/30 days) |
| PODOFILOX 0.5 % SOLUTION | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *podofilox gel 0.5%* | Tier 3 | ST |
| *podofilox soln 0.5%* | Tier 1 | |
| PRAMOSONE (*pramoxine-hc*) (1-1 % LOTION, 1-2.5 % LOTION) | Tier 2 | |
| PRAMOSONE (*pramoxine-hc*) 1-1 % CREAM | Tier 3 | |
| PROCTOFOAM HC (*hydrocortisone acetate w/ pramoxine*) PROCTO1 | Tier 2 | |
| REGRANEX (*becaplermin*) 0.01 % GEL | Tier 4 | PA, QLC (15 gm/30 days) |
| SALICYLIC ACID (6 % SHAMPOO, 26 % SOLUTION) | Tier 3 | |
| *salicylic acid film forming liquid 27.5%* (SALICYLIC ACID WART REMOVER) | Tier 2 | |
| SALICYLIC ACID WART REMOVER 27.5 % LIQUID | Tier 2 | |
| SANTYL (*collagenase*) 250 UNIT/GM OINTMENT | Tier 2 | QLC (180 grams/30 days) |
| SILVADENE (*silver sulfadiazine*) 1 % CREAM | Tier 3 | |
| *silver sulfadiazine cream 1%* | Tier 1 | |
| silver sulfadiazine cream 1% (Ssd) | Tier 1 | |
| SODIUM SULFACETAMIDE (*sulfacetamide sodium*) 10 % SHAMPOO | Tier 1 | |
| SODIUM SULFACETAMIDE WASH (*sulfacetamide sodium*) 10 % LIQUID | Tier 1 | |
| SORILUX (*calcipotriene*) 0.005 % FOAM | Tier 4 | PA |
| SSS 10-5 (*sulfacetamide sodium w/ sulfur*) % CREAM | Tier 1 | |
| SSS 10-5 (*sulfacetamide sodium w/ sulfur*) % FOAM | Tier 2 | ST |
| SULFACETAMIDE SOD-SULFUR WASH (*sulfacetamide sodium w/ sulfur*) 9-4 % LIQUID | Tier 3 | ST |
| SULFACETAMIDE SODIUM (CLEANS) 10 % GEL | Tier 3 | ST, QLC (1 bottle/30 days) |
| SULFACETAMIDE SODIUM 10 % LIQUID | Tier 1 | |
| *sulfacetamide sodium liquid 10%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sulfacetamide sodium liquid 10%* (SODIUM SULFACETAMIDE WASH) | Tier 1 | |
| *sulfacetamide sodium shampoo 10%* (SODIUM SULFACETAMIDE) | Tier 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-2%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-5%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 1 | ST, QLC (1 bottle/30 days) |
| *sulfacetamide sodium w/ sulfur cleansing pad 10-4%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 2 | ST |
| *sulfacetamide sodium w/ sulfur cream 10-2%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 3 | ST |
| sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Green) | Tier 3 | ST |
| *sulfacetamide sodium w/ sulfur cream 10-5%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 1 | |
| *sulfacetamide sodium w/ sulfur cream 9.8-4.8%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 2 | ST, QLC (1 bottle/30 days) |
| *sulfacetamide sodium w/ sulfur lotion 9.8-4.8%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 2 | ST, QLC (1 bottle/30 days) |
| *sulfacetamide sodium w/ sulfur susp 8-4%* (SULFACETAMIDE SODIUM-SULFUR) | Tier 1 | |
| SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) (8-4 % SUSPENSION, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION) | Tier 1 | |
| SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) (9-4 % LIQUID, 10-2 % CREAM, 10-5 % SUSPENSION) | Tier 3 | ST |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) (9.8-4.8 % CREAM, 9.8-4.8 % LOTION) | Tier 2 | ST, QLC (1 bottle/30 days) |
| SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % LIQUID | Tier 1 | ST, QLC (1 bottle/30 days) |
| SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % PAD | Tier 3 | ST, QLC (1 box/30 days) |
| SULFACLEANSE 8/4 (*sulfacetamide sodium w/ sulfur*) 8-4 % SUSPENSION | Tier 3 | ST |
| SUMAXIN (*sulfacetamide sodium w/ sulfur*) 10-4 % PAD | Tier 4 | ST |
| TACLONEX (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % OINTMENT | Tier 4 | PA, QLC (400 gm/30 days) |
| TACLONEX (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % SUSPENSION | Tier 4 | QLC (400 gm/30 days) |
| TOLAK (*fluorouracil (topical)*) 4 % CREAM | Tier 2 | QLC (1 tube/30 days) |
| TWYNEO (*tretinoin-benzoyl peroxide*) 0.1-3 % CREAM | Tier 3 | PA, QLC (30 gm/30 days) |
| VALCHLOR (*mechlorethamine hcl (topical)*) 0.016 % GEL | Tier 4 | PA, LA, QLC (1 tube/30 days) |
| VECTICAL (*calcitriol (topical)*) 3 MCG/GM OINTMENT | Tier 4 | QLC (800 gm/30 days) |
| VEREGEN (*sinecatechins*) 15 % OINTMENT | Tier 4 | ST, QLC (1 tube/30 days, not to exceed 4 tubes/180 days) |
| VIRASAL (*salicylic acid*) 27.5 % LIQUID | Tier 3 | |
| XERESE (*acyclovir-hydrocortisone*) 5-1 % CREAM | Tier 4 | PA, QLC (5 gm/30 days, max 30 gm/year) |
| ZELSUVMI (*berdazimer sodium*) 10.3 % GEL | Tier 4 | PA, QLC (31 gm/28 days) |
| ZORYVE (*roflumilast (topical)*) (0.05 % CREAM, 0.3 % CREAM, 0.3 % FOAM) | Tier 4 | PA, QLC (60 gm/30 days) |
| ZORYVE (*roflumilast (topical)*) 0.15 % CREAM | Tier 4 | PA, QLC (60g/30 days) |
| ZYCLARA (*imiquimod*) 3.75 % CREAM | Tier 4 | ST, QLC (28 packets/month, max of 56 packets/6 months) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZYCLARA PUMP (*imiquimod*) (PUMP 2.5 % CREAM, PUMP 3.75 % CREAM) | Tier 4 | ST, QLC (1 bottle/month, max of 2 bottles/6 months) |
| **PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)** | | |
| CROTAN (*crotamiton*) 10 % LOTION | Tier 4 | PA, QLC (237 gm/30 days) |
| ELIMITE (*permethrin*) 5 % CREAM | Tier 3 | |
| EURAX (*crotamiton*) 10 % CREAM | Tier 3 | |
| *malathion lotion 0.5%* | Tier 1 | |
| NATROBA (*spinosad*) 0.9 % SUSPENSION | Tier 3 | QLC (1 bottle/fill) |
| OVIDE (*malathion*) 0.5 % LOTION | Tier 3 | |
| PERMETHRIN 5 % CREAM | Tier 3 | |
| *permethrin cream 5%* | Tier 1 | |
| PRURADIK (*crotamiton*) 10 % LOTION | Tier 4 | PA, QLC (237 gm/30 days) |
| SPINOSAD 0.9 % SUSPENSION | Tier 1 | QLC (1 bottle/fill) |
| **TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)** | | |
| *acyclovir cream 5%* | Tier 1 | PA, QLC (5 gm/30 days, max 30gm/365 days) |
| *acyclovir oint 5%* | Tier 1 | QLC (30gm/30 days, max 180gm/365 days) |
| ACZONE (*dapsone (topical)*) (5 % GEL, 7.5 % GEL) | Tier 3 | ST, QLC (90 gm/30 days) |
| ALTABAX (*retapamulin*) 1 % OINTMENT | Tier 3 | ST, QLC (30 gm/60 days) |
| CENTANY (*mupirocin*) 2 % OINTMENT | Tier 3 | |
| *ciclopirox gel 0.77%* | Tier 1 | |
| *ciclopirox olamine cream 0.77% (base equiv)* | Tier 1 | |
| *ciclopirox olamine susp 0.77% (base equiv)* | Tier 1 | |
| *ciclopirox shampoo 1%* | Tier 1 | |
| *ciclopirox solution 8%* | Tier 1 | |
| ciclopirox solution 8% (Ciclodan) | Tier 1 | |
| CLEOCIN-T (*clindamycin phosphate (topical)*) 1 % LOTION | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CLINDAGEL (*clindamycin phosphate (topical)*) 1 % | Tier 3 | |
| *clindamycin phosphate foam 1%* | Tier 2 | PA, QLC (1 can/30 days) |
| clindamycin phosphate foam 1% (Clindacin) | Tier 2 | PA, QLC (1 can/30 days) |
| *clindamycin phosphate gel 1% (once-daily)* (CLINDAMYCIN PHOS (ONCE-DAILY)) | Tier 1 | |
| *clindamycin phosphate gel 1% (twice-daily)* (CLINDAMYCIN PHOS (TWICE-DAILY)) | Tier 1 | |
| *clindamycin phosphate lotion 1%* | Tier 1 | |
| *clindamycin phosphate soln 1%* | Tier 1 | |
| *clindamycin phosphate swab 1%* | Tier 1 | |
| clindamycin phosphate swab 1% (Clindacin Etz) | Tier 1 | |
| clindamycin phosphate swab 1% (Clindacin-P) | Tier 1 | |
| *dapsone gel 5%* | Tier 1 | ST, QLC (90 gm/30 days) |
| *dapsone gel 7.5%* | Tier 3 | ST, QLC (90 gm/30 days) |
| DENAVIR (*penciclovir*) 1 % CREAM | Tier 3 | PA, QLC (5gm/30 days, max 30gm/365 days) |
| ERY (*erythromycin (acne aid)*) 2 % PAD | Tier 1 | |
| ERYGEL (*erythromycin (acne aid)*) 2 % | Tier 3 | |
| ERYTHROMYCIN (*erythromycin (acne aid)*) 2 % GEL | Tier 1 | |
| *erythromycin gel 2%* | Tier 1 | |
| *erythromycin soln 2%* | Tier 1 | |
| EVOCLIN (*clindamycin phosphate (topical)*) 1 % FOAM | Tier 3 | PA, QLC (1 can/30 days) |
| LOPROX (*ciclopirox olamine*) (0.77 % CREAM, 0.77 % SUSPENSION) | Tier 3 | |
| LOPROX (*ciclopirox*) 1 % SHAMPOO | Tier 3 | |
| MAFENIDE ACETATE 5 % PACKET | Tier 1 | |
| *mafenide acetate packet for topical soln 5% (50 gm)* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *mupirocin calcium cream 2%* | Tier 3 | PA |
| *mupirocin oint 2%* | Tier 1 | |
| *penciclovir cream 1%* | Tier 2 | PA, QLC (5gm/30 days, max 30gm/365 days) |
| SULFAMYLON (*mafenide acetate*) 85 MG/GM CREAM | Tier 3 | |
| XEPI (*ozenoxacin*) 1 % CREAM | Tier 3 | ST, QLC (1 tube/60 days) |
| ZOVIRAX (*acyclovir topical*) 5 % CREAM | Tier 3 | PA, QLC (5 gm/30 days, max 30gm/365 days) |
| ZOVIRAX (*acyclovir topical*) 5 % OINTMENT | Tier 3 | PA, QLC (30gm/30 days, max 180gm/365 days) |

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

| | | |
|---|---|---|
| ACCRUFER (*ferric maltol*) 30 MG CAP | Tier 3 | PA, QLC (2 caps/day) |
| ALTRIXA OB (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 15-0.4-0.6 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| ATABEX EC (*prenatal vit w/ docusate-iron carbonyl-folic acid*) AEX 29-1 MG DR | Tier 3 | |
| ATABEX OB (*prenatal vit w/ fe bisglycinate chelate-folic acid*) AEX 29-1 MG | Tier 1 | |
| AZENTRA (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB | Tier 4 | PA, QLC (2 tabs/day) |
| AZESCO (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB | Tier 4 | PA |
| C-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | Tier 1 | |
| CITRANATAL HARMONY (*prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha*) 27-1-260 MG CAP | Tier 3 | PA |
| CITRANATAL MEDLEY (*prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha*) 27-1-200 MG CAP | Tier 3 | |
| CO-NATAL FA (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| COMPLETENATE (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG CHEW TAB | Tier 1 | |
| CONCEPT DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG CAP | Tier 1 | |
| CONCEPT OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 130-92.4-1 MG CAP | Tier 1 | |
| DERMACINRX PRETRATE (*prenatal multivit-min w/fe-fa*) 1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| EFFER-K (*potassium bicarbonate*) 25 MEQ TAB | Tier 1 | |
| EFFER-K (*potassium bicarbonate-citric acid*) (10 EFFER TAB, 20 EFFER TAB) | Tier 3 | |
| ELITE-OB (*prenatal vit w/ iron carbonyl-folic acid*) 50-1.25 MG TAB | Tier 1 | |
| EMBRIVA (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB | Tier 4 | PA, QLC (1 tabs/day) |
| FLORIVA (*pediatric multiple vitamins & minerals w/ fluoride*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | Tier 3 | ACA (Preventive Health) |
| FLORIVA (*sodium fluoride-vitamin d*) 0.25-400 MG-UNIT/ML LIQUID | Tier 3 | ACA (Preventive Health) |
| FLORIVA PLUS (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION | Tier 3 | ACA (Preventive Health) |
| FLOTREX (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| FOLATEXCEL (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| FOLIVANE-OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 85-1 MG CAP | Tier 1 | |
| GALZIN (*zinc acetate (oral)*) (25 MG CAP, 50 MG CAP) | Tier 3 | LA, QLC (3 caps/day) |
| GESTYRA (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| INATAL GT (*prenatal vit w/ docusate-iron carbonyl-folic acid*) TAB | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| JENLIVA PRENATAL/POSTNATAL (*prenatal multivit-min w/fe-fa*) 1 MG CAP | Tier 4 | PA |
| K-TAB (*potassium chloride*) (8 TAB ER, 10 TAB ER, 20 TAB ER) | Tier 3 | |
| KLOR-CON (*potassium chloride*) 8 MEQ TAB ER | Tier 3 | |
| KLOR-CON 10 (*potassium chloride*) MEQ TAB ER | Tier 3 | |
| KOSHER PRENATAL PLUS IRON (*prenatal vit w/ iron carbonyl-folic acid*) 30-1 MG TAB | Tier 3 | |
| M-NATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| MATERNACEL (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| MATERVIA (*prenatal multivit-min w/fe-fa*) 0.5 MG CAP | Tier 4 | PA, QLC (2 caps/day) |
| MATRONEX (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| MULTI-MAC (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 15-0.75-1 MG TAB | Tier 4 | PA |
| MULTI-VIT-FLOR (*pediatric multivitamins w/fl*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTI-VITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION) | Tier 1 | ACA (Preventive Health) |
| MULTI-VITAMIN/FLUORIDE/IRON (*ped multivitamins w/fl & iron*) 0.25-10 MG/ML SOLUTION | Tier 1 | ACA (Preventive Health) |
| MULTIVITAMIN W/FLUORIDE (*pediatric multivitamins w/fl*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION | Tier 3 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NAFRINSE DROPS (*sodium fluoride*) 0.275 (0.125 F) MG/DROP SOLUTION | Tier 1 | ACA (Preventive Health) |
| NATACHEW (*prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid*) NATA28-1 MG TAB | Tier 3 | QLC (1 tab/day) |
| NATAL PNV (*prenatal vit w/ ferrous gluconate-folic acid*) 6-0.5 MG TAB | Tier 3 | |
| NATALCHEW (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| NATALCORE (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG CHEW TAB | Tier 1 | |
| NATALVIT (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | Tier 3 | |
| NEEVO DHA (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*) 27-1.13 MG CAP | Tier 3 | |
| NEO-VITAL RX (*prenatal multivit-min w/fe-fa*) 1 MG TAB | Tier 3 | QLC (1 tab/day) |
| NEOMATERNA (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| NEONATAL COMPLETE (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| NEONATAL COMPLETE (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG TAB | Tier 3 | |
| NEONATAL FE (*prenatal multivitamins w/ iron-folic acid*) 90-1 MG TAB | Tier 3 | |
| NEONATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| NEONATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 2 | |
| NESTABS (*prenatal vit without vit a w/ fe bisglycinate-folic acid*) NESS 32-1 MG | Tier 2 | QLC (1 tab/day) |
| NESTABS ONE (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha*) 38-1-225 MG CAP | Tier 3 | |
| NIVA-PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| NOVYRA (*prenatal multivit-min w/fe-fa*) 1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| OB COMPLETE (*prenatal vit w/ iron carbonyl-folic acid*) 50-1.25 MG TAB | Tier 3 | |
| OB COMPLETE ONE (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil*) 50-1-476 MG CAP | Tier 3 | |
| OB COMPLETE PETITE (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3*) 35-5-1-200 MG CAP | Tier 3 | |
| OB COMPLETE PREMIER (*prenatal vit w/ iron carbonyl-fe aspart glycinate-fa*) 30-20-1 MG TAB | Tier 3 | |
| OB COMPLETE/DHA (*prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid*) 30-10-1-200 MG CAP | Tier 3 | |
| OBSTETRIX EC (WITH DOCUSATE) (*prenatal vit w/ docusate-iron carbonyl-folic acid*) 29-1 MG TAB | Tier 3 | |
| OBSTETRIX ONE (WITH DOCUSATE) (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha*) 38-1-225 MG CAP | Tier 3 | PA |
| ONE VITE WOMENS PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| ONENATAL RX (*prenatal multivit-min w/fe-fa*) 1 MG TAB | Tier 3 | QLC (1 tab/day) |
| PNV 27-CA/FE/FA (*prenatal vit w/ ferrous fumarate-folic acid*) 60-1 MG TAB | Tier 1 | |
| PNV TABS 20-1 (*prenatal vit w/ fe bisglycinate chelate-folic acid*) S MG | Tier 4 | PA, QLC (1 tab/day) |
| PNV-DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG CAP | Tier 1 | |
| PNV-DHA+DOCUSATE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 27-1.25-300 MG CAP | Tier 3 | PA |
| PNV-OMEGA (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) 28-0.6-0.4-340 MG CAP | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PNV-SELECT (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 27-0.6-0.4 MG TAB | Tier 2 | |
| POKONZA (*potassium chloride*) (10 PACKET, 15 PACKET) | Tier 4 | PA, QLC (2 packets/day) |
| POKONZA (*potassium chloride*) 10 MEQ/15ML (5%) SOLUTION | Tier 4 | PA, QLC (15 ml/day) |
| POLY-VI-FLOR (*pediatric multivitamins w/fl*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | Tier 3 | ACA (Preventive Health), QLC (1 tab/day) |
| POLY-VI-FLOR (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION | Tier 3 | ACA (Preventive Health) |
| POLY-VI-FLOR/IRON (*ped multivitamins w/fl & iron*) (0.25-7 MG/ML SUSPENSION, 0.5-10 MG CHEW TAB) | Tier 3 | ACA (Preventive Health) |
| *potassium bicarbonate effer tab 25 meq* (K-PRIME) | Tier 1 | |
| potassium bicarbonate effer tab 25 meq (Klor-Con/Ef) | Tier 1 | |
| *potassium chloride cap er 10 meq* (POTASSIUM CHLORIDE ER) | Tier 1 | |
| *potassium chloride cap er 8 meq* (POTASSIUM CHLORIDE ER) | Tier 1 | |
| POTASSIUM CHLORIDE ER (ER 8 TAB ER, ER 15 TAB ER) | Tier 1 | |
| potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10) | Tier 1 | |
| *potassium chloride microencapsulated crys er tab 10 meq* (POTASSIUM CHLORIDE CRYS ER) | Tier 1 | |
| potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15) | Tier 1 | |
| *potassium chloride microencapsulated crys er tab 15 meq* (POTASSIUM CHLORIDE CRYS ER) | Tier 1 | |
| potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20) | Tier 1 | |
| *potassium chloride microencapsulated crys er tab 20 meq* (POTASSIUM CHLORIDE CRYS ER) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *potassium chloride oral soln 10% (20 meq/15ml)* | Tier 1 | |
| *potassium chloride oral soln 20% (40 meq/15ml)* | Tier 1 | |
| *potassium chloride powder packet 20 meq* | Tier 1 | |
| potassium chloride powder packet 20 meq (Klor-Con) | Tier 1 | |
| potassium chloride tab er 10 meq (Klor-Con 10) | Tier 3 | |
| *potassium chloride tab er 10 meq* (POTASSIUM CHLORIDE ER) | Tier 1 | |
| *potassium chloride tab er 20 meq (1500 mg)* (POTASSIUM CHLORIDE ER) | Tier 1 | |
| potassium chloride tab er 8 meq (600 mg) (Klor-Con) | Tier 1 | |
| *potassium chloride tab er 8 meq (600 mg)* (POTASSIUM CHLORIDE ER) | Tier 1 | |
| *potassium citrate tab er 10 meq (1080 mg)* (POTASSIUM CITRATE ER) | Tier 1 | |
| *potassium citrate tab er 15 meq (1620 mg)* (POTASSIUM CITRATE ER) | Tier 1 | |
| *potassium citrate tab er 5 meq (540 mg)* (POTASSIUM CITRATE ER) *(40* | Tier 1 | |
| PREGEN DHA (*prenatal mv & min w/fe carbonyl-fa-dha*) 28-1-35 MG CAP | Tier 3 | PA, QLC (1 cap/day) |
| PREGENNA (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| PRENA1 PEARL (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*) 30-1.4-200 MG CAP | Tier 2 | |
| PRENAISSANCE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 29-1.25-325 MG CAP | Tier 2 | |
| PRENAISSANCE PLUS (*prenatal w/o vit a w/ fe carbonyl-dss-fa-dha*) 28-1-250 MG CAP | Tier 3 | |
| PRENATABS FA (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PRENATABS RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG | Tier 1 | |
| PRENATAL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| PRENATAL 19 (*prenatal vit w/ docusate-fe fumarate-folic acid*) 29-1 MG TAB | Tier 1 | |
| PRENATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) (19 CHEW TAB, 19 29-1 MG CHEW TAB) | Tier 1 | |
| PRENATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| PRENATAL PLUS VITAMIN/MINERAL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| PRENATAL VITAMIN PLUS LOW IRON (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| PRENATAL-U (*prenatal without a vit w/ fe fumarate-folic acid*) 106.5-1 MG CAP | Tier 1 | |
| PRENATE DHA (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 18-0.6-0.4-300 MG CAP | Tier 3 | |
| PRENATE ELITE (*prenatal w/ fe asparto glycinate-l methylfolate-folic acid*) 20-0.6-0.4 MG TAB | Tier 3 | |
| PRENATE ENHANCE (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 28-0.6-0.4-400 MG CAP | Tier 2 | |
| PRENATE ESSENTIAL (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 18-0.6-0.4-300 MG CAP | Tier 3 | |
| PRENATE MINI (*prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha*) 18-0.6-0.4-350 MG CAP | Tier 3 | |
| PRENATE PIXIE (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 10-0.6-0.4-200 MG CAP | Tier 3 | |
| PRENATE RESTORE (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-400 MG CAP | Tier 3 | |
| PRENATOL-M (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1.2 MG TAB | Tier 4 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PRENATRIX (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| PRENATRYL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| PRENATVITE COMPLETE (*prenatal multivit-min w/fe-fa*) 1 MG TAB | Tier 3 | QLC (1 tab/day) |
| PRENATVITE PLUS (*prenatal multivit-min w/fe-fa*) 1 MG TAB | Tier 2 | QLC (1 tab/day) |
| PRENOVA (*prenatal multivit-min w/fe-fa*) 0.8 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| PRENYRA (*prenatal multivit-min w/fe-fa*) 1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| PRIMACARE (*prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3*) 30-1-470 MG CAP | Tier 3 | |
| PROVIDA OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 20-20-1.25 MG CAP | Tier 1 | |
| QUFLORA FE PEDIATRIC (*ped multivitamins w/fl & iron*) 0.25-9.5 MG/ML LIQUID | Tier 3 | ACA (Preventive Health) |
| QUFLORA GUMMIES (*pediatric multivitamins w/fl*) 0.125 MG CHEW TAB | Tier 3 | ACA (Preventive Health) |
| QUFLORA PEDIATRIC (*pediatric multivitamins w/fl*) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | Tier 3 | ACA (Preventive Health), QLC (1 tab/day) |
| QUFLORA PEDIATRIC (*pediatric multivitamins w/fl*) (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION) | Tier 3 | ACA (Preventive Health) |
| RELEVIA (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| RELNATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | Tier 2 | |
| SE-NATAL 19 (*prenatal vit w/ docusate-fe fumarate-folic acid*) 29-1 MG TAB | Tier 1 | |
| SE-NATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG CHEW TAB | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SELECT-OB (*prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa*) 29-0.6-0.4 MG CHEW TAB | Tier 3 | QLC (1 tab/day) |
| SELECT-OB (*prenatal vit w/ iron polysaccharide complex-folic acid*) 29-1 MG CHEW TAB | Tier 1 | QLC (1 tab/day) |
| SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB) | Tier 1 | ACA (Preventive Health) |
| SODIUM FLUORIDE 2.2 (1 F) MG TAB | Tier 3 | ACA (Preventive Health) |
| *sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride* | Tier 1 | ACA (Preventive Health) |
| *sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride* | Tier 1 | ACA (Preventive Health) |
| *sodium fluoride chew tab 1 mg f (from 2.2 mg naf)* (NAFRINSE) *luoride* | Tier 1 | ACA (Preventive Health) |
| *sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride* | Tier 1 | ACA (Preventive Health) |
| sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride | Tier 1 | ACA (Preventive Health) |
| TARON-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 35-1 MG CAP | Tier 1 | |
| THRIVITE RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB | Tier 1 | |
| TRI-VITAMIN WITH FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION | Tier 3 | ACA (Preventive Health) |
| TRICARE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | Tier 1 | |
| TRINATAL RX 1 (*prenatal vit w/ ferrous fumarate-folic acid*) 60-MG TAB | Tier 1 | |
| TRINATE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | Tier 1 | |
| TRISTART DHA (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 31-0.6-0.4-200 MG CAP | Tier 3 | |
| TRISTART FREE (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 33-1 MG CAP | Tier 3 | QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TRISTART ONE (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 35-1-215 MG CAP | Tier 3 | |
| UROCIT-K 10 (*potassium citrate (alkalinizer)*) MEQ (80 MG) TAB | Tier 3 | |
| UROCIT-K 15 (*potassium citrate (alkalinizer)*) MEQ (1620 MG) TAB | Tier 3 | |
| UROCIT-K 5 (*potassium citrate (alkalinizer)*) MEQ (40 MG) TAB | Tier 3 | |
| VINATE CARE (*prenatal without a vit w/ fe fumarate-folic acid*) 40-1 MG CHEW TAB | Tier 1 | |
| VINATE DHA RF (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*) 27-1.13 MG CAP | Tier 3 | |
| VINATE II (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 29-1 MG TAB | Tier 1 | |
| VINATE ONE (*prenatal vit w/ ferrous fumarate-folic acid*) 60-1 MG TAB | Tier 1 | |
| VIRT-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG CAP | Tier 1 | |
| VIRT-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | Tier 1 | |
| VIRT-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG CAP | Tier 1 | |
| VITAFOL FE+ (*prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*) 90-0.6-0.4-200 MG CAP | Tier 3 | |
| VITAFOL ULTRA (*prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*) 29-0.6-0.4-200 MG CAP | Tier 3 | |
| VITAFOL-NANO (*prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid*) 18-0.6-0.4 MG TAB | Tier 3 | |
| VITAFOL-OB (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | Tier 3 | |
| VITAFOL-ONE (*prenatal mv & min w/fe polysaccharide complex-fa-dha*) 29-1-200 MG CAP | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| VITALARA (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 20-1 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| VITAMEDMD ONE RX/QUATREFOLIC (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 30-0.6-0.4-200 MG CAP | Tier 3 | |
| VITAPEARL (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*) 30-1.4-200 MG CAP | Tier 3 | |
| VITATHELY WITH GINGER (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | Tier 1 | |
| VIVA DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | Tier 1 | |
| WESCAP-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG | Tier 1 | |
| WESCAP-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG | Tier 1 | |
| WESNATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | Tier 1 | |
| WESTAB PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) WES27-1 MG | Tier 1 | |
| WESTGEL DHA (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 31-0.6-0.4-200 MG CAP | Tier 3 | |
| WILZIN (*zinc acetate (oral)*) 25 MG CAP | Tier 3 | LA, QLC (3 caps/day) |
| ZALVIT (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB | Tier 4 | PA |
| ZATEAN-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-300 MG CAP | Tier 1 | |
| ZIPHEX (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB | Tier 4 | PA |
| **ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)** | | |
| CHEMET (*succimer*) 100 MG CAP | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CUPRIMINE (*penicillamine*) 250 MG CAP | Tier 4 | PA, S (Specialty Drug), QLC (16 caps/day) |
| CUVRIOR (*trientine tetrahydrochloride*) 300 MG TAB | Tier 4 | PA, LA, QLC (10 tabs/day) |
| *deferasirox granules packet 180 mg* | Tier 4 | PA, S (Specialty Drug), SF |
| *deferasirox granules packet 360 mg* | Tier 4 | PA, S (Specialty Drug), SF |
| *deferasirox granules packet 90 mg* | Tier 4 | PA, S (Specialty Drug), SF |
| *deferasirox tab 180 mg* | Tier 4 | S (Specialty Drug), SF |
| *deferasirox tab 360 mg* | Tier 4 | S (Specialty Drug), SF |
| *deferasirox tab 90 mg* | Tier 4 | S (Specialty Drug), SF |
| *deferasirox tab for oral susp 125 mg* | Tier 4 | S (Specialty Drug), SF |
| *deferasirox tab for oral susp 250 mg* | Tier 4 | S (Specialty Drug), SF |
| *deferasirox tab for oral susp 500 mg* | Tier 4 | S (Specialty Drug), SF |
| *deferiprone tab 1000 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (9 tabs/day) |
| *deferiprone tab 500 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (18 tabs/day) |
| DEPEN TITRATABS (*penicillamine*) 250 MG | Tier 4 | PA, S (Specialty Drug), QLC (16 tabs/day) |
| EXJADE (*deferasirox*) (125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL) | Tier 4 | LA, S (Specialty Drug), SF |
| FERRIPROX (*deferiprone*) 100 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (90 ml/day) |
| FERRIPROX (*deferiprone*) 1000 MG TAB | Tier 4 | PA, LA, QLC (9 tabs/day) |
| FERRIPROX (*deferiprone*) 500 MG TAB | Tier 4 | PA, LA, QLC (18 tabs/day) |
| FERRIPROX TWICE-A-DAY (*deferiprone*) 1000 MG TAB | Tier 4 | PA, LA, QLC (9 tabs/day) |
| JADENU (*deferasirox*) (90 MG TAB, 180 MG TAB, 360 MG TAB) | Tier 4 | LA, S (Specialty Drug), SF |
| JADENU SPRINKLE (*deferasirox*) (90 MG PACKET, 180 MG PACKET, 360 MG PACKET) | Tier 4 | PA, LA, S (Specialty Drug), SF |
| JYNARQUE (*tolvaptan*) (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK) | Tier 4 | PA, LA, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| JYNARQUE (*tolvaptan*) (15 MG TAB, 30 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day) |
| *penicillamine cap 250 mg* | Tier 4 | PA, S (Specialty Drug), QLC (16 caps/day) |
| *penicillamine tab 250 mg* | Tier 4 | PA, S (Specialty Drug), QLC (16 tabs/day) |
| SAMSCA (*tolvaptan (hyponatremia)*) 15 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| SAMSCA (*tolvaptan (hyponatremia)*) 30 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| SYPRINE (*trientine hcl*) 250 MG CAP | Tier 4 | PA, S (Specialty Drug), QLC (8 caps/day) |
| *tolvaptan (hyponatremia) tab 15 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| *tolvaptan (hyponatremia) tab 30 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| *tolvaptan tab 15 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| *tolvaptan tab 30 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *tolvaptan tab therapy pack 15 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *tolvaptan tab therapy pack 30 & 15 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *tolvaptan tab therapy pack 45 & 15 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *tolvaptan tab therapy pack 60 & 30 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *tolvaptan tab therapy pack 90 & 30 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| TRIENTINE HCL 500 MG CAP | Tier 4 | PA, S (Specialty Drug), QLC (4 caps/day) |
| *trientine hcl cap 250 mg* | Tier 4 | PA, S (Specialty Drug), QLC (8 caps/day) |
| **PHOSPHATE BINDERS (Drugs to Lower Phosphate)** | | |
| AURYXIA (*ferric citrate*) 1 GM 210 MG(FE) TAB | Tier 4 | PA, QLC (12 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* (CALCIUM ACETATE (PHOS BINDER)) | Tier 1 | |
| *ferric citrate tab 1 gm (210 mg ferric iron) (20* | Tier 4 | PA, QLC (12 tabs/day) |
| FOSRENOL (*lanthanum carbonate*) (500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET) | Tier 3 | PA |
| *lanthanum carbonate chew tab 1000 mg (elemental)* | Tier 2 | PA |
| *lanthanum carbonate chew tab 500 mg (elemental)* | Tier 2 | PA |
| *lanthanum carbonate chew tab 750 mg (elemental)* | Tier 2 | PA |
| PHOSLYRA (*calcium acetate (phosphate binder)*) 667 MG/5ML SOLUTION | Tier 3 | |
| RENAGEL (*sevelamer hcl*) 800 MG TAB | Tier 3 | |
| RENVELA (*sevelamer carbonate*) (0.8 GM PACKET, 2.4 GM PACKET) | Tier 3 | PA |
| RENVELA (*sevelamer carbonate*) 800 MG TAB | Tier 3 | |
| *sevelamer carbonate packet 0.8 gm* | Tier 2 | PA |
| *sevelamer carbonate packet 2.4 gm* | Tier 2 | PA |
| *sevelamer carbonate tab 800 mg* | Tier 1 | |
| *sevelamer hcl tab 400 mg* | Tier 1 | |
| *sevelamer hcl tab 800 mg* | Tier 1 | |
| VELPHORO (*sucroferric oxyhydroxide*) 500 MG CHEW TAB | Tier 4 | PA |
| **POTASSIUM BINDERS (Drugs to Lower Potassium)** | | |
| **sodium polystyrene sulfonate powder*** | Tier 1 | |
| LOKELMA (*sodium zirconium cyclosilicate*) 10 GM PACKET | Tier 2 | QLC (1 pack/day) |
| LOKELMA (*sodium zirconium cyclosilicate*) 5 GM PACKET | Tier 2 | QLC (3 packs/day) |
| *sodium polystyrene sulfonate susp 15 gm/60ml* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| sodium polystyrene sulfonate susp 15 gm/60ml (Kionex) | Tier 1 | |
| sodium polystyrene sulfonate susp 15 gm/60ml (Sps (Sodium Polystyrene Sulf)) | Tier 1 | |
| SPS (SODIUM POLYSTYRENE SULF) (***sodium polystyrene sulfonate***) 30 GM/120ML SUSPENSION | Tier 1 | |
| VELTASSA (***patiromer sorbitex calcium***) (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET) | Tier 4 | PA, QLC (1 packet/day) |
| VELTASSA (***patiromer sorbitex calcium***) 1 GM PACKET | Tier 4 | PA, QLC (4 packets/day) |
| **VITAMINS** | | |
| ***caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)*** | Tier 1 | |
| CARNITOR (***levocarnitine (metabolic modifiers)***) (1 GM/10ML SOLUTION, 330 MG TAB) | Tier 3 | |
| CARNITOR SF (***levocarnitine (metabolic modifiers)***) 1 GM/10ML SOLUTION | Tier 3 | |
| ***cyanocobalamin inj 1000 mcg/ml*** | Tier 1 | |
| cyanocobalamin inj 1000 mcg/ml (Dodex) | Tier 1 | |
| ***cyanocobalamin nasal spray 500 mcg/0.1ml*** | Tier 2 | QLC (1 bottle/week) |
| DOJOLVI (***triheptanoin***) 100 % LIQUID | Tier 4 | PA, LA, S (Specialty Drug), QLC (105 ml/day) |
| ENBRACE HR (***prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids***) CAP | Tier 3 | |
| ***folic acid tab 1 mg*** | Tier 1 | |
| ***folic acid tab 1 mg*** (KP FOLIC ACID) | Tier 1 | |
| ***folic acid tab 1 mg*** (TRUE FOLIC ACID) | Tier 1 | |
| ***levocarnitine oral soln 1 gm/10ml (10%)*** (LEVOCARNITINE SF) ***gm/0ml (0%)*** | Tier 1 | |
| ***levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)*** | Tier 1 | |
| ***levocarnitine tab 330 mg*** | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NASCOBAL (*cyanocobalamin*) 500 MCG/0.1ML SOLUTION | Tier 3 | QLC (1 bottle/week) |
| NEONATAL 19 (*prenatal vitamin-folic acid*) 9 MG TAB | Tier 3 | |
| PREMESISRX (*prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*) MG TAB | Tier 3 | |
| PRENA1 (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*) 1.4 MG CHEW TAB | Tier 3 | |
| PRENATE (*prenatal multivitamins & minerals w/ l-methylfolate-fa*) 0.6-0.4 MG CHEW TAB | Tier 3 | |
| PRENATE AM (*prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*) MG TAB | Tier 3 | |
| QUFLORA FE (*multiple vitamins w/minerals & fluoride-iron-folic acid*) 0.25 MG CHEW TAB | Tier 3 | ACA (Preventive Health), QLC (1 tab/day) |
| TRI-VI-FLOR (*pediatric multivitamins w/fl*) 0.25 MG/ML SUSPENSION | Tier 3 | ACA (Preventive Health) |
| TRI-VI-FLOR (*pediatric vitamins acd & l-methylfolate w/ fluoride*) 0.5 MG/ML SUSPENSION | Tier 3 | ACA (Preventive Health) |
| TRI-VI-FLORO (*pediatric vitamins acd & l-methylfolate w/ fluoride*) (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION) | Tier 3 | ACA (Preventive Health) |
| TRI-VITE/FLUORIDE (*pediatric vitamins acd w/ fluoride*) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION) | Tier 1 | ACA (Preventive Health) |
| VITAFOL GUMMIES (*prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids*) 3.33-0.333-34.8 MG CHEW TAB | Tier 3 | |
| VITAFOL STRIPS (*prenatal w/ vit b6-b12-cholecalciferol-folic acid*) MG FILM | Tier 1 | |
| VITAMEDMD REDICHEW RX (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*) 1.4 MG TAB | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)** | | |
| **ANTI-CONSTIPATION AGENTS (Drugs for Constipation)** | | |
| AMITIZA (*lubiprostone*) (8 MCG CAP, 24 MCG CAP) | Tier 3 | AL1 (At least 18 yrs old), QLC (2 caps/day) |
| CLENPIQ (*sodium picosulfate-magnesium oxide-anhydrous citric acid*) (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION) | Tier 3 | PA |
| IBSRELA (*tenapanor hcl*) 50 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day) |
| lactulose (encephalopathy) solution 10 gm/15ml (Enulose) | Tier 1 | |
| lactulose (encephalopathy) solution 10 gm/15ml (Generlac) | Tier 1 | |
| *lactulose (encephalopathy) solution 10 gm/15ml* (LACTULOSE ENCEPHALOPATHY) | Tier 1 | |
| *lactulose oral crystal packet 10 gm* | Tier 4 | PA, QLC (1 pack/day) |
| lactulose oral crystal packet 10 gm (Kristalose) | Tier 3 | PA, QLC (1 pack/day) |
| *lactulose oral crystal packet 20 gm* | Tier 4 | PA, QLC (2 packs/day) |
| lactulose oral crystal packet 20 gm (Kristalose) | Tier 3 | PA, QLC (2 packs/day) |
| *lactulose solution 10 gm/15ml* | Tier 1 | |
| lactulose solution 10 gm/15ml (Constulose) | Tier 1 | |
| LINZESS (*linaclotide*) (72 MCG CAP, 145 MCG CAP, 290 MCG CAP) | Tier 2 | AL1 (At least 18 yrs old), QLC (1 cap/day) |
| *lubiprostone cap 24 mcg* | Tier 1 | AL1 (At least 18 yrs old), QLC (2 caps/day) |
| *lubiprostone cap 8 mcg* | Tier 1 | AL1 (At least 18 yrs old), QLC (2 caps/day) |
| MOTEGRITY (*prucalopride succinate*) (1 MG TAB, 2 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| MOVANTIK (*naloxegol oxalate*) (12.5 MG TAB, 25 MG TAB) | Tier 3 | AL1 (At least 18 yrs old), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MOVIPREP (***peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid***) 100 GM RECON SOLN | Tier 3 | PA |
| OSMOPREP (***sodium phosphate monobasic-sodium phosphate dibasic***) 1.102-0.398 GM TAB | Tier 3 | PA, ACA (Preventive Health) |
| ***peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm*** (PEG-3350/ELECTROLYTES/ASCORBAT) | Tier 1 | PA, ACA (Preventive Health) |
| ***peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm*** (PEG-KCL-NACL-NASULF-NA ASC-C) | Tier 1 | PA, ACA (Preventive Health) |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack) | Tier 1 | ACA (Affordable Care Act) |
| ***peg 3350-kcl-sod bicarb-nacl for soln 420 gm*** (PEG 3350-KCL-NA BICARB-NACL) | Tier 1 | ACA (Affordable Care Act) |
| PEG-PREP (***bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride***) 5-210 MG-GM KIT | Tier 1 | ACA (Preventive Health) |
| PLENVU (***peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid***) 140 GM RECON SOLN | Tier 3 | PA |
| ***prucalopride succinate tab 1 mg (base equivalent)*** | Tier 3 | PA, QLC (1 tab/day) |
| ***prucalopride succinate tab 2 mg (base equivalent)*** | Tier 3 | PA, QLC (1 tab/day) |
| RELISTOR (***methylnaltrexone bromide***) (8 MG/0.4ML SOLN PRSYR, 12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION) | Tier 4 | PA |
| RELISTOR (***methylnaltrexone bromide***) 150 MG TAB | Tier 4 | PA, QLC (3 tabs/day) |
| ***sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml*** (NA SULFATE-K SULFATE-MG SULF) | Tier 1 | ACA (Preventive Health) |
| SUPREP BOWEL PREP KIT (***sodium sulfate-potassium sulfate-magnesium sulfate***) SU17.5-3.13-1.6 GM/177ML SOLUTION | Tier 3 | |
| SUTAB (***sodium sulfate-magnesium sulfate-potassium chloride***) SU1479-225-188 MG | Tier 3 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SYMPROIC (*naldemedine tosylate*) 0.2 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| TRULANCE (*plecanatide*) 3 MG TAB | Tier 2 | AL1 (At least 18 yrs old), QLC (1 tab/day) |
| **ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)** | | |
| AEMCOLO (*rifamycin sodium*) 194 MG TAB DR | Tier 3 | PA, QLC (12 tabs/30 days) |
| *alosetron hcl tab 0.5 mg (base equiv)* | Tier 2 | PA |
| *alosetron hcl tab 1 mg (base equiv)* | Tier 2 | PA |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* (DIPHENOXYLATE-ATROPINE) | Tier 1 | |
| DIPHENOXYLATE-ATROPINE (*diphenoxylate w/ atropine*) 2.5-0.025 MG/5ML LIQUID | Tier 2 | |
| LOMOTIL (*diphenoxylate w/ atropine*) 2.5-0.025 MG TAB | Tier 3 | |
| LOTRONEX (*alosetron hcl*) (0.5 MG TAB, 1 MG TAB) | Tier 4 | PA |
| MOTOFEN (*difenoxin w/ atropine*) 1-0.025 MG TAB | Tier 3 | |
| MYTESI (*crofelemer*) 125 MG TAB DR | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| VIBERZI (*eluxadoline*) (75 MG TAB, 100 MG TAB) | Tier 4 | PA, QLC (2 tabs/day) |
| XERMELO (*telotristat etiprate*) 250 MG TAB | Tier 4 | PA, LA, QLC (3 tabs/day) |
| **ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)** | | |
| ANASPAZ (*hyoscyamine sulfate*) 0.125 MG TAB DISP | Tier 3 | |
| *chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg* (CHLORDIAZEPOXIDE-CLIDINIUM) | Tier 3 | QLC (8 caps/day) |
| CHLORDIAZEPOXIDE-CLIDINIUM (*chlordiazepoxide hcl-clidinium bromide*) 5-2.5 MG CAP | Tier 3 | QLC (8 caps/day) |
| CUVPOSA (*glycopyrrolate*) 1 MG/5ML SOLUTION | Tier 3 | PA, QLC (45 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DARTISLA ODT (*glycopyrrolate*) 1.7 MG TAB DISP | Tier 3 | PA, QLC (4 tabs/day) |
| DICYCLOMINE HCL 40 MG TAB | Tier 4 | PA, QLC (4 tabs/day) |
| *dicyclomine hcl cap 10 mg* | Tier 1 | |
| *dicyclomine hcl oral soln 10 mg/5ml* | Tier 1 | |
| *dicyclomine hcl tab 20 mg* | Tier 1 | |
| DONNATAL (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG TAB | Tier 3 | |
| DONNATAL (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG/5ML ELIXIR | Tier 3 | QLC (40 ml/day) |
| GLYCATE (*glycopyrrolate*) 1.5 MG TAB | Tier 4 | PA, QLC (3 tabs/day) |
| GLYCOPYRROLATE 1.5 MG TAB | Tier 4 | PA, QLC (3 tabs/day) |
| *glycopyrrolate oral soln 1 mg/5ml* | Tier 3 | PA, QLC (45 ml/day) |
| *glycopyrrolate tab 1 mg* | Tier 1 | |
| *glycopyrrolate tab 2 mg* | Tier 1 | |
| HYOSCYAMINE SULFATE (0.125 MG SL TAB, 0.125 MG TAB, 0.125 MG TAB DISP, 0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION) | Tier 1 | |
| *hyoscyamine sulfate elixir 0.125 mg/5ml* | Tier 1 | |
| HYOSCYAMINE SULFATE ER 0.375 MG TAB 12H | Tier 1 | |
| HYOSCYAMINE SULFATE SL 0.125 MG TAB | Tier 1 | |
| *hyoscyamine sulfate sl tab 0.125 mg* | Tier 1 | |
| *hyoscyamine sulfate soln 0.125 mg/ml* | Tier 1 | |
| *hyoscyamine sulfate tab 0.125 mg* | Tier 1 | |
| *hyoscyamine sulfate tab disint 0.125 mg* | Tier 1 | |
| hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz) | Tier 1 | |
| *hyoscyamine sulfate tab er 12hr 0.375 mg* (HYOSCYAMINE SULFATE ER) | Tier 1 | |
| HYOSYNE (*hyoscyamine sulfate*) (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LEVBID (*hyoscyamine sulfate*) 0.375 MG TAB ER 12H | Tier 3 | |
| LEVSIN (*hyoscyamine sulfate*) 0.125 MG TAB | Tier 3 | |
| LEVSIN/SL (*hyoscyamine sulfate*) 0.125 MG TAB | Tier 3 | |
| LIBRAX (*chlordiazepoxide hcl-clidinium bromide*) 5-2.5 MG CAP | Tier 3 | QLC (8 caps/day) |
| *methscopolamine bromide tab 2.5 mg* | Tier 1 | |
| *methscopolamine bromide tab 5 mg* | Tier 1 | |
| NULEV (*hyoscyamine sulfate*) 0.125 MG TAB DISP | Tier 1 | |
| OSCIMIN (*hyoscyamine sulfate*) (0.125 MG SL TAB, 0.125 MG TAB) | Tier 1 | |
| *pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml* (PHENOBARBITAL-BELLADONNA ALK) | Tier 1 | QLC (40 ml/day) |
| *pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg* (PHENOBARBITAL-BELLADONNA ALK) | Tier 1 | |
| PB-HYOSCY-ATROPINE-SCOPOLAMINE (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG TAB | Tier 1 | |
| PB-HYOSCY-ATROPINE-SCOPOLAMINE (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG/5ML ELIXIR | Tier 1 | QLC (40 ml/day) |
| PHENOHYTRO (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG TAB | Tier 1 | |
| PHENOHYTRO (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG/5ML ELIXIR | Tier 1 | QLC (40 ml/day) |
| ROBINUL (*glycopyrrolate*) 1 MG TAB | Tier 3 | |
| ROBINUL-FORTE (*glycopyrrolate*) 2 MG TAB | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)** | | |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* (AMOXICILL-CLARITHRO-LANSOPRAZ) *&* | Tier 2 | QLC (one 14-day course/28 days) |
| AMOXICILL-CLARITHRO-LANSOPRAZ (*amoxicillin-clarithromycin w/ lansoprazole*) 500 & 500 & 30 MG THER PACK | Tier 2 | QLC (one 14-day course/28 days) |
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* (BIS SUBCIT-METRONID-TETRACYC) | Tier 2 | QLC (120 caps/30 days) |
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* (BISMUTH/METRONIDAZ/TETRACYCLIN) | Tier 2 | QLC (120 caps/30 days) |
| CHENODAL (*chenodiol*) 250 MG TAB | Tier 4 | PA, LA, QLC (6 tabs/day) |
| *cromolyn sodium oral conc 100 mg/5ml* | Tier 1 | |
| CTEXLI (*chenodiol (basds)*) 250 MG TAB | Tier 4 | PA, LA, QLC (6 tabs/day) |
| GASTROCROM (*cromolyn sodium (mastocytosis)*) 100 MG/5ML CONC | Tier 3 | |
| GATTEX (*teduglutide (rdna)*) 5 MG KIT | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 kit/30 days) |
| GAVILYTE-C (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 240 GM RECON SOLN | Tier 1 | ACA (Preventive Health) |
| GOLYTELY (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 236 GM RECON SOLN | Tier 3 | |
| HELIDAC THERAPY (*metronidazole-tetracycline w/ bismuth subsalicylate*) MISC | Tier 3 | QLC (224 tabs/30 days) |
| HUMATROPE (*somatropin*) (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE) | Tier 4 | PA, S (Specialty Drug) |
| IMCIVREE (*setmelanotide acetate*) 10 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (10 ml (10 vials)/30 days) |
| LIVMARLI (*maralixibat chloride*) (10 MG TAB, 15 MG TAB, 30 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day) |
| LIVMARLI (*maralixibat chloride*) 19 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (2 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LIVMARLI (*maralixibat chloride*) 20 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day) |
| LIVMARLI (*maralixibat chloride*) 9.5 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (3 ml/day) |
| LYNAVOY (*linerixibat*) 40 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day) |
| OCALIVA (*obeticholic acid*) (5 MG TAB, 10 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| OMECLAMOX-PAK (*amoxicillin-clarithromycin w/ omeprazole*) 500-500-20 MG MISC | Tier 3 | QLC (1 pack/30 days) |
| OMNITROPE (*somatropin*) 10 MG/1.5ML SOLN CART | Tier 4 | PA, LA, S (Specialty Drug) |
| OMVOH (300 MG DOSE) (*mirikizumab-mrkz*) (MG 100 MG/ML 200 MG/2ML SOLN A-INJ, MG 100 MG/ML 200 MG/2ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 ml/28 days) |
| OMVOH (*mirikizumab-mrkz*) 100 MG/ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 auto-injector pens/28 days) |
| OMVOH (*mirikizumab-mrkz*) 100 MG/ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 ml/28 days) |
| OMVOH (*mirikizumab-mrkz*) 200 MG/2ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (one auto-injector (2 ml)/28 days) |
| OMVOH (*mirikizumab-mrkz*) 200 MG/2ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (one syringe (2 ml)/28 days) |
| ORLISTAT 120 MG CAP | Tier 3 | PA, QLC (3 caps/day), BL |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) | Tier 1 | ACA (Affordable Care Act) |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* (PEG-3350/ELECTROLYTES) | Tier 1 | ACA (Affordable Care Act) |
| PYLERA (*bismuth subcitrate potassium-metronidazole-tetracycline*) 140-125-125 MG CAP | Tier 3 | QLC (120 caps/30 days) |
| RELTONE (*ursodiol*) (200 MG CAP, 400 MG CAP) | Tier 4 | PA, QLC (2 caps/day) |
| SUFLAVE (*peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate*) 178.7 GM RECON SOLN | Tier 3 | PA |
| TALICIA (*amoxicillin-rifabutin-omeprazole*) 250-12.5-10 MG CAP DR | Tier 3 | QLC (168 caps/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| URSO 250 (*ursodiol*) MG TAB | Tier 3 | |
| URSO FORTE (*ursodiol*) 500 MG TAB | Tier 3 | |
| URSODIOL (200 MG CAP, 400 MG CAP) | Tier 4 | PA, QLC (2 caps/day) |
| *ursodiol cap 300 mg* | Tier 1 | |
| *ursodiol tab 250 mg* | Tier 1 | |
| *ursodiol tab 500 mg* | Tier 1 | |
| VOQUEZNA (*vonoprazan fumarate*) 10 MG TAB | Tier 4 | PA, QLC (1 tab/day; max 180 tabs/365 days) |
| VOQUEZNA (*vonoprazan fumarate*) 20 MG TAB | Tier 4 | PA, QLC (1 tab/day; max 56 tabs/365 days) |
| VOQUEZNA DUAL PAK (*amoxicillin (trihydrate)-vonoprazan fumarate*) 500-20 MG THER PACK | Tier 4 | PA, QLC (112 tabs/30 days) |
| VOQUEZNA TRIPLE PAK (*amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate*) 500-500-20 MG THER PACK | Tier 4 | PA, QLC (112 tabs/30 days) |
| XENICAL (*orlistat*) 120 MG CAP | Tier 3 | PA, QLC (3 caps/day), BL |
| **HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)** | | |
| CIMETIDINE HCL 300 MG/5ML SOLUTION | Tier 1 | |
| *cimetidine hcl soln 300 mg/5ml* | Tier 1 | |
| *cimetidine tab 300 mg* | Tier 1 | |
| *cimetidine tab 400 mg* | Tier 1 | |
| *cimetidine tab 800 mg* | Tier 1 | |
| *famotidine for susp 40 mg/5ml* | Tier 1 | |
| *famotidine tab 40 mg* | Tier 1 | |
| NIZATIDINE (15 MG/ML SOLUTION, 300 MG CAP) | Tier 2 | |
| *nizatidine cap 150 mg* | Tier 2 | |
| PEPCID (*famotidine*) 40 MG TAB | Tier 3 | |
| RANITIDINE HCL (150 MG TAB, 300 MG TAB) | Tier 2 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **PROTECTANTS (Drugs for Acid Reflux and Ulcers)** | | |
| CARAFATE (*sucralfate*) (1 GM TAB, 1 GM/10ML SUSPENSION) | Tier 3 | |
| *sucralfate susp 1 gm/10ml gm/0ml* | Tier 2 | |
| *sucralfate tab 1 gm* | Tier 1 | |
| **PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)** | | |
| ACIPHEX (*rabeprazole sodium*) 20 MG TAB DR | Tier 3 | QLC (3 tabs/day) |
| DEXILANT (*dexlansoprazole*) (30 MG CAP DR, 60 MG CAP DR) | Tier 3 | PA, QLC (1 cap/day) |
| *dexlansoprazole cap delayed release 30 mg* | Tier 2 | PA, QLC (1 cap/day) |
| *dexlansoprazole cap delayed release 60 mg* | Tier 2 | PA, QLC (1 cap/day) |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | Tier 1 | ST, QLC (2 caps/day) |
| *esomeprazole magnesium for delayed release susp pack 2.5 mg* | Tier 2 | PA, QLC (1 packet/day) |
| *esomeprazole magnesium for delayed release susp packet 10 mg* | Tier 2 | ST, QLC (1 packet/day) |
| *esomeprazole magnesium for delayed release susp packet 20 mg* | Tier 2 | ST, QLC (1 packet/day) |
| *esomeprazole magnesium for delayed release susp packet 40 mg* | Tier 2 | ST, QLC (1 packet/day) |
| *esomeprazole magnesium for delayed release susp packet 5 mg* | Tier 2 | PA, QLC (1 packet/day) |
| KONVOMEP (*omeprazole-sodium bicarbonate*) 2-84 MG/ML RECON SUSP | Tier 4 | PA, QLC (20 ml/day) |
| *lansoprazole cap delayed release 30 mg* | Tier 1 | QLC (2 caps/day) |
| *lansoprazole tab delayed release orally disintegrating 30 mg* | Tier 2 | ST, QLC (2 tabs/day) |
| NEXIUM (*esomeprazole magnesium*) (10 MG PACKET, 20 MG PACKET, 40 MG PACKET) | Tier 3 | ST, QLC (1 packet/day) |
| NEXIUM (*esomeprazole magnesium*) (2.5 MG PACKET, 5 MG PACKET) | Tier 3 | PA, QLC (1 packet/day) |
| NEXIUM (*esomeprazole magnesium*) 40 MG CAP DR | Tier 3 | ST, QLC (2 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *omeprazole cap delayed release 10 mg* | Tier 1 | QLC (8 caps/day) |
| *omeprazole cap delayed release 20 mg* | Tier 1 | QLC (4 caps/day) |
| *omeprazole cap delayed release 40 mg* | Tier 1 | QLC (2 caps/day) |
| *omeprazole-sodium bicarbonate cap 40-1100 mg* | Tier 2 | PA, QLC (1 cap/day) |
| *omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg* | Tier 4 | PA, QLC (1 packet/day) |
| *omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg* | Tier 4 | PA, QLC (1 packet/day) |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | Tier 1 | QLC (4 tabs/day) |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | Tier 1 | QLC (2 tabs/day) |
| *pantoprazole sodium for delayed release susp packet 40 mg* | Tier 2 | QLC (2 packets/day) |
| PREVACID (*lansoprazole*) 30 MG CAP DR | Tier 3 | QLC (2 caps/day) |
| PREVACID SOLUTAB (*lansoprazole*) SOLU30 MG DR DISP | Tier 3 | ST, QLC (2 tabs/day) |
| PRILOSEC (*omeprazole magnesium*) 10 MG PACKET | Tier 4 | PA, QLC (2 packs/day) |
| PRILOSEC (*omeprazole magnesium*) 2.5 MG PACKET | Tier 4 | PA, QLC (3 packs/day) |
| PROTONIX (*pantoprazole sodium*) 20 MG TAB DR | Tier 3 | QLC (4 tabs/day) |
| PROTONIX (*pantoprazole sodium*) 40 MG PACKET | Tier 3 | QLC (2 packets/day) |
| PROTONIX (*pantoprazole sodium*) 40 MG TAB DR | Tier 3 | QLC (2 tabs/day) |
| RABEPRAZOLE SODIUM 10 MG CAP SPRINK | Tier 4 | PA, QLC (1 cap/day) |
| *rabeprazole sodium ec tab 20 mg* | Tier 1 | QLC (3 tabs/day) |
| ZEGERID (*omeprazole-sodium bicarbonate*) (20-1680 MG PACKET, 40-1680 MG PACKET) | Tier 4 | PA, QLC (1 packet/day) |
| ZEGERID (*omeprazole-sodium bicarbonate*) 40-1100 MG CAP | Tier 4 | PA, QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)** | | |
| **betaine powder for oral solution**** | Tier 4 | S (Specialty Drug) |
| AGAMREE (*vamorolone*) 40 MG/ML SUSPENSION | Tier 4 | PA, LA, QLC (7.5 ml/day) |
| AQNEURSA (*levacetylleucine*) 1 GM PACKET | Tier 4 | PA, LA, QLC (4 packets/day) |
| AQVESME (*mitapivat sulfate*) 100 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day) |
| BUPHENYL (*sodium phenylbutyrate*) 3 GM/TSP POWDER | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 gm/day) |
| BUPHENYL (*sodium phenylbutyrate*) 500 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (40 tabs/day) |
| CARBAGLU (*carglumic acid*) 200 MG TAB SOL | Tier 4 | PA, LA, QLC (35 tabs/day) |
| *carglumic acid soluble tab 200 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (35 tabs/day) |
| CERDELGA (*eliglustat tartrate*) 84 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 caps/day) |
| CHOLBAM (*cholic acid*) 250 MG CAP | Tier 4 | PA, LA, QLC (5 caps/day) |
| CHOLBAM (*cholic acid*) 50 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day) |
| CREON (*pancrelipase (lipase-protease-amylase)*) (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) | Tier 2 | |
| CYSTADANE (*betaine*) POWDER | Tier 4 | LA |
| CYSTADROPS (*cysteamine hcl*) 0.37 % SOLUTION | Tier 4 | PA, LA, QLC (20 ml(4 bottles)/28 days) |
| CYSTAGON (*cysteamine bitartrate*) 150 MG CAP | Tier 3 | LA, S (Specialty Drug), QLC (26 caps/day) |
| CYSTAGON (*cysteamine bitartrate*) 50 MG CAP | Tier 3 | LA, S (Specialty Drug), QLC (4 caps/day) |
| CYSTARAN (*cysteamine hcl*) 0.44 % SOLUTION | Tier 4 | PA, LA, QLC (4 bottles/28 days) |
| DAYBUE (*trofinetide*) 200 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (120 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DAYBUE STIX (*trofinetide*) (5000 MG PACKET, 6000 MG PACKET) | Tier 4 | PA, LA, QLC (4 packets/day) |
| DAYBUE STIX (*trofinetide*) 8000 MG PACKET | Tier 4 | PA, LA, QLC (2 packets/day) |
| *dichlorphenamide tab 50 mg* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day) |
| dichlorphenamide tab 50 mg (Ormalvi) | Tier 4 | PA, LA, QLC (4 tabs/day) |
| DROXIA (*hydroxyurea (sickle cell disease)*) (200 MG CAP, 300 MG CAP, 400 MG CAP) | Tier 2 | |
| DUVYZAT (*givinostat hcl*) 8.86 MG/ML SUSPENSION | Tier 4 | PA, LA, QLC (12 ml/day) |
| ENDARI (*glutamine (sickle cell)*) 5 GM PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 packets/day) |
| EVRYSDI (*risdiplam*) 0.75 MG/ML RECON SOLN | Tier 4 | PA, LA, QLC (6.67 ml/day) |
| EVRYSDI (*risdiplam*) 5 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day) |
| FORZINITY (*elamipretide hcl*) 280 MG/3.5ML SOLUTION | Tier 4 | PA, LA, QLC (14ml (4 vials)/28 days) |
| GALAFOLD (*migalastat hcl*) 123 MG CAP | Tier 4 | PA, LA, QLC (14 caps/28 days) |
| *glutamine (sickle cell) powd pack 5 gm* (L-GLUTAMINE) | Tier 4 | PA, S (Specialty Drug), QLC (6 packets/day) |
| *glycerol phenylbutyrate liquid 1.1 gm/ml* | Tier 4 | PA, LA, S (Specialty Drug), QLC (17.5 ml/day) |
| HARLIKU (*nitisinone (aku)*) 2 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day) |
| JOENJA (*leniolisib phosphate*) 70 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day), OAC |
| KEVEYIS (*dichlorphenamide*) 50 MG TAB | Tier 4 | PA, LA, QLC (4 tabs/day) |
| KUVAN (*sapropterin dihydrochloride*) 100 MG PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (14 packs/day) |
| KUVAN (*sapropterin dihydrochloride*) 100 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (14 tabs/day) |
| KUVAN (*sapropterin dihydrochloride*) 500 MG PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 packs/day) |
| KYGEVVI (*doxecitine-doxribtimine*) 2-2 GM PACKET | Tier 4 | PA, LA, QLC (16 packets/day) |
| *miglustat cap 100 mg* | Tier 4 | PA, S (Specialty Drug), QLC (3 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| miglustat cap 100 mg (Yargesa) | Tier 4 | PA, LA, QLC (3 caps/day) |
| MIPLYFFA (*arimoclomol citrate*) (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP) | Tier 4 | PA, LA, QLC (3 caps/day) |
| MYALEPT (*metreleptin*) 11.3 MG RECON SOLN | Tier 4 | PA, LA, QLC (1 vial/day) |
| *nitisinone cap 10 mg* | Tier 4 | PA, S (Specialty Drug), QLC (14 caps/day) |
| *nitisinone cap 2 mg* | Tier 4 | PA, S (Specialty Drug), QLC (10 caps/day) |
| *nitisinone cap 20 mg* | Tier 4 | PA, S (Specialty Drug), QLC (8 caps/day) |
| *nitisinone cap 5 mg* | Tier 4 | PA, S (Specialty Drug), QLC (2 caps/day) |
| NITYR (*nitisinone*) 10 MG TAB | Tier 4 | PA, LA, QLC (14 tabs/day) |
| NITYR (*nitisinone*) 2 MG TAB | Tier 4 | PA, LA, QLC (70 tabs/day) |
| NITYR (*nitisinone*) 5 MG TAB | Tier 4 | PA, LA, QLC (28 tabs/day) |
| OLPRUVA (2 GM DOSE) (*sodium phenylbutyrate*) (THER PACK | Tier 4 | PA, LA, QLC (180 packets/30 days) |
| OLPRUVA (3 GM DOSE) (*sodium phenylbutyrate*) (THER PACK | Tier 4 | PA, LA, QLC (180 packets/30 days) |
| OLPRUVA (4 GM DOSE) (*sodium phenylbutyrate*) 2 & 2 THER PACK | Tier 4 | PA, LA, QLC (270 packets/30 days) |
| OLPRUVA (5 GM DOSE) (*sodium phenylbutyrate*) 2 & 3 THER PACK | Tier 4 | PA, LA, QLC (270 packets/30 days) |
| OLPRUVA (6 GM DOSE) (*sodium phenylbutyrate*) 3 & 3 THER PACK | Tier 4 | PA, LA, QLC (270 packets/30 days) |
| OLPRUVA (6.67 GM DOSE) (*sodium phenylbutyrate*) 3 & 3.67 THER PACK | Tier 4 | PA, LA, QLC (270 packets/30 days) |
| OPFOLDA (*miglustat (gaa deficiency)*) 65 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (8 caps/28 days) |
| ORFADIN (*nitisinone*) 10 MG CAP | Tier 4 | PA, LA, QLC (14 caps/day) |
| ORFADIN (*nitisinone*) 2 MG CAP | Tier 4 | PA, LA, QLC (10 caps/day) |
| ORFADIN (*nitisinone*) 20 MG CAP | Tier 4 | PA, LA, QLC (8 caps/day) |
| ORFADIN (*nitisinone*) 4 MG/ML SUSPENSION | Tier 4 | PA, LA, QLC (35 ml/day) |
| ORFADIN (*nitisinone*) 5 MG CAP | Tier 4 | PA, LA, QLC (2 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PALYNZIQ (*pegvaliase-pqpz*) 10 MG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/day) |
| PALYNZIQ (*pegvaliase-pqpz*) 2.5 MG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 syringes/28 days) |
| PALYNZIQ (*pegvaliase-pqpz*) 20 MG/ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 syringes/day) |
| PANCREAZE (*pancrelipase (lipase-protease-amylase)*) (2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART) | Tier 3 | PA |
| PERTZYE (*pancrelipase (lipase-protease-amylase)*) (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART) | Tier 3 | PA |
| PHEBURANE (*sodium phenylbutyrate*) 483 MG/GM PELLET | Tier 4 | PA, LA, S (Specialty Drug), QLC (42 gm/day) |
| PROCYSBI (*cysteamine bitartrate*) 25 MG CAP DR | Tier 4 | PA, LA, QLC (4 caps/day) |
| PROCYSBI (*cysteamine bitartrate*) 300 MG PACKET | Tier 4 | PA, LA, QLC (6 packets/day) |
| PROCYSBI (*cysteamine bitartrate*) 75 MG CAP DR | Tier 4 | PA, LA, QLC (26 caps/day) |
| PROCYSBI (*cysteamine bitartrate*) 75 MG PACKET | Tier 4 | PA, LA, QLC (4 packets/day) |
| PYRUKYND (*mitapivat sulfate*) (5 MG TAB, 20 MG TAB, 50 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day) |
| RAVICTI (*glycerol phenylbutyrate*) 1.1 GM/ML LIQUID | Tier 4 | PA, LA, S (Specialty Drug), QLC (17.5 ml/day) |
| REVCOVI (*elapegademase-lvlr*) 2.4 MG/1.5ML SOLUTION | Tier 4 | PA, LA, QLC (56 vials/30 days) |
| RIVFLOZA (*nedosiran sodium*) 128 MG/0.8ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (0.8 ml/30 days) |
| RIVFLOZA (*nedosiran sodium*) 160 MG/ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/30 days) |
| RIVFLOZA (*nedosiran sodium*) 80 MG/0.5ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug), QLC (0.5 ml/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***sapropterin dihydrochloride powder packet 100 mg*** | Tier 4 | PA, S (Specialty Drug), QLC (14 packs/day) |
| sapropterin dihydrochloride powder packet 100 mg (Javygtor) | Tier 4 | PA, LA, QLC (14 packs/day) |
| sapropterin dihydrochloride powder packet 100 mg (Zelvysia) | Tier 4 | PA, LA, QLC (14 packs/day) |
| ***sapropterin dihydrochloride powder packet 500 mg*** | Tier 4 | PA, S (Specialty Drug), QLC (3 packs/day) |
| sapropterin dihydrochloride powder packet 500 mg (Javygtor) | Tier 4 | PA, LA, QLC (3 packs/day) |
| sapropterin dihydrochloride powder packet 500 mg (Zelvysia) | Tier 4 | PA, LA, QLC (3 packs/day) |
| ***sapropterin dihydrochloride tab 100 mg*** | Tier 4 | PA, S (Specialty Drug), QLC (14 tabs/day) |
| sapropterin dihydrochloride tab 100 mg (Javygtor) | Tier 4 | PA, LA, QLC (14 tabs/day) |
| SEPHIENCE (***sepiapterin***) 1000 MG PACKET | Tier 4 | PA, LA, QLC (6 packets/day) |
| SEPHIENCE (***sepiapterin***) 250 MG PACKET | Tier 4 | PA, LA, QLC (3 packets/day) |
| SIKLOS (***hydroxyurea (sickle cell anemia)***) (100 MG TAB, 1000 MG TAB) | Tier 3 | PA |
| SKYCLARYS (***omaveloxolone***) 50 MG CAP | Tier 4 | PA, LA, QLC (3 caps/day) |
| ***sodium phenylbutyrate oral powder 3 gm/teaspoonful*** | Tier 4 | PA, S (Specialty Drug), QLC (20 gm/day) |
| ***sodium phenylbutyrate tab 500 mg*** | Tier 4 | PA, S (Specialty Drug), QLC (40 tabs/day) |
| SOHONOS (***palovarotene***) (1.5 MG CAP, 10 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 caps/day) |
| SOHONOS (***palovarotene***) 1 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (6 caps/day) |
| SOHONOS (***palovarotene***) 2.5 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (5 caps/day) |
| SOHONOS (***palovarotene***) 5 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 caps/day) |
| STRENSIQ (***asfotase alfa***) (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION) | Tier 4 | PA, LA, QLC (24 vials/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SUCRAID (*sacrosidase*) 8500 UNIT/ML SOLUTION | Tier 4 | PA, LA, QLC (12 ml/day) |
| TEGSEDI (*inotersen sodium*) 284 MG/1.5ML SOLN PRSYR | Tier 4 | PA, LA, QLC (1 syringe/week) |
| VIOKACE (*pancrelipase (lipase-protease-amylase)*) (10440-39150 TAB, 20880-78300 TAB) | Tier 3 | PA |
| VOXZOGO (*vosoritide*) (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 vial/day) |
| VYNDAMAX (*tafamidis*) 61 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day) |
| VYNDAQEL (*tafamidis meglumine (cardiac)*) 20 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day) |
| XOLREMDI (*mavorixafor*) 100 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day) |
| XROMI (*hydroxyurea (sickle cell disease)*) 100 MG/ML SOLUTION | Tier 4 | AL1 (Up to 17 yrs old), QLC (148 ml/30 days) |
| XURIDEN (*uridine triacetate*) 2 GM PACKET | Tier 4 | PA, LA, QLC (4 packets/day) |
| YUVIWEL (*navepegritide*) (1.3 MG RECON SOLN, 2.8 MG RECON SOLN) | Tier 4 | PA, LA, QLC (4 vials/28 days) |
| YUVIWEL (*navepegritide*) 5.5 MG RECON SOLN | Tier 4 | PA, LA, QLC (8 vials/28 days) |
| ZAVESCA (*miglustat*) 100 MG CAP | Tier 4 | PA, LA, QLC (3 caps/day) |
| ZENPEP (*pancrelipase (lipase-protease-amylase)*) (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART) | Tier 2 | |
| ZOKINVY (*lonafarnib*) (50 MG CAP, 75 MG CAP) | Tier 4 | PA, LA, QLC (4 caps/day) |
| ZYCUBO (*copper histidinate*) 2.9 MG RECON SOLN | Tier 4 | PA, LA, QLC (1 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney)** | | |
| **ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)** | | |
| *darifenacin hydrobromide tab er 24hr 15 mg (base equiv)* (DARIFENACIN HYDROBROMIDE ER) | Tier 1 | QLC (1 tab/day) |
| *darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)* (DARIFENACIN HYDROBROMIDE ER) | Tier 1 | QLC (2 tabs/day) |
| DETROL (*tolterodine tartrate*) (1 MG TAB, 2 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| DETROL LA (*tolterodine tartrate*) (2 MG CAP ER 24H, 4 MG CAP ER 24H) | Tier 3 | QLC (1 tab/day) |
| DITROPAN XL (*oxybutynin chloride*) 10 MG TAB ER 24H | Tier 3 | QLC (3 tabs/day) |
| DITROPAN XL (*oxybutynin chloride*) 5 MG TAB ER 24H | Tier 3 | QLC (1 tab/day) |
| *fesoterodine fumarate tab er 24hr 4 mg* (FESOTERODINE FUMARATE ER) *2hr* | Tier 1 | QLC (1 tab/day) |
| *fesoterodine fumarate tab er 24hr 8 mg* (FESOTERODINE FUMARATE ER) | Tier 1 | QLC (1 tab/day) |
| *flavoxate hcl tab 100 mg* | Tier 1 | |
| GEMTESA (*vibegron*) 75 MG TAB | Tier 3 | ST, QLC (1 tab/day) |
| *mirabegron granules for oral extended release susp 8 mg/ml* (MIRABEGRON ER) | Tier 2 | PA, QLC (10 ml/day) |
| *mirabegron tab er 24 hr 25 mg* (MIRABEGRON ER) | Tier 2 | ST, QLC (1 tab/day) |
| *mirabegron tab er 24 hr 50 mg* (MIRABEGRON ER) | Tier 2 | ST, QLC (1 tab/day) |
| MYRBETRIQ (*mirabegron*) (25 MG TAB ER 24H, 50 MG TAB ER 24H) | Tier 3 | ST, QLC (1 tab/day) |
| MYRBETRIQ (*mirabegron*) 8 MG/ML SRER | Tier 3 | PA, QLC (10 ml/day) |
| *oxybutynin chloride solution 5 mg/5ml mg/ml* | Tier 1 | QLC (20 ml/day) |
| *oxybutynin chloride tab 2.5 mg* | Tier 3 | PA, QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *oxybutynin chloride tab 5 mg* | Tier 1 | |
| *oxybutynin chloride tab er 24hr 10 mg* (OXYBUTYNIN CHLORIDE ER) | Tier 1 | QLC (3 tabs/day) |
| *oxybutynin chloride tab er 24hr 15 mg* (OXYBUTYNIN CHLORIDE ER) | Tier 1 | QLC (2 tabs/day) |
| *oxybutynin chloride tab er 24hr 5 mg* (OXYBUTYNIN CHLORIDE ER) | Tier 1 | QLC (1 tab/day) |
| OXYTROL (*oxybutynin*) 3.9 MG/24HR PATCH TW | Tier 3 | ST, QLC (8 patches/28 days) |
| *solifenacin succinate tab 10 mg* | Tier 1 | QLC (1 tab/day) |
| *solifenacin succinate tab 5 mg* | Tier 1 | QLC (1 tab/day) |
| *tolterodine tartrate cap er 24hr 2 mg* (TOLTERODINE TARTRATE ER) *4hr* | Tier 1 | QLC (1 tab/day) |
| *tolterodine tartrate cap er 24hr 4 mg* (TOLTERODINE TARTRATE ER) *2hr* | Tier 1 | QLC (1 tab/day) |
| *tolterodine tartrate tab 1 mg* | Tier 1 | QLC (2 tabs/day) |
| *tolterodine tartrate tab 2 mg* | Tier 1 | QLC (2 tabs/day) |
| TOVIAZ (*fesoterodine fumarate*) (4 MG TAB ER 24H, 8 MG TAB ER 24H) | Tier 3 | QLC (1 tab/day) |
| *trospium chloride cap er 24hr 60 mg* (TROSPIUM CHLORIDE ER) | Tier 1 | QLC (1 cap/day) |
| *trospium chloride tab 20 mg* | Tier 1 | QLC (2 tabs/day) |
| VESICARE (*solifenacin succinate*) (5 MG TAB, 10 MG TAB) | Tier 3 | QLC (1 tab/day) |
| VESICARE LS (*solifenacin succinate*) 5 MG/5ML SUSPENSION | Tier 3 | PA, QLC (10 ml/day) |
| **BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)** | | |
| *alfuzosin hcl tab er 24hr 10 mg* (ALFUZOSIN HCL ER) | Tier 1 | |
| AVODART (*dutasteride*) 0.5 MG CAP | Tier 3 | QLC (1 cap/day) |
| CARDURA XL (*doxazosin mesylate (bph)*) (4 MG TAB ER 24H, 8 MG TAB ER 24H) | Tier 3 | PA, QLC (1 tab/day) |
| CIALIS (*tadalafil*) (10 MG TAB, 20 MG TAB) | Tier 3 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| CIALIS (*tadalafil*) (2.5 MG TAB, 5 MG TAB) | Tier 3 | PA, RO (Retail Only), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *dutasteride cap 0.5 mg* | Tier 1 | QLC (1 cap/day) |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | Tier 2 | PA, QLC (1 cap/day) |
| ENTADFI (*finasteride-tadalafil*) 5-5 MG CAP | Tier 3 | PA, QLC (1 cap/day; max 182 caps/365 days) |
| *finasteride tab 5 mg* | Tier 1 | |
| FLOMAX (*tamsulosin hcl*) 0.4 MG CAP | Tier 3 | |
| JALYN (*dutasteride-tamsulosin hcl*) 0.5-0.4 MG CAP | Tier 3 | PA, QLC (1 cap/day) |
| PROSCAR (*finasteride*) 5 MG TAB | Tier 3 | |
| RAPAFLO (*silodosin*) (4 MG CAP, 8 MG CAP) | Tier 3 | QLC (1 cap/day) |
| *silodosin cap 4 mg* | Tier 1 | QLC (1 cap/day) |
| *silodosin cap 8 mg* | Tier 1 | QLC (1 cap/day) |
| *tadalafil tab 10 mg* | Tier 1 | RO (Retail Only), QLC (8 tabs/30 days) |
| *tadalafil tab 2.5 mg* | Tier 1 | RO (Retail Only), QLC (1 tab/day) |
| *tadalafil tab 20 mg* | Tier 1 | RO (Retail Only), QLC (8 tabs/30 days) |
| *tadalafil tab 20 mg (pah)* (TADALAFIL (PAH)) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| *tadalafil tab 5 mg* | Tier 1 | RO (Retail Only), QLC (1 tab/day) |
| *tamsulosin hcl cap 0.4 mg* | Tier 1 | |
| TEZRULY (*terazosin hcl*) 1 MG/ML SOLUTION | Tier 4 | PA, QLC (20 ml/day) |
| UROXATRAL (*alfuzosin hcl*) 10 MG TAB ER 24H | Tier 3 | |

## GENITOURINARY AGENTS, OTHER (Other Drugs for the Genital, Bladder, and Kidney)

| | | |
|---|---|---|
| *avanafil tab 100 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| *avanafil tab 200 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| *avanafil tab 50 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *bethanechol chloride tab 10 mg* | Tier 1 | |
| *bethanechol chloride tab 25 mg* | Tier 1 | |
| *bethanechol chloride tab 5 mg* | Tier 1 | |
| *bethanechol chloride tab 50 mg* | Tier 1 | |
| CYTRA K CRYSTALS (*potassium citrate-citric acid*) 3300-1002 MG PACET | Tier 1 | |
| ELMIRON (*pentosan polysulfate sodium*) 100 MG CAP | Tier 3 | |
| FILSPARI (*sparsentan*) 200 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| FILSPARI (*sparsentan*) 400 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| INTRAROSA (*prasterone vaginal*) 6.5 MG INSERT | Tier 3 | PA, QLC (1 insert/day) |
| K-PHOS (*potassium phosphate monobasic*) 500 MG TAB | Tier 3 | |
| K-PHOS NO 2 (*potassium & sodium acid phosphates*) 305-700 MG TAB | Tier 3 | |
| K-PHOS-NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB | Tier 3 | |
| LITHOSTAT (*acetohydroxamic acid*) 250 MG TAB | Tier 3 | |
| ORACIT (*sodium citrate & citric acid*) 490-640 MG/5ML SOLUTION | Tier 3 | |
| ORAL CITRATE (*sodium citrate & citric acid*) 490-640 MG/5ML SOLUTION | Tier 3 | |
| PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB) | Tier 1 | |
| *phenazopyridine hcl tab 100 mg* | Tier 1 | |
| *phenazopyridine hcl tab 200 mg* | Tier 1 | |
| PHEXX (*lactic acid-citric acid-potassium bitartrate*) 1.8-1-0.4 % GEL | Tier 3 | ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days) |
| PHEXXI (*lactic acid-citric acid-potassium bitartrate*) 1.8-1-0.4 % GEL | Tier 3 | ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days) |
| PHOSPHA 250 NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PHOSPHO-TRIN 250 NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB | Tier 1 | |
| PHOSPHO-TRIN K500 (*potassium phosphate monobasic*) KMG TAB | Tier 1 | |
| PHOSPHOROUS (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB | Tier 1 | |
| POT & SOD CIT-CIT AC (*pot & sod citrates w/citric ac*) 550-500-334 MG/5ML SOLUTION | Tier 1 | |
| *pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml* (POT & SOD CIT-CIT AC) | Tier 1 | |
| *potassium citrate & citric acid soln 1100-334 mg/5ml* (POTASSIUM CITRATE-CITRIC ACID) | Tier 1 | |
| POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION | Tier 1 | |
| PYRIDIUM (*phenazopyridine hcl*) (100 MG TAB, 200 MG TAB) | Tier 3 | |
| RENACIDIN (*citric acid-gluconolactone-magnesium carbonate*) SOLUTION | Tier 3 | PA, QLC (180 ml/day) |
| *sildenafil citrate tab 100 mg* | Tier 1 | RO (Retail Only), QLC (8 tabs/30 days) |
| *sildenafil citrate tab 25 mg* | Tier 1 | RO (Retail Only), QLC (8 tabs/30 days) |
| *sildenafil citrate tab 50 mg* | Tier 1 | RO (Retail Only), QLC (8 tabs/30 days) |
| SOD CITRATE-CITRIC ACID (*sodium citrate & citric acid*) (1.5-1 GM/15ML SOLUTION, 3-2 GM/30ML SOLUTION, 500-334 MG/5ML SOLUTION) | Tier 1 | |
| *sodium citrate & citric acid soln 500-334 mg/5ml* (SOD CITRATE-CITRIC ACID) | Tier 1 | |
| SODIUM CITRATE-CITRIC ACID (*sodium citrate & citric acid*) (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION) | Tier 1 | |
| THIOLA (*tiopronin*) 100 MG TAB | Tier 4 | PA, LA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| THIOLA EC (*tiopronin*) (EC 100 MG TAB DR, EC 300 MG TAB DR) | Tier 4 | PA, LA |
| *tiopronin tab 100 mg* | Tier 4 | PA, S (Specialty Drug) |
| *tiopronin tab delayed release 100 mg* | Tier 4 | PA, S (Specialty Drug) |
| tiopronin tab delayed release 100 mg (Venxxiva) | Tier 4 | PA, LA |
| *tiopronin tab delayed release 300 mg* | Tier 4 | PA, S (Specialty Drug) |
| tiopronin tab delayed release 300 mg (Venxxiva) | Tier 4 | PA, LA |
| TRICITRATES (*pot & sod citrates w/citric ac*) 550-500-334 MG/5ML SOLUTION | Tier 1 | |
| VANRAFIA (*atrasentan hcl*) 0.75 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day) |
| *vardenafil hcl orally disintegrating tab 10 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| *vardenafil hcl tab 10 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| *vardenafil hcl tab 2.5 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| *vardenafil hcl tab 20 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| *vardenafil hcl tab 5 mg* | Tier 2 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| VIAGRA (*sildenafil citrate*) (25 MG TAB, 50 MG TAB, 100 MG TAB) | Tier 3 | PA, RO (Retail Only), QLC (8 tabs/30 days) |
| VYBRIQUE (*sildenafil citrate*) (25 MG FILM, 50 MG FILM, 75 MG FILM, 100 MG FILM) | Tier 3 | PA, RO (Retail Only), QLC (8 films/30 days) |
| WES-PHOS 250 NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) 155-852-130 MG TAB | Tier 1 | |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)

| | | |
|---|---|---|
| ACTHAR (*corticotropin*) 80 UNIT/ML GEL | Tier 4 | PA, LA, S (Specialty Drug) |
| ACTHAR GEL (*corticotropin*) 40 UNIT/0.5ML PEN | Tier 4 | PA, LA, S (Specialty Drug), QLC (0.5 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ACTHAR GEL (*corticotropin*) 80 UNIT/ML PEN | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 ml/day) |
| CORTISONE ACETATE 25 MG TAB | Tier 1 | |
| CORTROPHIN (*corticotropin*) 80 UNIT/ML GEL | Tier 4 | PA, LA, S (Specialty Drug) |
| CORTROPHIN GEL (*corticotropin*) 40 UNIT/0.5ML PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (0.5ml/day) |
| CORTROPHIN GEL (*corticotropin*) 80 UNIT/ML PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1ml/day) |
| *deflazacort susp 22.75 mg/ml* | Tier 4 | PA, LA, S (Specialty Drug), QLC (78ml (6 bottles)/30 days) |
| deflazacort susp 22.75 mg/ml (Jaythari) | Tier 4 | PA, LA, S (Specialty Drug), QLC (78ml (6 bottles)/30 days) |
| deflazacort susp 22.75 mg/ml (Kymbee) | Tier 4 | PA, LA, S (Specialty Drug), QLC (78ml (6 bottles)/30 days) |
| deflazacort susp 22.75 mg/ml (Pyquvi) | Tier 4 | PA, LA, S (Specialty Drug), QLC (78ml (6 bottles)/30 days) |
| *deflazacort tab 18 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| deflazacort tab 18 mg (Jaythari) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| deflazacort tab 18 mg (Kymbee) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| *deflazacort tab 30 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| deflazacort tab 30 mg (Jaythari) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| deflazacort tab 30 mg (Kymbee) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *deflazacort tab 36 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| deflazacort tab 36 mg (Jaythari) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| deflazacort tab 36 mg (Kymbee) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *deflazacort tab 6 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| deflazacort tab 6 mg (Jaythari) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| deflazacort tab 6 mg (Kymbee) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| DEXABLISS (*dexamethasone*) 1.5 MG (39) TAB THPK | Tier 3 | PA |
| DEXAMETHASONE (1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK) | Tier 3 | PA |
| DEXAMETHASONE 0.5 MG/5ML SOLUTION | Tier 1 | |
| *dexamethasone elixir 0.5 mg/5ml* | Tier 1 | |
| DEXAMETHASONE INTENSOL 1 MG/ML CONC | Tier 1 | |
| *dexamethasone tab 0.5 mg* | Tier 1 | |
| *dexamethasone tab 0.75 mg* | Tier 1 | |
| *dexamethasone tab 1 mg* | Tier 1 | |
| *dexamethasone tab 1.5 mg* | Tier 1 | |
| *dexamethasone tab 2 mg* | Tier 1 | |
| *dexamethasone tab 4 mg* | Tier 1 | |
| *dexamethasone tab 6 mg* | Tier 1 | |
| *dexamethasone tab therapy pack 1.5 mg (21)* | Tier 3 | PA |
| dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day) | Tier 3 | PA |
| dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day) | Tier 3 | PA |
| DXEVO 11-DAY (*dexamethasone*) 1.5 MG TAB THPK | Tier 3 | PA |
| EMFLAZA (*deflazacort*) (6 MG TAB, 30 MG TAB, 36 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day) |
| EMFLAZA (*deflazacort*) 18 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day) |
| EMFLAZA (*deflazacort*) 22.75 MG/ML SUSPENSION | Tier 4 | PA, LA, QLC (78ml (6 bottles)/30 days) |
| *fludrocortisone acetate tab 0.1 mg* | Tier 1 | |
| MEDROL (*methylprednisolone*) (4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB) | Tier 3 | |
| MEDROL (*methylprednisolone*) 2 MG TAB | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *methylprednisolone tab 16 mg* | Tier 1 | |
| *methylprednisolone tab 32 mg* | Tier 1 | |
| *methylprednisolone tab 4 mg* | Tier 1 | |
| *methylprednisolone tab 8 mg* | Tier 1 | |
| *methylprednisolone tab therapy pack 4 mg (21)* | Tier 1 | |
| MIFEPREX (*mifepristone*) 200 MG TAB | Tier 3 | QLC (1 tablet/fill) |
| *mifepristone tab 200 mg* | Tier 1 | QLC (1 tablet/fill) |
| ORAPRED ODT (*prednisolone sodium phosphate*) (ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP) | Tier 3 | PA |
| PEDIAPRED (*prednisolone sodium phosphate*) 5 MG/5ML SOLUTION | Tier 3 | |
| *prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)* (PREDNISOLONE SODIUM PHOSPHATE) | Tier 1 | |
| *prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)* (PREDNISOLONE SODIUM PHOSPHATE) | Tier 1 | |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* (PREDNISOLONE SODIUM PHOSPHATE) | Tier 1 | |
| *prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)* (PREDNISOLONE SODIUM PHOSPHATE) | Tier 1 | |
| *prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)* (PREDNISOLONE SODIUM PHOSPHATE) *mg/ml* | Tier 1 | |
| PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP) | Tier 2 | PA |
| PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION | Tier 1 | |
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | Tier 1 | |
| *prednisolone soln 15 mg/5ml* | Tier 1 | |
| *prednisolone tab 5 mg* | Tier 3 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| prednisolone tab 5 mg (Millipred) | Tier 3 | PA |
| PREDNISONE 1 MG TAB DR | Tier 4 | PA, QLC (1 tab/day) |
| PREDNISONE 2 MG TAB DR | Tier 4 | PA, QLC (2 tabs/day) |
| PREDNISONE 5 MG/5ML SOLUTION | Tier 1 | |
| PREDNISONE INTENSOL 5 MG/ML CONC | Tier 1 | |
| *prednisone tab 1 mg* | Tier 1 | |
| *prednisone tab 10 mg* | Tier 1 | |
| *prednisone tab 2.5 mg* | Tier 1 | |
| *prednisone tab 20 mg* | Tier 1 | |
| *prednisone tab 5 mg* | Tier 1 | |
| *prednisone tab 50 mg* | Tier 1 | |
| *prednisone tab therapy pack 10 mg (21)* | Tier 1 | |
| *prednisone tab therapy pack 10 mg (48)* | Tier 1 | |
| *prednisone tab therapy pack 5 mg (21)* | Tier 1 | |
| *prednisone tab therapy pack 5 mg (48)* | Tier 1 | |
| RAYOS (*prednisone*) 1 MG TAB DR | Tier 4 | PA, QLC (1 tab/day) |
| RAYOS (*prednisone*) 2 MG TAB DR | Tier 4 | PA, QLC (2 tabs/day) |
| RAYOS (*prednisone*) 5 MG TAB DR | Tier 4 | PA, QLC (12 tabs/day) |
| TAPERDEX 12-DAY (*dexamethasone*) 1.5 MG (49) TAB THPK | Tier 3 | PA |
| TAPERDEX 7-DAY (*dexamethasone*) 1.5 MG (27) TAB THPK | Tier 3 | PA |
| TARPEYO (*budesonide*) 4 MG CAP DR | Tier 4 | PA, LA, QLC (4 caps/day) |
| ZCORT 7-DAY (*dexamethasone*) 1.5 MG (25) TAB THPK | Tier 3 | PA |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)

| | | |
|---|---|---|
| CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN | Tier 4 | PA, S (Specialty Drug) |
| DDAVP (*desmopressin acetate*) (0.1 MG TAB, 0.2 MG TAB) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DESMODA (*desmopressin acetate*) 0.05 MG/ML SOLUTION | Tier 4 | PA, LA |
| DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION | Tier 4 | LA, QLC (2.5 ml/30 days) |
| *desmopressin acetate nasal spray soln 0.01%* (DESMOPRESSIN ACETATE SPRAY) | Tier 1 | |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* (DESMOPRESSIN ACE SPRAY REFRIG) | Tier 1 | |
| DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION | Tier 1 | |
| *desmopressin acetate tab 0.1 mg* | Tier 1 | |
| *desmopressin acetate tab 0.2 mg* | Tier 1 | |
| EGRIFTA SV (*tesamorelin acetate*) 2 MG RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 vial/day) |
| EGRIFTA WR (*tesamorelin acetate*) 11.6 MG KIT | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 vials/28 days) |
| FOLLISTIM AQ (*follitropin beta*) (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| GENOTROPIN (*somatropin*) (5 MG CARTRIDGE, 12 MG CARTRIDGE) | Tier 4 | PA, S (Specialty Drug) |
| GENOTROPIN MINIQUICK (*somatropin*) (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR) | Tier 4 | PA, S (Specialty Drug) |
| GONAL-F (*follitropin alfa*) (450 RECON SOLN, 1050 RECON SOLN) | Tier 4 | PA, S (Specialty Drug) |
| GONAL-F RFF (*follitropin alfa*) 75 UNIT RECON SOLN | Tier 4 | PA, S (Specialty Drug) |
| GONAL-F RFF REDIJECT (*follitropin alfa*) (300 UNT/0.48ML SOLN PEN, 450 UNT/0.72ML SOLN PEN, 900 UNT/1.44ML SOLN PEN) | Tier 4 | PA, S (Specialty Drug) |
| INCRELEX (*mecasermin*) 40 MG/4ML SOLUTION | Tier 4 | PA, LA |
| ISTURISA (*osilodrostat phosphate*) 1 MG TAB | Tier 4 | PA, LA, QLC (8 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ISTURISA (*osilodrostat phosphate*) 10 MG TAB | Tier 4 | PA, LA, QLC (6 tabs/day) |
| ISTURISA (*osilodrostat phosphate*) 5 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day) |
| MENOPUR (*menotropins*) 75 UNIT RECON SOLN | Tier 4 | PA, S (Specialty Drug) |
| MYFEMBREE (*relugolix-estradiol-norethindrone acetate*) 40-1-0.5 MG TAB | Tier 4 | PA, QLC (1 tab/day) |
| NGENLA (*somatrogon-ghla*) (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN) | Tier 4 | PA, LA, S (Specialty Drug) |
| NOCDURNA (*desmopressin acetate*) (27.7 MCG SL TAB, 55.3 MCG SL TAB) | Tier 3 | PA, QLC (1 tab/day) |
| NORDITROPIN FLEXPRO (*somatropin*) (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN) | Tier 4 | PA, S (Specialty Drug) |
| NOVAREL (*chorionic gonadotropin*) 5000 UNIT RECON SOLN | Tier 4 | PA, S (Specialty Drug) |
| OMNITROPE (*somatropin*) (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN) | Tier 4 | PA, LA, S (Specialty Drug) |
| OVIDREL (*choriogonadotropin alfa*) 250 MCG/0.5ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/28 days) |
| PREGNYL (*chorionic gonadotropin*) 10000 UNIT RECON SOLN | Tier 4 | PA, S (Specialty Drug) |
| SAIZEN (*somatropin (non-refrigerated)*) (5 MG RECON SOLN, 8.8 MG RECON SOLN) | Tier 4 | PA, LA, S (Specialty Drug) |
| SAIZENPREP (*somatropin (non-refrigerated)*) 8.8 MG RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug) |
| SEROSTIM (*somatropin (non-refrigerated)*) (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN) | Tier 4 | PA, LA, S (Specialty Drug) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SKYTROFA (*lonapegsomatropin-tcgd*) (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE, 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE) | Tier 4 | PA, LA, S (Specialty Drug) |
| SOGROYA (*somapacitan-beco*) (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN) | Tier 4 | PA, LA, S (Specialty Drug) |
| STIMATE (*desmopressin acetate*) 1.5 MG/ML SOLUTION | Tier 4 | S (Specialty Drug), QLC (2.5 ml/30 days) |
| ZOMACTON (*somatropin*) (5 MG RECON SOLN, 10 MG RECON SOLN) | Tier 4 | PA, S (Specialty Drug) |
| ZORBTIVE (*somatropin (non-refrigerated)*) 8.8 MG RECON SOLN | Tier 4 | PA, S (Specialty Drug) |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)** | | |
| CAVERJECT (*alprostadil (vasodilator)*) (20 MCG RECON SOLN, 40 MCG RECON SOLN) | Tier 3 | PA, QLC (6 injections/30 days) |
| CAVERJECT IMPULSE (*alprostadil (vasodilator)*) (10 MCG KIT, 20 MCG KIT) | Tier 3 | PA, QLC (6 injections/30 days) |
| CYTOTEC (*misoprostol*) (100 MCG TAB, 200 MCG TAB) | Tier 3 | |
| EDEX (2 CARTRIDGE) (*alprostadil (vasodilator)*) (10 MCG KIT, 20 MCG KIT, 40 MCG KIT) | Tier 3 | PA, QLC (6 injections/30 days) |
| EDEX (6 CARTRIDGE) (*alprostadil (vasodilator)*) (10 MCG KIT, 20 MCG KIT, 40 MCG KIT) | Tier 3 | PA, QLC (6 injections/30 days) |
| *misoprostol tab 100 mcg* | Tier 1 | |
| *misoprostol tab 200 mcg* | Tier 1 | |
| MUSE (*alprostadil (vasodilator)*) (250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET) | Tier 3 | PA, QLC (6 suppositories/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)** | | |
| **ANABOLIC STEROIDS** | | |
| OXANDROLONE 10 MG TAB | Tier 1 | QLC (2 tabs/day) |
| OXANDROLONE 2.5 MG TAB | Tier 1 | QLC (8 tabs/day) |
| *oxandrolone tab 10 mg* | Tier 1 | QLC (2 tabs/day) |
| *oxandrolone tab 2.5 mg* | Tier 1 | QLC (8 tabs/day) |
| **ANDROGENS** | | |
| ANDRODERM (*testosterone*) (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR) | Tier 3 | PA, QLC (1 patch/day) |
| ANDROGEL (*testosterone*) (25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL) | Tier 3 | PA, QLC (300 grams/28 days) |
| ANDROGEL (*testosterone*) 20.25 MG/1.25GM (1.62%) | Tier 3 | PA, QLC (1 packet/day) |
| ANDROGEL (*testosterone*) 40.5 MG/2.5GM (1.62%) | Tier 3 | PA, QLC (2 packets/day) |
| ANDROGEL PUMP (*testosterone*) 20.25 MG/ACT (1.62%) | Tier 3 | PA, QLC (2 bottles/28 days) |
| *danazol cap 100 mg* | Tier 1 | |
| *danazol cap 200 mg* | Tier 1 | |
| *danazol cap 50 mg* | Tier 1 | |
| FORTESTA (*testosterone*) 10 MG/ACT (2%) GEL | Tier 3 | PA, QLC (2 bottles/28 days) |
| JATENZO (*testosterone undecanoate*) (158 MG CAP, 198 MG CAP) | Tier 3 | PA, QLC (4 caps/day) |
| JATENZO (*testosterone undecanoate*) 237 MG CAP | Tier 3 | PA, QLC (2 caps/day) |
| KYZATREX (*testosterone undecanoate*) (150 MG CAP, 200 MG CAP) | Tier 3 | PA, QLC (4 caps/day) |
| METHITEST (*methyltestosterone*) 10 MG TAB | Tier 2 | PA |
| *methyltestosterone cap 10 mg* | Tier 1 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NATESTO (*testosterone*) 5.5 MG/ACT GEL | Tier 3 | PA, QLC (3 bottles/30 days) |
| TESTIM (*testosterone*) 50 MG/5GM (1%) GEL | Tier 3 | PA, QLC (300 grams/28 days) |
| TESTOSTERONE (12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL) | Tier 1 | PA, QLC (300 grams/28 days) |
| TESTOSTERONE 10 MG/ACT (2%) GEL | Tier 1 | PA, QLC (2 bottles/28 days) |
| TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL | Tier 1 | PA, QLC (1 packet/day) |
| *testosterone cypionate im inj in oil 100 mg/ml* | Tier 1 | QLC (10 ml/28 days) |
| testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone) | Tier 1 | QLC (10 ml/28 days) |
| *testosterone cypionate im inj in oil 200 mg/ml* | Tier 1 | QLC (10 ml/28 days) |
| testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone) | Tier 1 | QLC (10 ml/28 days) |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | Tier 1 | QLC (5 ml/28 days) |
| *testosterone td gel 10mg/act (2%)* | Tier 1 | PA, QLC (2 bottles/28 days) |
| *testosterone td gel 12.5 mg/act (1%)* | Tier 1 | PA, QLC (300 grams/28 days) |
| *testosterone td gel 20.25 mg/1.25gm (1.62%)* | Tier 1 | PA, QLC (1 packet/day) |
| *testosterone td gel 20.25 mg/act (1.62%)* | Tier 1 | PA, QLC (2 bottles/28 days) |
| *testosterone td gel 25 mg/2.5gm (1%)* | Tier 1 | PA, QLC (300 grams/28 days) |
| *testosterone td gel 40.5 mg/2.5gm (1.62%)* | Tier 1 | PA, QLC (2 packets/day) |
| *testosterone td gel 50 mg/5gm (1%)* | Tier 1 | PA, QLC (300 grams/28 days) |
| *testosterone td soln 30 mg/act* | Tier 1 | PA, QLC (2 bottles/28 days) |
| TLANDO (*testosterone undecanoate*) 112.5 MG CAP | Tier 3 | PA, QLC (4 caps/day) |
| UNDECATREX (*testosterone undecanoate*) 200 MG CAP | Tier 4 | PA, QLC (4 caps/day) |
| VOGELXO (*testosterone*) 50 MG/5GM (1%) | Tier 3 | PA, QLC (300 grams/28 days) |
| VOGELXO PUMP (*testosterone*) 12.5 MG/ACT (1%) | Tier 3 | PA, QLC (300 grams/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| XYOSTED (*testosterone enanthate*) (50 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN A-INJ, 100 MG/0.5ML SOLN A-INJ) | Tier 3 | PA, QLC (1 injection/week) |
| **ESTROGENS (Contraceptives and Drugs for Menopause)** | | |
| ALORA (*estradiol*) (0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) | Tier 3 | QLC (16 patches/28 days) |
| ANGELIQ (*drospirenone-estradiol*) (0.25-0.5 MG TAB, 0.5-1 MG TAB) | Tier 3 | QLC (1 tab/day) |
| ANNOVERA (*segesterone acetate-ethinyl estradiol*) 0.013-0.15 MG/24HR RING | Tier 3 | ACA (Preventive Health), QLC (1 ring/ 365 days) |
| ARANELLE (*norethindrone-eth estradiol (triphasic)*) 0.5/1/0.5-35 MG-MCG TAB | Tier 1 | ACA (Preventive Health) |
| AVERI (*desogestrel-ethinyl estradiol & iron*) 0.15-0.03 MG TAB | Tier 1 | ACA (Preventive Health) |
| BALCOLTRA (*levonorgestrel-ethinyl estradiol-ferrous bisglycinate*) 0.1-20 MG-MCG(21) TAB | Tier 3 | |
| BEYAZ (*drospirenone-ethinyl estradiol-levomefolate calcium*) 3-0.02-0.451 MG TAB | Tier 3 | |
| BIJUVA (*estradiol-progesterone*) 0.5-100 MG CAP | Tier 3 | QLC (1 cap/day) |
| CLIMARA (*estradiol*) (0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK) | Tier 3 | QLC (8 patches/28 days) |
| CLIMARA PRO (*estradiol-levonorgestrel*) 0.045-0.015 MG/DAY PATCH WK | Tier 2 | QLC (4 patches/28 days) |
| COVARYX (*esterified estrogens & methyltestosterone*) 1.25-2.5 MG TAB | Tier 1 | |
| COVARYX HS (*esterified estrogens & methyltestosterone*) 0.625-1.25 MG TAB | Tier 1 | |
| DELESTROGEN (*estradiol valerate*) (10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL) | Tier 3 | |
| DEPO-ESTRADIOL (*estradiol cypionate*) 5 MG/ML OIL | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette) | Tier 1 | ACA (Preventive Health) |
| ***desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)*** (DESOGESTREL-ETHINYL ESTRADIOL) | Tier 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva) | Tier 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea) | Tier 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya) | Tier 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele) | Tier 1 | ACA (Preventive Health) |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea) | Tier 1 | ACA (Preventive Health) |
| desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred) | Tier 1 | ACA (Preventive Health) |
| ***desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** (DESOGESTREL-ETHINYL ESTRADIOL) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga) | Tier 1 | ACA (Preventive Health) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DIVIGEL (*estradiol*) (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL) | Tier 3 | QLC (1 pack/day) |
| ***drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg*** (DROSPIREN-ETH ESTRAD-LEVOMEFOL) | Tier 1 | ACA (Preventive Health) |
| ***drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg*** (DROSPIREN-ETH ESTRAD-LEVOMEFOL) | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) | Tier 1 | ACA (Preventive Health) |
| ***drospirenone-ethinyl estradiol tab 3-0.02 mg*** | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel) | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine) | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna) | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki) | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura) | Tier 1 | ACA (Preventive Health) |
| ***drospirenone-ethinyl estradiol tab 3-0.03 mg*** | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella) | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda) | Tier 1 | ACA (Preventive Health) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine) | Tier 1 | ACA (Preventive Health) |
| EEMT (***esterified estrogens & methyltestosterone***) 1.25-2.5 MG TAB | Tier 1 | |
| EEMT HS (***esterified estrogens & methyltestosterone***) 0.625-1.25 MG TAB | Tier 1 | |
| ELESTRIN (***estradiol***) 0.52 MG/0.87 GM (0.06%) GEL | Tier 3 | QLC (1 package (2 bottles)/ 30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EST ESTROGENS-METHYLTEST (*esterified estrogens & methyltestosterone*) 1.25-2.5 MG TAB | Tier 1 | |
| EST ESTROGENS-METHYLTEST DS (*esterified estrogens & methyltestosterone*) 1.25-2.5 MG TAB | Tier 1 | |
| EST ESTROGENS-METHYLTEST HS (*esterified estrogens & methyltestosterone*) 0.625-1.25 MG TAB | Tier 1 | |
| *esterified estrogens & methyltestosterone tab 0.625-1.25 mg* (EST ESTROGENS-METHYLTEST HS) | Tier 1 | |
| *esterified estrogens & methyltestosterone tab 1.25-2.5 mg* (EST ESTROGENS-METHYLTEST DS) | Tier 1 | |
| *esterified estrogens & methyltestosterone tab 1.25-2.5 mg* (EST ESTROGENS-METHYLTEST) | Tier 1 | |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.S.) | Tier 1 | |
| ESTRACE (*estradiol vaginal*) 0.01 % CREAM | Tier 3 | |
| ESTRACE (*estradiol*) (0.5 MG TAB, 1 MG TAB, 2 MG TAB) | Tier 3 | |
| *estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)* | Tier 2 | QLC (1 bottle/30 days) |
| *estradiol tab 0.5 mg* | Tier 1 | |
| *estradiol tab 1 mg* | Tier 1 | |
| *estradiol tab 2 mg* | Tier 1 | |
| *estradiol td gel 0.25 mg/0.25gm (0.1%)* | Tier 2 | QLC (1 pack/day) |
| *estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm* | Tier 2 | QLC (1 pack/day) |
| *estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm* | Tier 2 | QLC (1 pack/day) |
| *estradiol td gel 1 mg/gm (0.1%) (0.%)* | Tier 2 | QLC (1 pack/day) |
| *estradiol td gel 1.25 mg/1.25gm (0.1%)* | Tier 2 | QLC (1 pack/day) |
| *estradiol td patch twice weekly 0.025 mg/24hr* | Tier 1 | QLC (16 patches/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| estradiol td patch twice weekly 0.025 mg/24hr (Dotti) | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.025 mg/24hr (Lyllana) | Tier 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.0375 mg/24hr* | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.0375 mg/24hr (Dotti) | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana) | Tier 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.05 mg/24hr* | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.05 mg/24hr (Dotti) | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.05 mg/24hr (Lyllana) | Tier 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.075 mg/24hr* | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.075 mg/24hr (Dotti) | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.075 mg/24hr (Lyllana) | Tier 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.1 mg/24hr* | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.1 mg/24hr (Dotti) | Tier 1 | QLC (16 patches/28 days) |
| estradiol td patch twice weekly 0.1 mg/24hr (Lyllana) | Tier 1 | QLC (16 patches/28 days) |
| *estradiol td patch weekly 0.025 mg/24hr* | Tier 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | Tier 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.05 mg/24hr* | Tier 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.06 mg/24hr* | Tier 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.075 mg/24hr* | Tier 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.1 mg/24hr* | Tier 1 | QLC (8 patches/28 days) |
| *estradiol vaginal cream 0.01%* | Tier 1 | |
| *estradiol vaginal tab 10 mcg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| estradiol vaginal tab 10 mcg (Yuvafem) | Tier 1 | |
| *estradiol valerate im in oil 10 mg/ml* | Tier 1 | |
| *estradiol valerate im in oil 20 mg/ml* | Tier 1 | |
| *estradiol valerate im in oil 40 mg/ml* | Tier 1 | |
| ESTRATEST H.S. (*esterified estrogens & methyltestosterone*) 0.625-1.25 MG TAB | Tier 1 | |
| ESTRING (*estradiol vaginal*) (2 MG RING, 7.5 MCG/24HR RING) | Tier 2 | QLC (1 ring/90 days) |
| ESTROGEL (*estradiol*) 0.75 MG/1.25 GM (0.06%) | Tier 3 | QLC (1 bottle/30 days) |
| *estrogens, conjugated tab 0.3 mg* (ESTROGENS CONJUGATED) | Tier 2 | |
| *estrogens, conjugated tab 0.45 mg* (ESTROGENS CONJUGATED) | Tier 2 | |
| *estrogens, conjugated tab 0.625 mg* (ESTROGENS CONJUGATED) | Tier 2 | |
| *estrogens, conjugated tab 0.9 mg* (ESTROGENS CONJUGATED) | Tier 2 | |
| *estrogens, conjugated tab 1.25 mg* (ESTROGENS CONJUGATED) | Tier 2 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* (ETHYNODIOL DIAC-ETH ESTRADIOL) | Tier 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35) | Tier 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Valtya 1/35) | Tier 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)) | Tier 1 | ACA (Preventive Health) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* (ETHYNODIOL DIAC-ETH ESTRADIOL) | Tier 1 | ACA (Preventive Health) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50) | Tier 1 | ACA (Preventive Health) |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | Tier 1 | ACA (Preventive Health) |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring) | Tier 1 | ACA (Preventive Health) |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette) | Tier 1 | ACA (Preventive Health) |
| ***etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr*** | Tier 1 | ACA (Preventive Health) |
| etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring) | Tier 1 | ACA (Preventive Health) |
| EVAMIST (***estradiol***) 1.53 MG/SPRAY SOLUTION | Tier 3 | QLC (2 bottles/30 days) |
| FEMLYV (***norethindrone acet & eth estra***) 1-0.02 MG TAB DISP | Tier 3 | ACA (Preventive Health) |
| FEMRING (***estradiol acetate vaginal***) (0.05 MG/24HR RING, 0.1 MG/24HR RING) | Tier 3 | QLC (1 ring/3 months) |
| GENERESS FE (***norethindrone & ethinyl estradiol-fe***) 0.8-25 MG-MCG CHEW TAB | Tier 3 | |
| IMVEXXY MAINTENANCE PACK (***estradiol vaginal***) (PACK 4 MCG INSERT, PACK 10 MCG INSERT) | Tier 3 | PA, QLC (8 inserts/28 days) |
| IMVEXXY STARTER PACK (***estradiol vaginal***) (PACK 4 MCG INSERT, PACK 10 MCG INSERT) | Tier 3 | PA, QLC (18 inserts/28 days; 2 fills/365 days) |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Fayosim) | Tier 1 | ACA (Preventive Health) |
| ***levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg*** (LEVONORGEST-ETH EST & ETH EST) | Tier 1 | ACA (Preventive Health) |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Rivelsa) | Tier 1 | ACA (Preventive Health) |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Rosyrah) | Tier 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo) | Tier 1 | ACA (Preventive Health) |
| ***levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)*** (LEVONORGEST-ETH ESTRAD 91-DAY) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess) | Tier 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia) | Tier 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna) | Tier 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese) | Tier 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee) | Tier 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess) | Tier 1 | ACA (Preventive Health) |
| ***levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)*** (LEVONORGEST-ETH ESTRAD 91-DAY) | Tier 1 | ACA (Preventive Health) |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa) | Tier 1 | ACA (Preventive Health) |
| ***levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg*** (LEVONORGEST-ETH ESTRAD 91-DAY) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina) | Tier 1 | ACA (Affordable Care Act) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina) | Tier 1 | ACA (Affordable Care Act) |
| ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** (LEVONORGESTREL-ETHINYL ESTRAD) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva) | Tier 1 | ACA (Affordable Care Act) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo) | Tier 1 | ACA (Preventive Health) |
| ***levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** (LEVONORGESTREL-ETHINYL ESTRAD) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg*** (LEVONORG-ETH ESTRAD TRIPHASIC) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)) | Tier 1 | ACA (Preventive Health) |
| ***levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg*** | Tier 1 | ACA (Preventive Health) |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux) | Tier 1 | ACA (Preventive Health) |
| ***levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)*** (LEVONORGEST-ETH ESTRADIOL-IRON) | Tier 1 | ACA (Preventive Health) |
| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya) | Tier 1 | ACA (Preventive Health) |
| LO LOESTRIN FE (***norethindrone acetate-ethinyl estradiol-fe fum (biphasic)***) ESTRIN 1 MG-10 MCG 10 MCG TAB | Tier 2 | ACA (Preventive Health) |
| LOSEASONIQUE (***levonorgestrel-ethinyl estradiol (91-day)***) 0.1-0.02 & 0.01 MG TAB | Tier 3 | |
| MENEST (***esterified estrogens***) (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB) | Tier 3 | |
| MENOSTAR (***estradiol***) 14 MCG/24HR PATCH WK | Tier 3 | QLC (4 patches/28 days) |
| MINASTRIN 24 FE (***norethin acet & estrad-fe***) 1-20 MG-MCG() CHEW TAB | Tier 3 | |
| MINIVELLE (***estradiol***) (0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) | Tier 3 | QLC (16 patches/28 days) |
| MIRCETTE (***desogestrel-ethinyl estradiol (biphasic)***) 0.15-0.02/0.01 MG (21/5) TAB | Tier 3 | |
| NATAZIA (***estradiol valerate-dienogest***) 3/2-2/2-3/1 MG TAB | Tier 3 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NEXTSTELLIS (*drospirenone-estetrol*) 3-14.2 MG TAB | Tier 3 | ACA (Preventive Health) |
| ***norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr*** (NORELGESTROMIN-ETH ESTRADIOL) | Tier 1 | ACA (Preventive Health) |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane) | Tier 1 | ACA (Preventive Health) |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28)) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28)) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21)) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28)) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg*** (NORETHIN-ETH ESTRADIOL-FE) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Xelria Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Galbriela) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg*** (NORETHIN-ETH ESTRADIOL-FE) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg*** (NORETHINDRON-ETHINYL ESTRAD-FE) | Tier 1 | ACA (Preventive Health) |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Xarah Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21)) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Luizza 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg*** (NORETHINDRONE ACET-ETHINYL EST) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21)) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Luizza 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg*** (NORETHINDRONE ACET-ETHINYL EST) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Feirza 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg*** (NORETHIN ACE-ETH ESTRAD-FE) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Feirza 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg*** (NORETHIN ACE-ETH ESTRAD-FE) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)*** (NORETHIN ACE-ETH ESTRAD-FE) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee) | Tier 1 | ACA (Preventive Health) |
| ***norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)*** (NORETHIN ACE-ETH ESTRAD-FE) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe) | Tier 1 | ACA (Preventive Health) |
| norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv) | Tier 1 | QLC (1 tab/day) |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* (NORETHINDRONE-ETH ESTRADIOL) | Tier 1 | QLC (1 tab/day) |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv) | Tier 1 | QLC (1 tab/day) |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli) | Tier 1 | QLC (1 tab/day) |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* (NORETHINDRONE-ETH ESTRADIOL) | Tier 1 | QLC (1 tab/day) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) | Tier 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) | Tier 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) | Tier 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) | Tier 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) | Tier 1 | ACA (Preventive Health) |
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) | Tier 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor) | Tier 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili) | Tier 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah) | Tier 1 | ACA (Preventive Health) |
| ***norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg*** (NORGESTIMATE-ETH ESTRADIOL) | Tier 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo) | Tier 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28) | Tier 1 | ACA (Preventive Health) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra) | Tier 1 | ACA (Preventive Health) |
| ***norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg*** (NORGESTIM-ETH ESTRAD TRIPHASIC) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo) | Tier 1 | ACA (Preventive Health) |
| ***norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg*** (NORGESTIM-ETH ESTRAD TRIPHASIC) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor) | Tier 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec) | Tier 1 | ACA (Preventive Health) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra) | Tier 1 | ACA (Preventive Health) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle) | Tier 1 | ACA (Affordable Care Act) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28) | Tier 1 | ACA (Affordable Care Act) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest) | Tier 1 | ACA (Affordable Care Act) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel) | Tier 1 | ACA (Affordable Care Act) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz) | Tier 1 | ACA (Affordable Care Act) |
| NUVARING (***etonogestrel-ethinyl estradiol***) NUVA0.12-0.015 MG/24HR | Tier 3 | |
| PREMARIN (***estrogens, conjugated vaginal***) 0.625 MG/GM CREAM | Tier 2 | |
| PREMARIN (***estrogens, conjugated***) (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) | Tier 3 | |
| PREMPHASE (***conjugated estrogens-medroxyprogesterone acetate***) 0.625-5 MG TAB | Tier 2 | QLC (28 tabs/28 days) |
| PREMPRO (***conjugated estrogens-medroxyprogesterone acetate***) (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB) | Tier 2 | QLC (28 tabs/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| QUARTETTE (*levonorgestrel-ethinyl estradiol (91-day)*) 42-21-21-7 DAYS TAB | Tier 3 | |
| SAFYRAL (*drospirenone-ethinyl estradiol-levomefolate calcium*) 3-0.03-0.451 MG TAB | Tier 3 | |
| SEASONIQUE (*levonorgestrel-ethinyl estradiol (91-day)*) 0.15-0.03 &0.01 MG TAB | Tier 3 | |
| TAYTULLA (*norethin acet & estrad-fe*) 1-20 MG-MCG(24) CAP | Tier 3 | |
| TYBLUME (*levonorgestrel & eth estradiol*) 0.1-20 MG-MCG CHEW TAB | Tier 3 | ACA (Preventive Health) |
| VAGIFEM (*estradiol vaginal*) 10 MCG TAB | Tier 3 | |
| VALTYA 1/50 (*ethynodiol diacet & eth estrad*) 1-50 MG-MCG TAB | Tier 1 | ACA (Preventive Health) |
| VELIVET (*desogestrel-ethinyl estradiol (triphasic)*) 0.1/0.125/0.15 -0.025 MG TAB | Tier 1 | ACA (Preventive Health) |
| VIVELLE-DOT (*estradiol*) (0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) | Tier 3 | QLC (16 patches/28 days) |
| YASMIN 28 (*drospirenone-ethinyl estradiol*) 3-0.03 MG TAB | Tier 3 | |
| YAZ (*drospirenone-ethinyl estradiol*) 3-0.02 MG TAB | Tier 3 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER** | | |
| ACTIVELLA (*estradiol & norethindrone acetate*) 1-0.5 MG TAB | Tier 3 | QLC (1 tab/day) |
| BIJUVA (*estradiol-progesterone*) 1-100 MG CAP | Tier 3 | QLC (1 cap/day) |
| COMBIPATCH (*estradiol & norethindrone acetate*) (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW) | Tier 3 | QLC (8 patches/28 days) |
| estradiol & norethindrone acetate tab 0.5-0.1 mg (Abigale Lo) | Tier 1 | QLC (1 tab/day) |
| estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz) | Tier 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* (ESTRADIOL-NORETHINDRONE ACET) | Tier 1 | QLC (1 tab/day) |
| estradiol & norethindrone acetate tab 1-0.5 mg (Abigale) | Tier 1 | QLC (1 tab/day) |
| estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz) | Tier 1 | QLC (1 tab/day) |
| *estradiol & norethindrone acetate tab 1-0.5 mg* (ESTRADIOL-NORETHINDRONE ACET) | Tier 1 | QLC (1 tab/day) |
| estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey) | Tier 1 | QLC (1 tab/day) |
| PREFEST (*estradiol-norgestimate*) 1/1-0.09 MG (15/15) TAB | Tier 3 | QLC (1 tab/day) |
| **PROGESTINS** | | |
| AYGESTIN (*norethindrone acetate*) 5 MG TAB | Tier 3 | |
| CRINONE (*progesterone (vaginal)*) (4 % GEL, 8 % GEL) | Tier 3 | PA |
| ELLA (*ulipristal acetate*) 30 MG TAB | Tier 3 | ACA (Preventive Health), QLC (1 tab/fill) |
| ENDOMETRIN (*progesterone (vaginal)*) 100 MG INSERT | Tier 3 | PA |
| *hydroxyprogesterone caproate im in oil 250 mg/ml* | Tier 4 | PA, S (Specialty Drug), QLC (5 ml/month) |
| MAKENA (*hydroxyprogesterone caproate*) 250 MG/ML OIL | Tier 4 | PA, S (Specialty Drug), QLC (5 ml/month) |
| MAKENA (*hydroxyprogesterone caproate*) 275 MG/1.1ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 injection/week) |
| *medroxyprogesterone acetate tab 10 mg* | Tier 1 | |
| *medroxyprogesterone acetate tab 2.5 mg* | Tier 1 | |
| *medroxyprogesterone acetate tab 5 mg* | Tier 1 | |
| MEGESTROL ACETATE (*megestrol acetate (appetite)*) 625 MG/5ML SUSPENSION | Tier 2 | OAC |
| *megestrol acetate susp 40 mg/ml* | Tier 1 | OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *megestrol acetate susp 625 mg/5ml* | Tier 2 | OAC |
| *megestrol acetate tab 20 mg* | Tier 1 | OAC |
| *megestrol acetate tab 40 mg* | Tier 1 | OAC |
| *norethindrone acetate tab 5 mg* | Tier 1 | |
| norethindrone acetate tab 5 mg (Gallifrey) | Tier 1 | |
| *norethindrone tab 0.35 mg* | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Camila) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Deblitane) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Emzahh) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Errin) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Heather) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Incassia) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Jencycla) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Lyleq) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Lyza) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Meleya) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Nora-Be) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Norlyda) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Norlyroc) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Orquidea) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Sharobel) | Tier 1 | ACA (Preventive Health) |
| norethindrone tab 0.35 mg (Tulana) | Tier 1 | ACA (Preventive Health) |
| *progesterone cap 100 mg* | Tier 1 | |
| *progesterone cap 200 mg* | Tier 1 | |
| *progesterone im in oil 50 mg/ml* | Tier 1 | |
| *progesterone vaginal insert 100 mg* | Tier 2 | PA |
| PROMETRIUM (*progesterone*) (100 MG CAP, 200 MG CAP) | Tier 3 | |
| PROVERA (*medroxyprogesterone acetate*) (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SLYND (*drospirenone*) 4 MG TAB | Tier 3 | ACA (Preventive Health) |
| **SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS** | | |
| CLOMIPHENE CITRATE 50 MG TAB | Tier 1 | |
| *clomiphene citrate tab 50 mg* | Tier 1 | |
| clomiphene citrate tab 50 mg (Clomid) | Tier 1 | |
| clomiphene citrate tab 50 mg (Milophene) | Tier 1 | |
| DUAVEE (*conjugated estrogens-bazedoxifene*) 0.45-20 MG TAB | Tier 2 | QLC (1 tab/day) |
| EVISTA (*raloxifene hcl*) 60 MG TAB | Tier 3 | QLC (1 tab/day) |
| OSPHENA (*ospemifene*) 60 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| *raloxifene hcl tab 60 mg* | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)** | | |
| ADTHYZA (*thyroid*) (15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 65 MG TAB, 90 MG TAB, 97.5 MG TAB, 120 MG TAB, 130 MG TAB) | Tier 2 | |
| AMERITHROID (*thyroid*) (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB) | Tier 3 | |
| ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB) | Tier 2 | |
| CYTOMEL (*liothyronine sodium*) (5 MCG TAB, 25 MCG TAB, 50 MCG TAB) | Tier 3 | |
| ERMEZA (*levothyroxine sodium*) 150 MCG/5ML SOLUTION | Tier 3 | PA, QLC (10ml/day) |
| EVEXITHROID (*thyroid*) (15 MG TAB, 30 MG TAB, 45 MG TAB, 60 MG TAB, 75 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB) | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP) | Tier 3 | |
| *levothyroxine sodium tab 100 mcg* | Tier 1 | |
| levothyroxine sodium tab 100 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 100 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 100 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 100 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 112 mcg* | Tier 1 | |
| levothyroxine sodium tab 112 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 112 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 112 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 112 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 125 mcg* | Tier 1 | |
| levothyroxine sodium tab 125 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 125 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 125 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 125 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 137 mcg* | Tier 1 | |
| levothyroxine sodium tab 137 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 137 mcg (Levo-T) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| levothyroxine sodium tab 137 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 137 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 150 mcg* | Tier 1 | |
| levothyroxine sodium tab 150 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 150 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 150 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 150 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 175 mcg* | Tier 1 | |
| levothyroxine sodium tab 175 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 175 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 175 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 175 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 200 mcg* | Tier 1 | |
| levothyroxine sodium tab 200 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 200 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 200 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 200 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 25 mcg* | Tier 1 | |
| levothyroxine sodium tab 25 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 25 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 25 mcg (Levoxyl) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| levothyroxine sodium tab 25 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 300 mcg* | Tier 1 | |
| levothyroxine sodium tab 300 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 300 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 50 mcg* | Tier 1 | |
| levothyroxine sodium tab 50 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 50 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 50 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 50 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 75 mcg* | Tier 1 | |
| levothyroxine sodium tab 75 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 75 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 75 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 75 mcg (Unithroid) | Tier 3 | |
| *levothyroxine sodium tab 88 mcg* | Tier 1 | |
| levothyroxine sodium tab 88 mcg (Euthyrox) | Tier 1 | |
| levothyroxine sodium tab 88 mcg (Levo-T) | Tier 3 | |
| levothyroxine sodium tab 88 mcg (Levoxyl) | Tier 3 | |
| levothyroxine sodium tab 88 mcg (Unithroid) | Tier 3 | |
| *liothyronine sodium tab 25 mcg* | Tier 1 | |
| liothyronine sodium tab 25 mcg (Liomny) | Tier 1 | |
| *liothyronine sodium tab 5 mcg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| liothyronine sodium tab 5 mcg (Liomny) | Tier 1 | |
| *liothyronine sodium tab 50 mcg* | Tier 1 | |
| liothyronine sodium tab 50 mcg (Liomny) | Tier 1 | |
| NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | Tier 2 | |
| NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | Tier 2 | |
| RENTHYROID (15 MG TAB, 30 MG TAB, 45 MG TAB, 60 MG TAB, 75 MG TAB, 90 MG TAB, 120 MG TAB) | Tier 2 | |
| REZDIFFRA (*resmetirom*) (60 MG TAB, 80 MG TAB, 100 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| SYNTHROID (*levothyroxine sodium*) (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) | Tier 2 | |
| THYQUIDITY (*levothyroxine sodium*) 100 MCG/5ML SOLUTION | Tier 3 | QLC (300 ml/30 days) |
| THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | Tier 2 | |
| TIROSINT (*levothyroxine sodium*) (13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP) | Tier 3 | |
| TIROSINT-SOL (*levothyroxine sodium*) (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION) | Tier 3 | |
| YORVIPATH (*palopegteriparatide*) 168 MCG/0.56ML SOLN PEN | Tier 4 | PA, LA, QLC (1.12 ml/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| YORVIPATH (*palopegteriparatide*) 294 MCG/0.98ML SOLN PEN | Tier 4 | PA, LA, QLC (1.96 ml/28 days) |
| YORVIPATH (*palopegteriparatide*) 420 MCG/1.4ML SOLN PEN | Tier 4 | PA, LA, QLC (2.8 ml/28 days) |
| **HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)** | | |
| BYNFEZIA PEN (*octreotide acetate*) 2500 MCG/ML SOLN | Tier 4 | PA, S (Specialty Drug) |
| *cabergoline tab 0.5 mg* | Tier 1 | QLC (16 tabs/28 days) |
| *cetrorelix acetate for inj kit 0.25 mg* | Tier 4 | PA, S (Specialty Drug) |
| CETROTIDE (*cetrorelix acetate*) 0.25 MG KIT | Tier 4 | PA, S (Specialty Drug) |
| CRENESSITY (*crinecerfont*) (25 MG CAP, 50 MG CAP, 100 MG CAP) | Tier 4 | PA, LA, QLC (2 caps/day) |
| CRENESSITY (*crinecerfont*) 50 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (4 ml/day) |
| GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug) |
| *ganirelix acetate soln prefilled syringe 250 mcg/0.5ml* | Tier 4 | PA, S (Specialty Drug) |
| ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel) | Tier 4 | PA, S (Specialty Drug) |
| KORLYM (*mifepristone (hyperglycemia)*) 300 MG TAB | Tier 4 | PA, LA, QLC (4 tabs/day) |
| *leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)* | Tier 4 | PA, S (Specialty Drug) |
| *leuprolide acetate inj kit 5 mg/ml* | Tier 4 | PA, S (Specialty Drug) |
| *mifepristone tab 300 mg* | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day) |
| MYCAPSSA (*octreotide acetate*) MYSSA 20 MG DR | Tier 4 | PA, LA, QLC (4 caps/day) |
| OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug) |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | Tier 4 | PA, S (Specialty Drug) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | Tier 4 | PA, S (Specialty Drug) |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | Tier 4 | PA, S (Specialty Drug) |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | Tier 4 | PA, S (Specialty Drug) |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | Tier 4 | PA, S (Specialty Drug) |
| ORGOVYX (*relugolix*) 120 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| ORIAHNN (*elagolix sodium-estradiol-norethindrone acetate*) 300-1-0.5 & 300 MG CAP THPK | Tier 4 | PA, QLC (2 caps/day) |
| ORILISSA (*elagolix sodium*) 150 MG TAB | Tier 3 | PA, QLC (1 tab/day) |
| ORILISSA (*elagolix sodium*) 200 MG TAB | Tier 3 | PA, QLC (2 tabs/day) |
| PALSONIFY (*paltusotine hcl*) (20 MG TAB, 30 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day) |
| RECORLEV (*levoketoconazole*) 150 MG TAB | Tier 4 | PA, LA, QLC (8 tabs/day) |
| SANDOSTATIN (*octreotide acetate*) (50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION) | Tier 4 | PA, S (Specialty Drug) |
| SIGNIFOR (*pasireotide diaspartate*) (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) | Tier 4 | PA, LA, QLC (2 ampules/day) |
| SOMAVERT (*pegvisomant*) (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 vial/day) |
| SYNAREL (*nafarelin acetate*) 2 MG/ML SOLUTION | Tier 4 | PA, QLC (16 ml/30 days) |

## HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

### ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

| | | |
|---|---|---|
| *methimazole tab 10 mg* | Tier 1 | |
| *methimazole tab 5 mg* | Tier 1 | |
| *propylthiouracil tab 50 mg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)** | | |
| **ANGIOEDEMA AGENTS** | | |
| BERINERT (*c1 esterase inhibitor (human)*) 500 UNIT KIT | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 kits/30 days) |
| CINRYZE (*c1 esterase inhibitor (human)*) 500 UNIT RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 vials/30 days) |
| DAWNZERA (*donidalorsen sodium*) 80 MG/0.8ML SOLN A-INJ | Tier 4 | PA, LA, QLC (0.8ml (1 pen)/28 days) |
| EKTERLY (*sebetralstat*) 300 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/30 days) |
| FIRAZYR (*icatibant acetate*) 30 MG/3ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 syringes/30 days) |
| HAEGARDA (*c1 esterase inhibitor (human)*) (2000 RECON SOLN, 3000 RECON SOLN) | Tier 4 | PA, LA, S (Specialty Drug) |
| *icatibant acetate subcutaneous soln pref syr 30 mg/3ml* | Tier 4 | PA, S (Specialty Drug), QLC (3 syringes/30 days) |
| icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir) | Tier 4 | PA, LA, QLC (3 syringes/30 days) |
| ORLADEYO (*berotralstat hcl*) (110 MG CAP, 150 MG CAP) | Tier 4 | PA, LA, QLC (1 cap/day) |
| ORLADEYO (*berotralstat hcl*) (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET) | Tier 4 | PA, LA, QLC (1 packet/day) |
| RUCONEST (*c1 esterase inhibitor (recombinant)*) 2100 UNIT RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 vials/30 days) |
| TAKHZYRO (*lanadelumab-flyo*) (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days) |
| TAKHZYRO (*lanadelumab-flyo*) 300 MG/2ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 vials/28 days) |
| **IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)** | | |
| ACTEMRA (*tocilizumab*) 162 MG/0.9ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/week) |
| ACTEMRA ACTPEN (*tocilizumab*) 162 MG/0.9ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/week) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ARCALYST (*rilonacept*) 220 MG RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug) |
| AURANOFIN 3 MG CAP | Tier 2 | |
| AVTOZMA (*tocilizumab-anoh*) 162 MG/0.9ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (3.6ml (4 pens)/28 days) |
| AVTOZMA (*tocilizumab-anoh*) 162 MG/0.9ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (3.6ml (4 syr)/28 days) |
| BENLYSTA (*belimumab*) (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/week) |
| BIMZELX (*bimekizumab-bkzx*) (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/28 days) |
| BIMZELX (*bimekizumab-bkzx*) 320 MG/2ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 pen/56 days) |
| BIMZELX (*bimekizumab-bkzx*) 320 MG/2ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/56 days) |
| COSENTYX (300 MG DOSE) (*secukinumab*) 150 /ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days) |
| COSENTYX (*secukinumab*) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days) |
| COSENTYX SENSOREADY (300 MG) (*secukinumab*) 150 MG/ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 pens/28 days) |
| COSENTYX SENSOREADY PEN (*secukinumab*) 150 MG/ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/28 days) |
| COSENTYX UNOREADY (*secukinumab*) 300 MG/2ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days) |
| DUPIXENT (*dupilumab*) (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| DUPIXENT (*dupilumab*) 300 MG/2ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (4 pens (8 ml)/ 28 days) |
| DUPIXENT (*dupilumab*) 300 MG/2ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (4 syringes (8 ml)/28 days) |
| EMPAVELI (*pegcetacoplan*) 1080 MG/20ML SOLUTION | Tier 4 | PA, LA, QLC (40 ml/7 days) |
| ENSPRYNG (*satralizumab-mwge*) 120 MG/ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ENTYVIO PEN (*vedolizumab*) 108 MG/0.68ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 pen injectors/28 days) |
| GRASTEK (*timothy grass pollen allergen extract*) 2800 BAU SL TAB | Tier 3 | PA, QLC (1 tab/day) |
| ICOTYDE (*icotrokinra hcl*) 200 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| IMULDOSA (*ustekinumab-srlf*) 45 MG/0.5ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| IMULDOSA (*ustekinumab-srlf*) 90 MG/ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe (1 ml)/84 days) |
| KEVZARA (*sarilumab*) (150 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN A-INJ) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/14 days) |
| KEVZARA (*sarilumab*) (150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days) |
| KINERET (*anakinra*) 100 MG/0.67ML SOLN PRSYR | Tier 4 | PA, LA, QLC (28 syringes/28 days) |
| NEMLUVIO (*nemolizumab-ilto*) 30 MG A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 pens/28 days) |
| ODACTRA (*dust mite mixed allergen extract*) 12 SQ-HDM SL TAB | Tier 3 | PA, QLC (1 tab/day) |
| OLUMIANT (*baricitinib*) (1 MG TAB, 2 MG TAB, 4 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| ORALAIR (*grass mixed pollens allergen extract*) ORALA300 SL TAB | Tier 3 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| ORALAIR ADULT STARTER PACK (*grass mixed pollens allergen extract*) ORALA300 SL TAB | Tier 3 | PA, LA, S (Specialty Drug), QLC (1 tab/day; 2 fills/365 days) |
| ORENCIA (*abatacept*) (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/week) |
| ORENCIA CLICKJECT (*abatacept*) 125 MG/ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/week) |
| OTEZLA (*apremilast*) 10 & 20 & 30 MG TAB THPK | Tier 4 | PA, S (Specialty Drug), QLC (1 pack/28 days) |
| OTEZLA (*apremilast*) 4 X 10 & 51 X20 MG TAB THPK | Tier 4 | PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/365 days) |
| OTEZLA/OTEZLA XR INITIATION PK (*apremilast*) 10&20&30&(ER)75 MG TAB TH | Tier 4 | PA, S (Specialty Drug), QLC (41 tabs/28 days, max 2 fills/365 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| OTULFI (*ustekinumab-aauz*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| OTULFI (*ustekinumab-aauz*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (1 vial/84 days) |
| PALFORZIA (1 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X CSPK | Tier 4 | PA, LA, QLC (15 caps/14 days) |
| PALFORZIA (12 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X & 0 CSPK | Tier 4 | PA, LA, QLC (45 caps/14 days) |
| PALFORZIA (120 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) & 100 CSPK | Tier 4 | PA, LA, QLC (30 caps/14 days) |
| PALFORZIA (160 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 3 X 20 & 100 CSPK | Tier 4 | PA, LA, QLC (60 caps/14 days) |
| PALFORZIA (20 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) CSPK | Tier 4 | PA, LA, QLC (15 caps/14 days) |
| PALFORZIA (200 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (00 X 100 CSPK | Tier 4 | PA, LA, QLC (30 caps/14 days) |
| PALFORZIA (240 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (40 X 0 & X 100 CSPK | Tier 4 | PA, LA, QLC (60 caps/14 days) |
| PALFORZIA (3 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X 1 CSPK | Tier 4 | PA, LA, QLC (45 caps/14 days) |
| PALFORZIA (300 MG MAINTENANCE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (PACKET | Tier 4 | PA, LA, QLC (1 packet/day) |
| PALFORZIA (300 MG TITRATION) (*peanut (arachis hypogaea) allergen powder-dnfp*) (PACKET | Tier 4 | PA, LA, QLC (1 packet/day) |
| PALFORZIA (40 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 2 X 20 CSPK | Tier 4 | PA, LA, QLC (30 caps/14 days) |
| PALFORZIA (6 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X 1 CSPK | Tier 4 | PA, LA, QLC (90 caps/14 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PALFORZIA (80 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 4 X 20 CSPK | Tier 4 | PA, LA, QLC (60 caps/14 days) |
| PYZCHIVA (*ustekinumab-ttwe*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| PYZCHIVA (*ustekinumab-ttwe*) 45 MG/0.5ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (0.5 ml/(1 auto injector)/84 days)) |
| PYZCHIVA (*ustekinumab-ttwe*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (1 vial (0.5 ml)/84 days) |
| PYZCHIVA (*ustekinumab-ttwe*) 90 MG/ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 ml (1 auto-injector)/84 days)) |
| RAGWITEK (*short ragweed pollen allergen extract*) RGWITEK 12 MB 1-U SL TB | Tier 3 | PA, QLC (1 tab/day) |
| REZUROCK (*belumosudil mesylate*) 200 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), OAC |
| RHAPSIDO (*remibrutinib*) 25 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC |
| RIDAURA (*auranofin*) 3 MG CAP | Tier 2 | |
| RINVOQ (*upadacitinib*) (15 MG TAB ER 24H, 30 MG TAB ER 24H) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| RINVOQ (*upadacitinib*) 45 MG TAB ER 24H | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days) |
| RINVOQ LQ (*upadacitinib*) 1 MG/ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (12 ml/day) |
| SAPHNELO (*anifrolumab-fnia*) 120 MG/0.8ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (3.2ml (4 syr)/28 days) |
| SAPHNELO PEN (*anifrolumab-fnia*) 120 MG/0.8ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (3.2ml (4 pens)/28 days) |
| SELARSDI (*ustekinumab-aekn*) 45 MG/0.5ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (0.5 ml/84 day) |
| SELARSDI (*ustekinumab-aekn*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (0.5ml/84 days) |
| SELARSDI (*ustekinumab-aekn*) 90 MG/ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 ml/84 days) |
| SILIQ (*brodalumab*) 210 MG/1.5ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| SKYRIZI (150 MG DOSE) (*risankizumab-rzaa*) 75 /0.83ML PREF SY KT | Tier 4 | PA, S (Specialty Drug), QLC (1 kit/84 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SKYRIZI (*risankizumab-rzaa (crohn's)*) (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/56 days) |
| SKYRIZI (*risankizumab-rzaa*) 150 MG/ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| SKYRIZI (*risankizumab-rzaa*) 55 MG/0.37ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (0.37ml (1 syringe)/84 days) |
| SKYRIZI PEN (*risankizumab-rzaa*) 150 MG/ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days) |
| SOTYKTU (*deucravacitinib*) 6 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| STARJEMZA (*ustekinumab-hmny*) 45 MG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, QLC (one syringe (0.5ml)/84 days) |
| STARJEMZA (*ustekinumab-hmny*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, LA, QLC (1 vial (0.5ml)/ 84 days) |
| STARJEMZA (*ustekinumab-hmny*) 90 MG/ML SOLN PRSYR | Tier 4 | PA, LA, QLC (one syringe (1ml)/84 days)) |
| STELARA (*ustekinumab*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| STELARA (*ustekinumab*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (1 vial/84 days) |
| STEQEYMA (*ustekinumab-stba*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| STEQEYMA (*ustekinumab-stba*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (0.5ml (1 vial)/84 days) |
| TALTZ (*ixekizumab*) (20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days) |
| TALTZ (*ixekizumab*) 80 MG/ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/28 days) |
| TAVNEOS (*avacopan*) 10 MG CAP | Tier 4 | PA, LA, QLC (6 caps/day) |
| *tofacitinib citrate oral soln 1 mg/ml (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (10 ml/day) |
| *tofacitinib citrate tab 10 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| *tofacitinib citrate tab 5 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| *tofacitinib citrate tab er 24hr 11 mg (base equivalent)*(TOFACITINIB CITRATE ER) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *tofacitinib citrate tab er 24hr 22 mg (base equivalent)* (TOFACITINIB CITRATE ER) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| TREMFYA (*guselkumab (gastrointestinal)*) 200 MG/2ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (2 ml/28 days) |
| TREMFYA (*guselkumab*) 100 MG/ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/8 weeks) |
| TREMFYA ONE-PRESS (*guselkumab*) 100 MG/ML SOLN PEN | Tier 4 | PA, S (Specialty Drug), QLC (1 injection/8 weeks) |
| TREMFYA PEN (*guselkumab (gastrointestinal)*) 200 MG/2ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (2 ml/28 days) |
| TREMFYA PEN (*guselkumab*) 100 MG/ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 injection/8 weeks) |
| TREMFYA-CD/UC INDUCTION (*guselkumab (gastrointestinal)*) 200 MG/2ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (4ml/28 days, max of 3 fills per 180 days) |
| TYENNE (*tocilizumab-aazg*) 162 MG/0.9ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (4 pens/28 days) |
| TYENNE (*tocilizumab-aazg*) 162 MG/0.9ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (4 syringes/28 days) |
| USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| USTEKINUMAB 45 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (1 vial/84 days) |
| USTEKINUMAB-AAUZ (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, LA, QLC (1 syringe/84 days) |
| USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, QLC (0.5 ml/84 day) |
| USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR | Tier 4 | PA, LA, QLC (1 ml/84 days) |
| USTEKINUMAB-TTWE (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, LA, QLC (1 syringe/84 days) |
| USTEKINUMAB-TTWE 45 MG/0.5ML SOLUTION | Tier 4 | PA, LA, QLC (1 vial (0.5 ml)/84 days) |
| VELSIPITY (*etrasimod arginine*) 2 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| VOYDEYA (*danicopan*) (50 & 100 MG TAB THPK, 100 MG TAB) | Tier 4 | PA, LA, QLC (6 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| WAYRILZ (*rilzabrutinib*) 400 MG TAB | Tier 4 | PA, LA, QLC (2 tabs/day) |
| WEZLANA (*ustekinumab-auub*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, LA, QLC (1 syringe/84 days) |
| WEZLANA (*ustekinumab-auub*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, LA, QLC (1 vial/84 days) |
| XELJANZ (*tofacitinib citrate*) (5 MG TAB, 10 MG TAB) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| XELJANZ (*tofacitinib citrate*) 1 MG/ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (10 ml/day) |
| XELJANZ XR (*tofacitinib citrate*) (11 MG TAB ER 24H, 22 MG TAB ER 24H) | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| XOLAIR (*omalizumab*) (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 pens/28 days) |
| XOLAIR (*omalizumab*) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days) |
| XOLAIR (*omalizumab*) 300 MG/2ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 pens/28 days) |
| XOLAIR (*omalizumab*) 300 MG/2ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 syringes/28 days) |
| YESINTEK (*ustekinumab-kfce*) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/84 days) |
| YESINTEK (*ustekinumab-kfce*) 45 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (1 vial/84 days) |
| **IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)** | | |
| ACTIMMUNE (*interferon gamma-1b*) 100 MCG/0.5ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug) |
| BESREMI (*ropeginterferon alfa-2b-njft*) 500 MCG/ML SOLN PRSYR | Tier 4 | PA, LA, QLC (2 syringes (2 ml)/28 days) |
| BESREMI PEN (*ropeginterferon alfa-2b-njft*) 500 MCG/0.5ML SOLN | Tier 4 | PA, LA, QLC (2 pens/28 days) |
| INTRON A (*interferon alfa-2b*) (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN) | Tier 4 | LA, S (Specialty Drug) |
| PEGASYS (*peginterferon alfa-2a*) 180 MCG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/week) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PEGASYS (*peginterferon alfa-2a*) 180 MCG/ML SOLUTION | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 vial/week) |
| **IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)** | | |
| ABRILADA (1 PEN) (*adalimumab-afzb*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (2 pens/28 days) |
| ABRILADA (2 PEN) (*adalimumab-afzb*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (1 box (2 pens)/28 days) |
| ABRILADA (2 SYRINGE) (*adalimumab-afzb*) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) | Tier 4 | PA, LA, QLC (2 syringes/28 days) |
| ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (1 box (2 pens)/28 days) |
| ADALIMUMAB-AACF (2 SYRINGE) RINGE) 40 MG/0.8ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (1 box (2 syr)/28 days) |
| ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (6 kits/365 days) |
| ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (4 kits/365 days) |
| ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (3 pens/365 days) |
| ADALIMUMAB-AATY (2 PEN) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| ADALIMUMAB-AATY (2 SYRINGE) (20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| ADALIMUMAB-AATY CD/UC/HS START 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (3 pens/365 days) |
| ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/365 days); maintenance (2 pens/28 days)) |
| ADALIMUMAB-ADBM (2 PEN) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (2 pens/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (Crohns Starter Pack (6 pens/ 365 days); Psoriasis Starter Pack (4 pens/365 days); maintenance (2 pens/28 days)) |
| ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) | Tier 4 | PA, LA, QLC (2 syringes/28 days) |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (6 pens/365 days) |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (Crohns Starter Pack (6 pens/ 365 days); Psoriasis Starter Pack (4 pens/365 days); maintenance (2 pens/28 days)) |
| ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (4 pens/365 days) |
| ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (Crohns Starter Pack (6 pens/ 365 days); Psoriasis Starter Pack (4 pens/365 days); maintenance (2 pens/28 days)) |
| ADALIMUMAB-BWWD 40 MG/0.4ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| ADALIMUMAB-BWWD 40 MG/0.4ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| ADALIMUMAB-FKJP (2 PEN) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 injections/28 days) |
| ADALIMUMAB-FKJP (2 SYRINGE) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| ADALIMUMAB-RYVK (1 PEN) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (2 pens/28 days) |
| ADALIMUMAB-RYVK (2 PEN) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (2 pens/28 days) |
| ADALIMUMAB-RYVK (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT | Tier 4 | PA, LA, QLC (2 syringes/28 days) |
| AMJEVITA (***adalimumab-atto***) (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| AMJEVITA (***adalimumab-atto***) (40 MG/0.4ML SOLN A-INJ, 80 MG/0.8ML SOLN A-INJ) | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| AMJEVITA (*adalimumab-atto*) 40 MG/0.8ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (2 auto injector pens (1.6 ml)/28 days) |
| AMJEVITA (*adalimumab-atto*) 40 MG/0.8ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes (1.6 ml)/28 days) |
| AMJEVITA-PED 15KG TO <30KG (*adalimumab-atto*) 20 MG/0.2ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| AMJEVITA-PED 15KG TO <30KG (*adalimumab-atto*) 20 MG/0.4ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes (0.8 ml/28 days) |
| ARAVA (*leflunomide*) (10 MG TAB, 20 MG TAB) | Tier 3 | |
| ASTAGRAF XL (*tacrolimus*) (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H) | Tier 3 | |
| *azathioprine tab 100 mg* | Tier 3 | |
| azathioprine tab 100 mg (Azasan) | Tier 3 | |
| *azathioprine tab 50 mg* | Tier 1 | |
| *azathioprine tab 75 mg* | Tier 3 | |
| azathioprine tab 75 mg (Azasan) | Tier 3 | |
| CELLCEPT (*mycophenolate mofetil*) (200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB) | Tier 3 | |
| CIMZIA (1 SYRINGE) (*certolizumab pegol*) RINGE) 200 MG/ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| CIMZIA (2 SYRINGE) (*certolizumab pegol*) RINGE) 200 MG/ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (1 kit/28 days) |
| CIMZIA-STARTER (*certolizumab pegol*) 200 MG/ML PREF SY KT | Tier 4 | PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days) |
| *cyclosporine cap 100 mg* | Tier 1 | |
| *cyclosporine cap 25 mg* | Tier 1 | |
| *cyclosporine modified cap 100 mg* | Tier 1 | |
| cyclosporine modified cap 100 mg (Gengraf) | Tier 1 | |
| *cyclosporine modified cap 25 mg* | Tier 1 | |
| cyclosporine modified cap 25 mg (Gengraf) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *cyclosporine modified cap 50 mg* | Tier 1 | |
| *cyclosporine modified oral soln 100 mg/ml* | Tier 1 | |
| cyclosporine modified oral soln 100 mg/ml (Gengraf) | Tier 1 | |
| CYLTEZO (2 PEN) (*adalimumab-adbm*) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (2 pens/28 days) |
| CYLTEZO (2 PEN) (*adalimumab-adbm*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (Crohns Starter Pack (6 pens/ 365 days); Psoriasis Starter Pack (4 pens/365 days); maintenance (2 pens/28 days)) |
| CYLTEZO (2 SYRINGE) (*adalimumab-adbm*) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) | Tier 4 | PA, LA, QLC (2 syringes/28 days) |
| CYLTEZO-CD/UC/HS STARTER (*adalimumab-adbm*) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (6 pens/365 days) |
| CYLTEZO-CD/UC/HS STARTER (*adalimumab-adbm*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (Crohns Starter Pack (6 pens/ 365 days); Psoriasis Starter Pack (4 pens/365 days); maintenance (2 pens/28 days)) |
| CYLTEZO-PSORIASIS/UV STARTER (*adalimumab-adbm*) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (4 pens/365 days) |
| CYLTEZO-PSORIASIS/UV STARTER (*adalimumab-adbm*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, LA, QLC (Crohns Starter Pack (6 pens/ 365 days); Psoriasis Starter Pack (4 pens/365 days); maintenance (2 pens/28 days)) |
| ENBREL (*etanercept*) (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (4 ml/28 days) |
| ENBREL (*etanercept*) 25 MG RECON SOLN | Tier 4 | PA, S (Specialty Drug), QLC (8 vials/28 days) |
| ENBREL (*etanercept*) 25 MG/0.5ML SOLUTION | Tier 4 | PA, S (Specialty Drug), QLC (4 ml/ 28 days) |
| ENBREL MINI (*etanercept*) 50 MG/ML SOLN CART | Tier 4 | PA, S (Specialty Drug), QLC (4 ml/ 28 days) |
| ENBREL SURECLICK (*etanercept*) 50 MG/ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (4 ml/28 days) |
| ENVARSUS XR (*tacrolimus*) 0.75 MG TAB ER 24H | Tier 3 | ST, QLC (11 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ENVARSUS XR (*tacrolimus*) 1 MG TAB ER 24H | Tier 3 | ST, QLC (8 tabs/day) |
| ENVARSUS XR (*tacrolimus*) 4 MG TAB ER 24H | Tier 3 | ST, QLC (2 tabs/day) |
| *everolimus tab 0.25 mg* | Tier 1 | QLC (2 tabs/day) |
| *everolimus tab 0.5 mg* | Tier 1 | QLC (4 tabs/day) |
| *everolimus tab 0.75 mg* | Tier 1 | QLC (2 tabs/day) |
| *everolimus tab 1 mg* | Tier 1 | QLC (2 tabs/day) |
| HADLIMA (*adalimumab-bwwd*) (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| HADLIMA PUSHTOUCH (*adalimumab-bwwd*) (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ) | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| HULIO (2 PEN) (*adalimumab-fkjp*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 injections/28 days) |
| HULIO (2 SYRINGE) (*adalimumab-fkjp*) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| HUMIRA (1 PEN) (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (1 carton/365 days) |
| HUMIRA (2 PEN) (*adalimumab*) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days) |
| HUMIRA (2 PEN) (*adalimumab*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days)) |
| HUMIRA (2 PEN) (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens (1 kit)/ 28 days) |
| HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 10 MG/0.1ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days) |
| HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 20 MG/0.2ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (1 kit (2 syr)/28 days) |
| HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 40 MG/0.4ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days) |
| HUMIRA (2 SYRINGE) (*adalimumab*) RINGE) 40 MG/0.8ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| HUMIRA (*adalimumab*) 10 MG/0.1ML PREF SY KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HUMIRA-CD/UC/HS STARTER (*adalimumab*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days)) |
| HUMIRA-CD/UC/HS STARTER (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (1 carton/365 days) |
| HUMIRA-PED<40KG CROHNS STARTER (*adalimumab*) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syr [1 kit]/365 days) |
| HUMIRA-PED>/=40KG CROHNS START (*adalimumab*) 80 MG/0.8ML PREF SY KT | Tier 4 | PA, S (Specialty Drug), QLC (3 syr [1 kit]/365 days) |
| HUMIRA-PED>/=40KG UC STARTER (*adalimumab*) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (1 carton/365 days) |
| HUMIRA-PS/UV/ADOL HS STARTER (*adalimumab*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days)) |
| HUMIRA-PSORIASIS/UVEIT STARTER (*adalimumab*) 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (1 carton/365 days) |
| HYRIMOZ (*adalimumab-adaz*) (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| HYRIMOZ (*adalimumab-adaz*) 40 MG/0.4ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| HYRIMOZ (*adalimumab-adaz*) 40 MG/0.8ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (2 injections/28 days) |
| HYRIMOZ (*adalimumab-adaz*) 80 MG/0.8ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/365 days); maintenance (2 pens/28 days)) |
| HYRIMOZ-CROHNS/UC STARTER (*adalimumab-adaz*) 80 MG/0.8ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/365 days); maintenance (2 pens/28 days)) |
| HYRIMOZ-CROHNS/UC STARTER PACK (*adalimumab-adaz*) 80 MG/0.8ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/365 days); maintenance (2 pens/28 days)) |
| HYRIMOZ-PED CROHNS STARTER (*adalimumab-adaz*) 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (1 kit year) |
| HYRIMOZ-PED CROHNS STARTER (*adalimumab-adaz*) 80 MG/0.8ML SOLN PRSYR | Tier 4 | PA, S (Specialty Drug), QLC (3 syringes/365 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HYRIMOZ-PLAQ PSOR/UVEIT START (*adalimumab-adaz*) 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 kit/365 days) |
| HYRIMOZ-PLAQUE PSORIASIS START (*adalimumab-adaz*) 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ | Tier 4 | PA, S (Specialty Drug), QLC (1 kit/365 days) |
| IDACIO (2 PEN) (*adalimumab-aacf*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (1 box (2 pens)/28 days) |
| IDACIO (2 SYRINGE) (*adalimumab-aacf*) RINGE) 40 MG/0.8ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (1 box (2 syr)/28 days) |
| IDACIO-CROHNS/UC STARTER (*adalimumab-aacf*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (6 inj (3 kits)/365 days) |
| IDACIO-PSORIASIS STARTER (*adalimumab-aacf*) 40 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (4 inj (2 kits)/365 days) |
| IMURAN (*azathioprine*) 50 MG TAB | Tier 3 | |
| JYLAMVO (*methotrexate*) 2 MG/ML SOLUTION | Tier 4 | PA, QLC (120 ml/30 days), OAC |
| *leflunomide tab 10 mg* | Tier 1 | |
| *leflunomide tab 20 mg* | Tier 1 | |
| LUPKYNIS (*voclosporin*) 7.9 MG CAP | Tier 4 | PA, LA, QLC (6 caps/day) |
| METHOTREXATE SODIUM (PF) (1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION) | Tier 1 | QLC (8 ml/28 days) |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION | Tier 1 | QLC (one vial/28 days) |
| METHOTREXATE SODIUM 50 MG/2ML SOLUTION | Tier 1 | QLC (8 ml/28 days) |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* (METHOTREXATE SODIUM (PF)) | Tier 1 | QLC (8 ml/28 days) |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* (METHOTREXATE SODIUM (PF)) | Tier 1 | QLC (8 ml/28 days) |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* (METHOTREXATE SODIUM (PF)) | Tier 1 | QLC (8 ml/28 days) |
| *methotrexate sodium tab 2.5 mg (base equiv)* | Tier 1 | OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *mycophenolate mofetil cap 250 mg* | Tier 1 | |
| *mycophenolate mofetil for oral susp 200 mg/ml* | Tier 1 | |
| *mycophenolate mofetil tab 500 mg* | Tier 1 | |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | Tier 1 | |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | Tier 1 | |
| MYFORTIC (*mycophenolate sodium*) (180 MG TAB DR, 360 MG TAB DR) | Tier 3 | |
| MYHIBBIN (*mycophenolate mofetil*) 200 MG/ML SUSPENSION | Tier 3 | PA, QLC (15 ml/day) |
| NEORAL (*cyclosporine modified (for microemulsion)*) (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION) | Tier 3 | |
| OTREXUP (*methotrexate (antirheumatic)*) (10 MG/0.4ML SOLN A-INJ, 12.5 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/week) |
| PROGRAF (*tacrolimus*) (0.2 MG PACKET, 1 MG PACKET) | Tier 3 | PA |
| PROGRAF (*tacrolimus*) (0.5 MG CAP, 1 MG CAP, 5 MG CAP) | Tier 3 | |
| RAPAMUNE (*sirolimus*) (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB) | Tier 3 | |
| RASUVO (*methotrexate (antirheumatic)*) (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/week) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| REDITREX (*methotrexate (antirheumatic)*) (7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (4 syringes/28 days) |
| SANDIMMUNE (*cyclosporine*) (25 MG CAP, 100 MG CAP) | Tier 3 | |
| SANDIMMUNE (*cyclosporine*) 100 MG/ML SOLUTION | Tier 2 | |
| SIMLANDI (1 PEN) (*adalimumab-ryvk*) (40 MG/0.4ML AUT-IJ KIT, 80 MG/0.8ML AUT-IJ KIT) | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| SIMLANDI (1 SYRINGE) (*adalimumab-ryvk*) RINGE) 80 MG/0.8ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| SIMLANDI (2 PEN) (*adalimumab-ryvk*) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| SIMLANDI (2 SYRINGE) (*adalimumab-ryvk*) (20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| SIMPONI (*golimumab*) (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | Tier 4 | PA, S (Specialty Drug), QLC (1 syringe/28 days) |
| *sirolimus oral soln 1 mg/ml* | Tier 1 | |
| *sirolimus tab 0.5 mg* | Tier 1 | |
| *sirolimus tab 1 mg* | Tier 1 | |
| *sirolimus tab 2 mg* | Tier 1 | |
| SPEVIGO (*spesolimab-sbzo*) 150 MG/ML SOLN PRSYR | Tier 4 | PA, LA, QLC (2 syringes/28 days) |
| SPEVIGO (*spesolimab-sbzo*) 300 MG/2ML SOLN PRSYR | Tier 4 | PA, LA, QLC (1 syringe (2 ml)/28 days) |
| *tacrolimus cap 0.5 mg* | Tier 1 | |
| *tacrolimus cap 1 mg* | Tier 1 | |
| *tacrolimus cap 5 mg* | Tier 1 | |
| *tacrolimus cap er 24hr 0.5 mg* (TACROLIMUS ER) | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *tacrolimus cap er 24hr 1 mg* (TACROLIMUS ER) | Tier 2 | |
| *tacrolimus cap er 24hr 5 mg* (TACROLIMUS ER) | Tier 2 | |
| TREXALL (*methotrexate sodium*) (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB) | Tier 3 | OAC |
| TRUTAKNA (*atacicept-vymj*) 150 MG/ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (4ml (4 pens)/28 days) |
| XATMEP (*methotrexate*) 2.5 MG/ML SOLUTION | Tier 4 | AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC |
| YUFLYMA (1 PEN) (*adalimumab-aaty*) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| YUFLYMA (1 PEN) (*adalimumab-aaty*) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (3 pens/365 days) |
| YUFLYMA (2 PEN) (*adalimumab-aaty*) 40 MG/0.4ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| YUFLYMA (2 SYRINGE) (*adalimumab-aaty*) (20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT) | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| YUFLYMA-CD/UC/HS STARTER (*adalimumab-aaty*) 80 MG/0.8ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (3 pens/365 days) |
| YUSIMRY (*adalimumab-aqvh*) 40 MG/0.8ML SOLN A-INJ | Tier 4 | PA, LA, QLC (2 pens/28 days) |
| ZORTRESS (*everolimus (immunosuppressant)*) (0.25 MG TAB, 0.75 MG TAB, 1 MG TAB) | Tier 3 | QLC (2 tabs/day) |
| ZORTRESS (*everolimus (immunosuppressant)*) 0.5 MG TAB | Tier 3 | QLC (4 tabs/day) |
| ZYMFENTRA (1 PEN) (*infliximab-dyyb*) 120 MG/ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| ZYMFENTRA (2 PEN) (*infliximab-dyyb*) 120 MG/ML AUT-IJ KIT | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days) |
| ZYMFENTRA (2 SYRINGE) (*infliximab-dyyb*) RINGE) 120 MG/ML PREF KT | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)** | | |
| **AMINOSALICYLATES** | | |
| APRISO (*mesalamine*) 0.375 GM CAP ER 24H | Tier 3 | QLC (4 caps/day) |
| ASACOL HD (*mesalamine*) 800 MG TAB DR | Tier 3 | ST, QLC (6 tabs/day) |
| AZULFIDINE (*sulfasalazine*) 500 MG TAB | Tier 3 | |
| AZULFIDINE EN-TABS (*sulfasalazine*) 500 MG DR | Tier 3 | |
| *balsalazide disodium cap 750 mg* | Tier 1 | QLC (9 caps/day) |
| CANASA (*mesalamine*) 1000 MG SUPPOS | Tier 3 | QLC (1 suppository/day) |
| COLAZAL (*balsalazide disodium*) 750 MG CAP | Tier 3 | QLC (9 caps/day) |
| DELZICOL (*mesalamine*) 400 MG CAP DR | Tier 3 | ST, QLC (6 caps/day) |
| DIPENTUM (*olsalazine sodium*) 250 MG CAP | Tier 3 | ST, QLC (4 caps/day) |
| LIALDA (*mesalamine*) 1.2 GM TAB DR | Tier 3 | QLC (4 tabs/day) |
| MESALAMINE 400 MG CAP DR | Tier 1 | ST, QLC (6 caps/day) |
| *mesalamine cap dr 400 mg* | Tier 1 | ST, QLC (6 caps/day) |
| *mesalamine cap er 24hr 0.375 gm* (MESALAMINE ER) | Tier 1 | QLC (4 caps/day) |
| *mesalamine cap er 500 mg* (MESALAMINE ER) | Tier 2 | ST, QLC (8 caps/day) |
| *mesalamine enema 4 gm* | Tier 1 | |
| *mesalamine suppos 1000 mg* | Tier 1 | QLC (1 suppository/day) |
| *mesalamine tab delayed release 1.2 gm* | Tier 1 | QLC (4 tabs/day) |
| *mesalamine tab delayed release 800 mg* | Tier 1 | ST, QLC (6 tabs/day) |
| PENTASA (*mesalamine*) 250 MG CAP ER | Tier 3 | ST, QLC (4 caps/day) |
| PENTASA (*mesalamine*) 500 MG CAP ER | Tier 3 | ST, QLC (8 caps/day) |
| SFROWASA (*mesalamine*) 4 GM/60ML ENEMA | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sulfasalazine tab 500 mg* | Tier 1 | |
| *sulfasalazine tab delayed release 500 mg* | Tier 1 | |
| **GLUCOCORTICOIDS** | | |
| ALKINDI SPRINKLE (*hydrocortisone*) (0.5 MG CAP SPRINK, 1 MG CAP SPRINK) | Tier 4 | PA, LA, QLC (100 caps/30 days) |
| ALKINDI SPRINKLE (*hydrocortisone*) (2 MG CAP SPRINK, 5 MG CAP SPRINK) | Tier 4 | PA, LA, QLC (200 caps/30 days) |
| *budesonide delayed release particles cap 3 mg* | Tier 1 | QLC (3 caps/day) |
| *budesonide rectal foam 2 mg/act* | Tier 2 | QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months) |
| *budesonide tab er 24hr 9 mg* (BUDESONIDE ER) | Tier 3 | PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days) |
| CORTEF (*hydrocortisone*) (5 MG TAB, 10 MG TAB, 20 MG TAB) | Tier 3 | |
| CORTENEMA (*hydrocortisone (intrarectal)*) CORT100 MG/60ML | Tier 3 | |
| CORTIFOAM (*hydrocortisone acetate (intrarectal)*) 10 % | Tier 2 | |
| EOHILIA (*budesonide*) 2 MG/10ML SUSPENSION | Tier 4 | PA, QLC (20 ml/day) |
| *hydrocortisone enema 100 mg/60ml* | Tier 1 | |
| *hydrocortisone tab 10 mg* | Tier 1 | |
| *hydrocortisone tab 20 mg* | Tier 1 | |
| *hydrocortisone tab 5 mg* | Tier 1 | |
| KHINDIVI (*hydrocortisone*) 1 MG/ML SOLUTION | Tier 4 | PA, LA |
| ORTIKOS (*budesonide*) (6 MG CAP ER 24H, 9 MG CAP ER 24H) | Tier 4 | PA, QLC (1 cap/day) |
| UCERIS (*budesonide (intrarectal)*) 2 MG/ACT FOAM | Tier 3 | QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months) |
| UCERIS (*budesonide*) 9 MG TAB 24H | Tier 3 | PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)** | | |
| ACTONEL (*risedronate sodium*) 150 MG TAB | Tier 3 | QLC (1 tab/30 days) |
| ACTONEL (*risedronate sodium*) 35 MG TAB | Tier 3 | QLC (4 tabs/28 days) |
| ALENDRONATE SODIUM 5 MG TAB | Tier 1 | |
| *alendronate sodium oral soln 70 mg/75ml* | Tier 2 | QLC (4 bottles/28 days) |
| *alendronate sodium tab 10 mg* | Tier 1 | |
| *alendronate sodium tab 35 mg* | Tier 1 | QLC (4 tabs/28 days) |
| *alendronate sodium tab 70 mg* | Tier 1 | QLC (4 tabs/28 days) |
| ATELVIA (*risedronate sodium*) 35 MG TAB | Tier 3 | QLC (4 tabs/28 days) |
| BINOSTO (*alendronate sodium*) 70 MG EFFER TAB | Tier 3 | ST, QLC (4 tabs/28 days) |
| BONIVA (*ibandronate sodium*) 150 MG TAB | Tier 3 | QLC (1 tab/30 days) |
| BONSITY (*teriparatide*) 560 MCG/2.24ML SOLN PEN | Tier 4 | PA, S (Specialty Drug), QLC (1 pen/28 days) |
| *calcitonin (salmon) inj 200 unit/ml* | Tier 4 | |
| *calcitonin (salmon) nasal soln 200 unit/act* | Tier 1 | QLC (1 bottle/30 days) |
| *calcitriol cap 0.25 mcg* | Tier 1 | |
| *calcitriol cap 0.5 mcg* | Tier 1 | |
| *calcitriol oral soln 1 mcg/ml* | Tier 1 | |
| *cinacalcet hcl tab 30 mg (base equiv)* | Tier 1 | |
| *cinacalcet hcl tab 60 mg (base equiv)* | Tier 1 | |
| *cinacalcet hcl tab 90 mg (base equiv)* | Tier 1 | |
| DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP) | Tier 1 | |
| *doxercalciferol cap 0.5 mcg* | Tier 1 | |
| *doxercalciferol cap 1 mcg* | Tier 1 | |
| *doxercalciferol cap 2.5 mcg* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DRISDOL (*ergocalciferol*) 1.25 MG (50000 UT) CAP | Tier 3 | |
| *ergocalciferol cap 1.25 mg (50000 unit)* | Tier 1 | |
| *ergocalciferol cap 1.25 mg (50000 unit)* (VITAMIN D (ERGOCALCIFEROL)) | Tier 1 | |
| FORTEO (*teriparatide*) 560 MCG/2.24ML SOLN PEN | Tier 4 | PA, S (Specialty Drug), QLC (1 pen/28 days) |
| FOSAMAX (*alendronate sodium*) 70 MG TAB | Tier 3 | QLC (4 tabs/28 days) |
| FOSAMAX PLUS D (*alendronate sodium-cholecalciferol*) (70-2800 TAB, 70-5600 TAB) | Tier 3 | QLC (4 tabs/28 days) |
| *ibandronate sodium tab 150 mg (base equivalent)* | Tier 1 | QLC (1 tab/30 days) |
| MIACALCIN (*calcitonin (salmon)*) 200 UNIT/ML SOLUTION | Tier 4 | |
| NATPARA (*parathyroid hormone (recombinant)*) (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE) | Tier 4 | PA, S (Specialty Drug), QLC (2 cartridges/month) |
| *paricalcitol cap 1 mcg* | Tier 1 | |
| *paricalcitol cap 2 mcg* | Tier 1 | |
| *paricalcitol cap 4 mcg* | Tier 1 | |
| RAYALDEE (*calcifediol*) 30 MCG CAP ER | Tier 4 | PA |
| *risedronate sodium tab 150 mg* | Tier 2 | QLC (1 tab/30 days) |
| *risedronate sodium tab 30 mg* | Tier 1 | PA |
| *risedronate sodium tab 35 mg* | Tier 2 | QLC (4 tabs/28 days) |
| *risedronate sodium tab 5 mg* | Tier 2 | QLC (1 tab/day) |
| *risedronate sodium tab delayed release 35 mg* | Tier 2 | QLC (4 tabs/28 days) |
| ROCALTROL (*calcitriol*) (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION) | Tier 3 | |
| SENSIPAR (*cinacalcet hcl*) (30 MG TAB, 60 MG TAB, 90 MG TAB) | Tier 4 | |
| TERIPARATIDE 560 MCG/2.24ML SOLN PEN | Tier 4 | PA, S (Specialty Drug), QLC (1 pen/28 days) |
| *teriparatide soln pen-inj 560 mcg/2.24ml* | Tier 4 | PA, S (Specialty Drug), QLC (1 pen/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TYMLOS (*abaloparatide*) 3120 MCG/1.56ML SOLN PEN | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/30 days) |
| ZEMPLAR (*paricalcitol*) (1 MCG CAP, 2 MCG CAP) | Tier 3 | |

## MISCELLANEOUS THERAPEUTIC AGENTS

| | | |
|---|---|---|
| ACCU-CHEK AVIVA PLUS (*glucose blood*) STRIP | Tier 2 | QLC (200 units/30 days) |
| ACCU-CHEK GUIDE ME W/DEVICEKIT | Tier 2 | QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at $0), CW |
| ACCU-CHEK GUIDE TEST (*glucose blood*) STRIP | Tier 2 | QLC (200 units/30 days) |
| ACCU-CHEK GUIDE W/DEVICEKIT | Tier 2 | QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at $0), CW |
| ACCU-CHEK SMARTVIEW (*glucose blood*) STRIP | Tier 2 | QLC (200 units/30 days) |
| ACCUTREND GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ADVANCE INTUITION TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ADVANCE MICRO-DRAW TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ADVOCATE REDI-CODE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ADVOCATE REDI-CODE+ TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ADVOCATE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| AEROCHAMBER DEVICE AND MASK | Tier 2 | |
| AEROVENT PLUS DEVICE | Tier 2 | |
| AGAMATRIX AMP TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| AGAMATRIX JAZZ TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| AGAMATRIX KEYNOTE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| AGAMATRIX PRESTO TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ASSURE 3 TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ASSURE 4 TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ASSURE II (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ASSURE II CHECK (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ASSURE PLATINUM (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ASSURE PRISM MULTI TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ASSURE PRO TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ASSURE TITANIUM (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| BD DISP NEEDLE (DISP 23G MISC, DISP 25G MISC) | Tier 3 | QLC (100 needles/30 days) |
| BD DISP NEEDLES (DISP 18G 1-1/2" MISC, DISP 20G 1" MISC, DISP 20G 1-1/2" MISC, DISP 21G 1-1/2" MISC, DISP 22G 1-1/2" MISC, DISP 25G 5/8" MISC, DISP 27G 1/2" MISC) | Tier 3 | QLC (100 needles/30 days) |
| BD HYPODERMIC NEEDLE (16G 1" MISC, 18G 1" MISC, 18G 1-1/2" MISC, 21G 1" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 25G 1-1/2" MISC) | Tier 3 | QLC (100 needles/30 days) |
| BD INTEGRA SYRINGE (22G 1-1/2" 3 ML MISC, 23G 1" 3 ML MISC, 25G 1" 3 ML MISC, 25G 5/8" 3 ML MISC) | Tier 3 | QLC (100 syringes/30 days) |
| BD LUER-LOK SYRINGE (18G 1-1/2" 3 ML MISC, 20G 1" 1 ML MISC, 20G 1" 3 ML MISC, 20G 1-1/2" 5 ML MISC, 21G 1" 5 ML MISC, 21G 1-1/2" 3 ML MISC, 22G 1" 3 ML MISC, 22G 1-1/2" 3 ML MISC, 23G 1" 3 ML MISC, 23G 1-1/2" 3 ML MISC, 25G 1" 3 ML MISC, 25G 1-1/2" 3 ML MISC, 25G 5/8" 1 ML MISC, 25G 5/8" 3 ML MISC) | Tier 3 | QLC (100 syringes/30 days) |
| BD PLASTIPAK SYRINGE (3 ML MISC, 21G X 1" 3 ML MISC) | Tier 3 | QLC (100 syringes/30 days) |
| BD PRECISIONGLIDE NEEDLE 23GX1-1/2"MISC | Tier 3 | QLC (100 needles/30 days) |
| BD SAFETYGLIDE NEEDLE 25GX5/8"MISC | Tier 3 | QLC (100 needles/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| BD SYRINGE LUER-LOK (1 ML MISC, 3 ML MISC) | Tier 3 | QLC (100 syringes/30 days) |
| BIOTEL CARE TEST STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |
| BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| BLOOD GLUCOSE TEST STRIPS 333 (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |
| BLULINK GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| BREATHE COMFORT CHAMBER/ADULT DEVICE | Tier 2 | |
| BREATHE COMFORT CHAMBER/CHILD DEVICE | Tier 2 | |
| BREATHE EASE LARGE DEVICE | Tier 2 | |
| BREATHE EASE MEDIUM DEVICE | Tier 2 | |
| BREATHE EASE SMALL DEVICE | Tier 2 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | Tier 2 | |
| CAREONE BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CARESENS N GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CARESENS S GLUCOSE TEST (*glucose blood*) CAREENGLUCOETETTRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CARETOUCH TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CAYA (*diaphragm arc-spring*) | Tier 2 | ACA (Preventive Health) |
| CEQUR SIMPL EXT WEAR INSERTER MISC | Tier 3 | PA, QLC (1 device/365 days) |
| CEQUR SIMPLICITY 1U EXTND WEAR DEVICE | Tier 3 | PA, QLC (4 devices/28 days) |
| CEQUR SIMPLICITY 2U DEVICE | Tier 3 | PA, QLC (8 patches/30 days) |
| CEQUR SIMPLICITY 2U EXTND WEAR DEVICE | Tier 3 | PA, QLC (5 devices/28 days) |
| CEQUR SIMPLICITY INSERTER MISC | Tier 3 | PA, QLC (1 device/365 days) |
| CHEMSTRIP K (*acetone (urine) test*) CHEM | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CHEMSTRIP UGK (*urine glucose-ketones test*) CHEM | Tier 2 | |
| CLEVER CHEK AUTO-CODE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CLEVER CHEK AUTO-CODE VOICE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CLEVER CHEK TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CLEVER CHOICE AUTO-CODE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | Tier 2 | |
| CLEVER CHOICE MICRO TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CLEVER CHOICE NO CODING (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CLEVER CHOICE TALK SYSTEM (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| COMPACT SPACE CHAMBER DEVICE | Tier 2 | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | Tier 2 | |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | Tier 2 | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | Tier 2 | |
| CONTOUR NEXT (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CONTOUR NEXT TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CONTOUR PLUS TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CONTOUR TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| COOL BLOOD GLUCOSE TEST STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |
| CVS ADVANCED GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| CVS GLUCOSE METER TEST STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CVS KETONE CARE (*urine glucose-ketones test*) STRIP | Tier 2 | |
| CVS TRUE METRIX GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| D-CARE BLOOD GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| DEXCOM G6 RECEIVER DEVICE | Tier 2 | PA, QLC (One receiver/reader per year) |
| DEXCOM G6 SENSOR MISC | Tier 2 | PA, QLC (1 box/30 days) |
| DEXCOM G6 TRANSMITTER MISC | Tier 2 | PA, QLC (1 transmitter/90 days) |
| DEXCOM G7 15 DAY SENSOR MISC | Tier 2 | PA, QLC (2 boxes (sensors)/30 days) |
| DEXCOM G7 RECEIVER DEVICE | Tier 2 | PA, QLC (One reader/receiver per year) |
| DEXCOM G7 SENSOR MISC | Tier 2 | PA, QLC (3 sensors/30 days) |
| DIATHRIVE BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| DIATHRIVE GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| DIATHRIVE+ GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| DIATRUE PLUS TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| DUO-CARE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASIVENT MASK LARGE MISC | Tier 2 | |
| EASIVENT MASK MEDIUM MISC | Tier 2 | |
| EASIVENT MASK SMALL MISC | Tier 2 | |
| EASIVENT MISC | Tier 2 | |
| EASY MAX BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASY PLUS II GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASY STEP TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASY TALK BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASY TALK PLUS II TEST STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"MISC | Tier 3 | QLC (100 needles/30 days) |
| EASY TOUCH HEALTHPRO GLUCOSE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASY TOUCH HYPODERMIC NEEDLE 22GX1-1/2"MISC | Tier 3 | QLC (100 needles/30 days) |
| EASY TOUCH TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASY TRAK BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASY TRAK II GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASYGLUCO (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASYMAX 15 TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASYMAX TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASYPOINT NEEDLE 25GX1-1/2"MISC | Tier 3 | QLC (100 needles/30 days) |
| EASYPRO BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EASYPRO PLUS (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ELEMENT COMPACT TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ELEMENT TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EMBRACE BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EMBRACE EVO BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EMBRACE PRO GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EMBRACE TALK GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EMBRACE WAVE BLOOD GLUCOSE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EQ BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| EQ SPACE CHAMBER ANTI-STATIC DEVICE | Tier 2 | |
| EQ SPACE CHAMBER ANTI-STATIC L DEVICE | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EQ SPACE CHAMBER ANTI-STATIC M DEVICE | Tier 2 | |
| EQ SPACE CHAMBER ANTI-STATIC S DEVICE | Tier 2 | |
| EVOLUTION AUTOCODE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FEMCAP (***cervical caps***) (22 DEVICE, 26 DEVICE, 30 DEVICE) | Tier 2 | ACA (Preventive Health) |
| FIFTY50 GLUCOSE TEST 2.0 (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FILSUVEZ (***birch triterpenes***) 10 % GEL | Tier 4 | PA, LA, QLC (23.4gm/day) |
| FLEXICHAMBER ADULT MASK/SMALL MISC | Tier 2 | |
| FLEXICHAMBER CHILD MASK/LARGE MISC | Tier 2 | |
| FLEXICHAMBER CHILD MASK/SMALL MISC | Tier 2 | |
| FLEXICHAMBER DEVICE | Tier 2 | |
| FONDCIRCLE BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA 6 CONNECT (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA 6 CONNECT/GTEL TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA D15G BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA D20 BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA D40/G31 BLOOD GLUCOSE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA G20 BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA G30/PREM V10 GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA GD20 TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| FORA GD50 BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA GTEL BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA GTEL BLOOD KETONE TEST (*ketone blood test*) STRIP | Tier 2 | |
| FORA TEST N'GO ADV-VOICE-6 CON (*ketone blood test*) STRIP | Tier 2 | |
| FORA TN'G ADVANCE PRO (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA TN'G/TN'G VOICE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA V10 BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA V12 BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA V20 BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORA V30A BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORACARE GD40 TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORACARE PREMIUM V10 TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORACARE TEST N GO TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FORTISCARE G1 TEST STRIP (*glucose blood*) | Tier 3 | PA, QLC (200 units/30 days) |
| FORTISCARE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FREESTYLE INSULINX TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FREESTYLE LIBRE 14 DAY READER DEVICE | Tier 3 | PA, QLC (One receiver/reader per year) |
| FREESTYLE LIBRE 14 DAY SENSOR MISC | Tier 3 | PA, QLC (2 sensors/28 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR MISC | Tier 3 | PA, QLC (2 sensors/30 days) |
| FREESTYLE LIBRE 2 READER DEVICE | Tier 3 | PA, QLC (One reader/receiver per year) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| FREESTYLE LIBRE 2 SENSOR MISC | Tier 3 | PA, QLC (2 sensors/28 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR MISC | Tier 3 | PA, QLC (2 sensors/28 days) |
| FREESTYLE LIBRE 3 READER DEVICE | Tier 3 | PA, QLC (one receiver/reader per year) |
| FREESTYLE LIBRE 3 SENSOR MISC | Tier 3 | PA, QLC (2 sensors/28 days) |
| FREESTYLE LIBRE READER DEVICE | Tier 3 | PA, QLC (One receiver/reader per year) |
| FREESTYLE LITE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FREESTYLE PRECISION NEO TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| FREESTYLE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GE100 BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GENULTIMATE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GHT TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCO PERFECT 3 TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCOCARD 01 SENSOR PLUS (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCOCARD EXPRESSION TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCOCARD SHINE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCOCARD VITAL TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCOCARD X-SENSOR (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCOCOM TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCONAVII BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GLUCOSE METER TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GNP EASY TOUCH GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| GNP TRUE METRIX GLUCOSE STRIPS (***glucose blood***) S | Tier 3 | PA, QLC (200 units/30 days) |
| GNP TRUETRACK SMART SYSTEM (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GNP TRUETRACK TEST STRIPS (***glucose blood***) S | Tier 3 | PA, QLC (200 units/30 days) |
| GOJJI BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GOJJI BLOOD KETONE TEST (***ketone blood test***) STRIP | Tier 2 | |
| GOJJI BLOOD TEST STRIP/LANCETS (***glucose blood***) /LANCETS | Tier 3 | PA, QLC (200 units/30 days) |
| GOODSENSE BLOOD GLUCOSE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| GUARDIAN 4 GLUCOSE SENSOR MISC | Tier 3 | PA, QLC (5 sensors/30 days) |
| GUARDIAN 4 TRANSMITTER MISC | Tier 3 | PA, QLC (1 transmitter/365 days) |
| GUARDIAN CONNECT TRANSMITTER MISC | Tier 3 | PA, QLC (1 transmitter/365 days) |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | Tier 3 | PA, QLC (One receiver/reader per year) |
| GUARDIAN SENSOR (3) MISC | Tier 3 | PA, QLC (5 sensors/30 days) |
| GUARDIAN SENSOR 3 MISC | Tier 3 | PA, QLC (5 sensors/month) |
| HW EMBRACE PRO GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| HW EMBRACE TALK GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| IGLUCOSE TEST STRIPS (***glucose blood***) S | Tier 3 | PA, QLC (200 units/30 days) |
| IHEALTH BLOOD GLUCOSE TEST STR (***glucose blood***) IP | Tier 3 | PA, QLC (200 units/30 days) |
| IN TOUCH BLOOD GLUCOSE TEST (***glucose blood***) INSTRIP | Tier 3 | PA, QLC (200 units/30 days) |
| INFINITY BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| INFINITY VOICE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| INPEN 100-BLUE-LILLY-HUMALOG DEVICE | Tier 4 | PA, QLC (1 pen/365 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| INPEN 100-BLUE-NOVOLOG-FIASP DEVICE | Tier 4 | PA, QLC (1 pen/365 days) |
| INPEN 100-GREY-LILLY-HUMALOG DEVICE | Tier 4 | PA, QLC (1 pen/365 days) |
| INPEN 100-GREY-NOVOLOG-FIASP DEVICE | Tier 4 | PA, QLC (1 pen/365 days) |
| INPEN 100-PINK-LILLY-HUMALOG DEVICE | Tier 4 | PA, QLC (1 pen/365 days) |
| INPEN 100-PINK-NOVOLOG-FIASP DEVICE | Tier 4 | PA, QLC (1 pen/365 days) |
| INSPIREASE MISC | Tier 2 | |
| INSULIN PEN NEEDLE | Tier 2 | |
| INSULIN SYRINGE | Tier 2 | |
| IQIRVO (*elafibranor*) 80 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| KETO-DIASTIX (*urine glucose-ketones test*) STRIP | Tier 2 | |
| KETONE TEST (*acetone (urine) test*) STRIP | Tier 2 | |
| KETOSTIX (*acetone (urine) test*) STRIP | Tier 2 | |
| KROGER BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| KROGER HEALTHPRO GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| KROGER PREMIUM GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| LANCETS | Tier 2 | QLC (200 lancets/30 days) |
| LEQSELVI (*deuruxolitinib phosphate*) 8 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| LIBERTY NEXT GENERATION TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| LIBERTY TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| LIVDELZI (*seladelpar lysine*) 10 MG CAP | Tier 4 | PA, LA, QLC (1 cap/day) |
| LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML MISC | Tier 3 | QLC (100 syringes/30 days) |
| MEIJER BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MEIJER ESSENTIAL GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| MEIJER TRUETEST TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| MEIJER TRUETRACK TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| *methylergonovine maleate tab 0.2 mg* | Tier 1 | QLC (28 tabs/30 days) |
| methylergonovine maleate tab 0.2 mg (Methergine) | Tier 1 | QLC (28 tabs/30 days) |
| MICROCHAMBER (DEVICE, MISC) | Tier 2 | |
| MICRODOT TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| MICROSPACER MISC | Tier 2 | |
| MM BLULINK GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| MM EASY TOUCH GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| MODD1 PATIENT WELCOME KIT | Tier 3 | PA, QLC (1 kit/90 days) |
| MODD1 SUPPLY KIT | Tier 3 | PA, QLC (1 kit/30 days) |
| MYGLUCOHEALTH TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| NEUTEK 2TEK TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| NOVA MAX GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| NOVA MAX PLUS KETONE TEST (*ketone blood test*) STRIP | Tier 2 | |
| NOVOPEN ECHO DEVICE | Tier 3 | PA, QLC (1 pen/365 days) |
| OMNIFLEX DIAPHRAGM (*diaphragms*) | Tier 2 | ACA (Preventive Health) |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | Tier 3 | PA, QLC (1 kit/2 years) |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | Tier 3 | PA, QLC (1 pod/2 days) |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | Tier 3 | PA, QLC (1 kit/2 years) |
| OMNIPOD 5 G7 PODS (GEN 5) MISC | Tier 3 | PA, QLC (1 pod/2 days) |
| OMNIPOD 5 LIBRE INTRO KIT | Tier 3 | PA, QLC (1 kit/2 years) |
| OMNIPOD 5 LIBRE PODS MISC | Tier 3 | PA, QLC (1 pod/2 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| OMNIPOD CLASSIC PODS (GEN 3) MISC | Tier 3 | PA, QLC (1 pod/2 days) |
| OMNIPOD DASH INTRO (GEN 4) KIT | Tier 3 | PA, QLC (1 kit/2 years) |
| OMNIPOD DASH PODS (GEN 4) MISC | Tier 3 | PA, QLC (1 pod/2 days) |
| OMNIPOD GO (10 UNIT/24HR KIT, 15 UNIT/24HR KIT, 25 UNIT/24HR KIT, 35 UNIT/24HR KIT) | Tier 3 | PA, QLC (10 kits/28 days) |
| OMNIPOD GO (20 UNIT/24HR KIT, 30 UNIT/24HR KIT, 40 UNIT/24HR KIT) | Tier 3 | PA, QLC (10 kits/30 days) |
| ON CALL EXPRESS BLOOD GLUCOSE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ONE DROP TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ONETOUCH ULTRA (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ONETOUCH ULTRA BLUE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ONETOUCH ULTRA TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| ONETOUCH VERIO (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| OPTICHAMBER DIAMOND (DEVICE, MISC) | Tier 2 | |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | Tier 2 | |
| OPTICHAMBER DIAMOND-MD MASK MISC | Tier 2 | |
| OPTICHAMBER DIAMOND-SM MASK MISC | Tier 2 | |
| OPTIUMEZ TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| OPVEE (***nalmefene hcl (antidote)***) 2.7 MG/0.1ML SOLUTION | Tier 3 | QLC (2 sprayers/30 days) |
| PHARMACIST CHOICE AUTOCODE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| PHARMACIST CHOICE NO CODING (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| PIP BLOOD GLUCOSE TEST STRIP (***glucose blood***) | Tier 3 | PA, QLC (200 units/30 days) |
| PIVOT INSULIN PUMP STARTER KIT | Tier 3 | PA, QLC (1 kit/90 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PIVOT SUPPLY KIT | Tier 3 | PA, QLC (1 kit/30 days) |
| POCKET CHAMBER DEVICE | Tier 2 | |
| POCKET SPACER DEVICE | Tier 2 | |
| POCKETCHEM EZ TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| POGO AUTOMATIC TEST CARTRIDGES (***glucose blood***) | Tier 3 | PA, QLC (200 tests/30 days) |
| PRECISION XTRA BLOOD GLUCOSE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| PRECISION XTRA KETONE (***ketone blood test***) STRIP | Tier 2 | |
| PREMIUM BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| PRO COMFORT SPACER ADULT MISC | Tier 2 | |
| PRO COMFORT SPACER CHILD MISC | Tier 2 | |
| PRO COMFORT SPACER INFANT DEVICE | Tier 2 | |
| PRO VOICE V8/V9 GLUCOSE (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| PROCARE SPACER/ADULT MASK DEVICE | Tier 2 | |
| PROCARE SPACER/CHILD MASK DEVICE | Tier 2 | |
| PROCHAMBER VHC DEVICE | Tier 2 | |
| PRODIGY NO CODING BLOOD GLUC (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| PTS PANELSEGLU TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| PURE COMFORT SPACER CHAMBER DEVICE | Tier 2 | |
| QBREXZA (***glycopyrronium tosylate***) 2.4 % PAD | Tier 3 | PA, QLC (1 towelette/day) |
| QUICK TOUCH BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| QUICKTEK TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| QUINTET AC BLOOD GLUCOSE TEST (***glucose blood***) STRIP | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| QUINTET BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| REFUAH PLUS BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RELION BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RELION CONFIRM/MICRO TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RELION GLUCOSE TEST STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |
| RELION KETONE TEST (*acetone (urine) test*) STRIP | Tier 2 | |
| RELION PREMIER TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RELION PRIME TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RELION TRUE METRIX TEST STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |
| RELION ULTIMA TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| REXALL BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RIGHTEST GS100 BLOOD GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RIGHTEST GS300 BLOOD GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RIGHTEST GS550 BLOOD GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RIGHTEST GT333 BLOOD GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RIGHTEST GT333 GLUCOSE TEST (*glucose blood*) RIGHSTRIP | Tier 3 | PA, QLC (200 units/30 days) |
| RITEFLO DEVICE | Tier 2 | |
| SIMPLERA SENSOR MISC | Tier 3 | PA, QLC (5 sensors/30 days) |
| SIMPLERA SYNC SENSOR MISC | Tier 3 | PA, QLC (5 sensors/30 days) |
| SIMPLERA SYSTEM MISC | Tier 3 | PA, QLC (5 sensors/30 days) |
| SMART SENSE PREMIUM TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SMART SENSE VALUE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| SMARTEST BLOOD GLUCOSE TEST (*glucose blood*) SMARSTRIP | Tier 3 | PA, QLC (200 units/30 days) |
| SOFDRA (*sofpironium bromide*) 12.45 % GEL | Tier 4 | PA, LA, QLC (1 bottle (40.2 ml)/30 days) |
| SOLUS V2 TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| SUPREME TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| TGT BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| TRUE FOCUS BLOOD GLUCOSE STRIP (*glucose blood*) | Tier 3 | PA, QLC (200 units/30 days) |
| TRUE METRIX BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| TRUE METRIX PRO BLOOD GLUCOSE (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| TRUENESS BLOOD GLUCOSE STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |
| TRUETEST TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| TRUETRACK TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| TWIIST REFILL KIT | Tier 3 | PA, QLC (1 kit/30 days) |
| TWIIST REFILL KIT/INFUSION SET /INFUSION | Tier 3 | PA, QLC (1 kit/30 days) |
| TWIIST STARTER KIT | Tier 3 | PA, QLC (1 kit/2 years) |
| ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC | Tier 3 | QLC (100 syringes/30 days) |
| UNISTRIP1 GENERIC (*glucose blood*) UNI1 | Tier 3 | PA, QLC (200 units/30 days) |
| V-GO 20 UNIT/24HR KIT | Tier 3 | PA, QLC (1 device/day) |
| V-GO 30 UNIT/24HR KIT | Tier 3 | PA, QLC (1 device/day) |
| V-GO 40 UNIT/24HR KIT | Tier 3 | PA, QLC (1 device/day) |
| VERASENS BLOOD GLUCOSE TEST (*glucose blood*) STRIP | Tier 3 | PA, QLC (200 units/30 days) |
| VISTOGARD (*uridine triacetate (emergency treatment)*) 10 GM PACKET | Tier 4 | LA, QLC (20 packets/month) |
| VIVAGUARD INO TEST STRIPS (*glucose blood*) S | Tier 3 | PA, QLC (200 units/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE | Tier 2 | |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE | Tier 2 | |
| VORTEX VALVE CHAMBER-PEDI MASK DEVICE | Tier 2 | |
| VORTEX VALVED HOLDING CHAMBER DEVICE | Tier 2 | |
| VOWST (*fecal microbiota spores, live-brpk*) CAP | Tier 4 | PA, LA, QLC (12 caps/30 days) |
| WAINUA (*eplontersen sodium*) 45 MG/0.8ML SOLN A-INJ | Tier 4 | PA, LA, QLC (1 pen/28 days) |
| WIDE-SEAL DIAPHRAGM | Tier 2 | ACA (Preventive Health) |
| XPHOZAH (*tenapanor hcl (ckd)*) (20 MG TAB, 30 MG TAB) | Tier 4 | PA, LA, QLC (2 tabs/day) |
| ZURNAI (*nalmefene hcl (antidote)*) 1.5 MG/0.5ML SOLN A-INJ | Tier 3 | QLC (1ml (2 doses)/30 days) |
| **OPHTHALMIC AGENTS (Drugs for the Eyes)** | | |
| **OPHTHALMIC AGENTS, OTHER (Other Eye Drops)** | | |
| ALCAINE (*proparacaine hcl*) 0.5 % SOLUTION | Tier 3 | |
| ALTAFRIN (*phenylephrine hcl (mydriatic)*) (2.5 % SOLUTION, 10 % SOLUTION) | Tier 1 | |
| ATROPINE SULFATE (*atropine sulfate (ophthalmic)*) 1 % SOLUTION | Tier 1 | |
| *atropine sulfate ophth soln 1%* | Tier 1 | |
| BACITRA-NEOMYCIN-POLYMYXIN-HC (*bacitracin-poly-neomycin-hc*) 1 % OINTMENT | Tier 1 | |
| BACITRACIN-POLYMYXIN B (*bacitracin-polymyxin b (ophth)*) 500-10000 UNIT/GM OINTMENT | Tier 1 | |
| bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) | Tier 1 | |
| bacitracin-polymyxin b ophth oint (Polycin) | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***bacitracin-polymyxin-neomycin-hc ophth oint 1%*** (BACITRA-NEOMYCIN-POLYMYXIN-HC) | Tier 1 | |
| bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc) | Tier 1 | |
| BLEPHAMIDE S.O.P. (***sulfacetamide sod-prednisolone***) 10-0.2 % OINTMENT | Tier 3 | |
| ***brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%*** | Tier 2 | |
| CEQUA (***cyclosporine (ophth)***) 0.09 % SOLUTION | Tier 3 | PA, QLC (60 vials/30 days) |
| COMBIGAN (***brimonidine tartrate-timolol maleate***) 0.2-0.5 % SOLUTION | Tier 3 | |
| COSOPT (***dorzolamide hcl-timolol maleate***) 22.3-6.8 MG/ML SOLUTION | Tier 3 | |
| COSOPT PF (***dorzolamide hcl-timolol maleate***) 2-0.5 % SOLUTION | Tier 3 | QLC (2 droperettes/day) |
| CYCLOGYL (***cyclopentolate hcl***) (0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION) | Tier 3 | |
| CYCLOMYDRIL (***cyclopentolate w/ phenylephrine***) 0.2-1 % SOLUTION | Tier 3 | |
| ***cyclopentolate hcl ophth soln 0.5%*** | Tier 1 | |
| ***cyclopentolate hcl ophth soln 1%*** | Tier 1 | |
| ***cyclopentolate hcl ophth soln 2%*** | Tier 1 | |
| ***cyclosporine (ophth) emulsion 0.05% (pf)*** (CYCLOSPORINE (PF)) | Tier 1 | QLC (2 vials/day) |
| DORZOLAMIDE HCL-TIMOLOL MAL (***dorzolamide hcl-timolol maleate***) 22.3-6.8 MG/ML SOLUTION | Tier 1 | |
| ***dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf*** (DORZOLAMIDE HCL-TIMOLOL MAL PF) | Tier 1 | QLC (2 droperettes/day) |
| ***dorzolamide hcl-timolol maleate ophth soln 2-0.5%*** | Tier 1 | |
| ***dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml*** | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%*** (DORZOLAMIDE HCL-TIMOLOL MAL PF) | Tier 1 | QLC (2 droperettes/day) |
| HOMATROPAIRE (***homatropine hbr***) 5 % SOLUTION | Tier 1 | |
| ISOPTO ATROPINE (***atropine sulfate (ophthalmic)***) 1 % SOLUTION | Tier 3 | |
| LACRISERT (***artificial tear insert***) 5 MG | Tier 3 | |
| ***loteprednol etabonate-tobramycin ophth susp 0.5-0.3%*** (LOTEPREDNOL-TOBRAMYCIN) | Tier 2 | |
| MAXITROL (***neomycin-polymy-dexameth***) (0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION) | Tier 3 | |
| MIEBO (***perfluorohexyloctane***) 1.338 GM/ML SOLUTION | Tier 4 | PA, QLC (1 bottle (3 ml)/ 30 days) |
| MYDRIACYL (***tropicamide***) 1 % SOLUTION | Tier 3 | |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin) | Tier 1 | |
| ***neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin*** (NEOMYCIN-BACITRACIN ZN-POLYMYX) | Tier 1 | |
| NEOMYCIN-BACITRACIN ZN-POLYMYX (***neomycin-bacitracin zn-polymyxin***) 5-400-10000OINTMENT | Tier 1 | |
| ***neomycin-polymyxin-dexamethasone ophth oint 0.1%*** | Tier 1 | |
| ***neomycin-polymyxin-dexamethasone ophth susp 0.1%*** | Tier 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION | Tier 1 | |
| NEOMYCIN-POLYMYXIN-HC (***neomycin-polymyxin-hc (ophth)***) 3.5-10000-1SUSPENSION | Tier 1 | |
| OXERVATE (***cenegermin-bkbj***) 0.002 % SOLUTION | Tier 4 | PA, LA, QLC (28 ml/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PHENYLEPHRINE HCL (*phenylephrine hcl (mydriatic)*) 2.5 % SOLUTION | Tier 3 | |
| *phenylephrine hcl ophth soln 10%* | Tier 1 | |
| *phenylephrine hcl ophth soln 2.5%* | Tier 1 | |
| PRED-G (*gentamicin-prednisolone acetate*) 0.3-1 % SUSPENSION | Tier 3 | |
| PRED-G S.O.P. (*gentamicin-prednisolone acetate*) 0.3-0.6 % OINTMENT | Tier 3 | |
| *proparacaine hcl ophth soln 0.5%* | Tier 1 | |
| RESTASIS (*cyclosporine (ophth)*) 0.05 % EMULSION | Tier 1 | QLC (2 vials/day) |
| RESTASIS MULTIDOSE (*cyclosporine (ophth)*) 0.05 % EMULSION | Tier 2 | QLC (one 5.5 ml bottle/30 days) |
| ROCKLATAN (*netarsudil dimesylate-latanoprost*) 0.02-0.005 % SOLUTION | Tier 3 | PA, QLC (2.5 ml/25 days) |
| SULFACETAMIDE-PREDNISOLONE (*sulfacetamide sod-prednisolone*) 10-0.23 % SOLUTION | Tier 1 | |
| TOBRADEX (*tobramycin-dexamethasone*) 0.3-0.1 % OINTMENT | Tier 2 | |
| TOBRADEX (*tobramycin-dexamethasone*) 0.3-0.1 % SUSPENSION | Tier 3 | |
| TOBRADEX ST (*tobramycin-dexamethasone*) 0.3-0.05 % SUSPENSION | Tier 3 | QLC (1 bottle/fill) |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | Tier 1 | |
| *tropicamide ophth soln 0.5%* | Tier 1 | |
| *tropicamide ophth soln 1%* | Tier 1 | |
| TRYPTYR (*acoltremon*) 0.003 % SOLUTION | Tier 4 | PA, QLC (2 vials/day) |
| TYRVAYA (*varenicline tartrate (cholinergic agonist)*) 0.03 MG/ACT SOLUTION | Tier 3 | PA, QLC (2 bottles (8.4 ml)/30 days) |
| UPNEEQ (*oxymetazoline hcl (blepharoptosis)*) 0.1 % SOLUTION | Tier 3 | PA, QLC (1 dropperette/day) |
| VERKAZIA (*cyclosporine (ophth)*) 0.1 % EMULSION | Tier 4 | PA, QLC (4 vials/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| VEVYE (*cyclosporine (ophth)*) 0.1 % SOLUTION | Tier 4 | PA, QLC (one 2ml bottle/30 days) |
| VIZZ (*aceclidine hcl*) 1.44 % SOLUTION | Tier 3 | PA, QLC (1 vial/day) |
| XDEMVY (*lotilaner*) 0.25 % SOLUTION | Tier 4 | PA, LA, S (Specialty Drug), QLC (10 ml/30 days) |
| XIIDRA (*lifitegrast*) 5 % SOLUTION | Tier 2 | QLC (60 vials/month) |
| ZYLET (*loteprednol etabonate-tobramycin*) 0.5-0.3 % SUSPENSION | Tier 2 | |
| **OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)** | | |
| ALOCRIL (*nedocromil sodium (ophth)*) 2 % SOLUTION | Tier 3 | |
| ALOMIDE (*lodoxamide tromethamine*) 0.1 % SOLUTION | Tier 3 | |
| *azelastine hcl ophth soln 0.05%* | Tier 1 | |
| *bepotastine besilate ophth soln 1.5%* | Tier 2 | QLC (5 ml/28 days) |
| BEPREVE (*bepotastine besilate*) 1.5 % SOLUTION | Tier 3 | QLC (5 ml/28 days) |
| CROMOLYN SODIUM (*cromolyn sodium (ophth)*) 4 % SOLUTION | Tier 1 | |
| *cromolyn sodium ophth soln 4%* | Tier 1 | |
| *epinastine hcl ophth soln 0.05%* | Tier 1 | |
| ZERVIATE (*cetirizine hcl (ophth)*) 0.24 % SOLUTION | Tier 3 | PA, QLC (2 droperettes/day) |
| **OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)** | | |
| AZASITE (*azithromycin (ophth)*) 1 % SOLUTION | Tier 3 | |
| BACITRACIN (*bacitracin (ophthalmic)*) 500 UNIT/GM OINTMENT | Tier 1 | |
| ERYTHROMYCIN (*erythromycin (ophth)*) 5 MG/GM OINTMENT | Tier 1 | |
| *erythromycin ophth oint 5 mg/gm* | Tier 1 | |
| *gatifloxacin ophth soln 0.5%* | Tier 1 | QLC (one 2.5 ml bottle/28 days) |
| GENTAK (*gentamicin sulfate (ophth)*) 0.3 % OINTMENT | Tier 1 | |
| *gentamicin sulfate ophth soln 0.3%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LEVOFLOXACIN (*levofloxacin (ophth)*) 1.5 % SOLUTION | Tier 1 | |
| *levofloxacin ophth soln 0.5%* | Tier 1 | |
| MOXIFLOXACIN HCL (2X DAY) (*moxifloxacin hcl (ophth)*) 0.5 % SOLUTION | Tier 2 | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | Tier 1 | |
| NATACYN (*natamycin*) 5 % SUSPENSION | Tier 3 | |
| OCUFLOX (*ofloxacin (ophth)*) 0.3 % SOLUTION | Tier 3 | |
| *ofloxacin ophth soln 0.3%* | Tier 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | Tier 1 | |
| SULFACETAMIDE SODIUM (*sulfacetamide sodium (ophth)*) (10 % OINTMENT, 10 % SOLUTION) | Tier 1 | |
| *sulfacetamide sodium ophth soln 10%* | Tier 1 | |
| *tobramycin ophth soln 0.3%* | Tier 1 | |
| TOBREX (*tobramycin (ophth)*) 0.3 % OINTMENT | Tier 2 | |
| TRIFLURIDINE 1 % SOLUTION | Tier 1 | |
| VIGAMOX (*moxifloxacin hcl (ophth)*) 0.5 % SOLUTION | Tier 3 | |
| ZIRGAN (*ganciclovir ophthalmic*) 0.15 % GEL | Tier 3 | QLC (1 tube/month) |
| ZYMAXID (*gatifloxacin (ophth)*) 0.5 % SOLUTION | Tier 3 | QLC (one 2.5 ml bottle/28 days) |
| **OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)** | | |
| ACULAR (*ketorolac tromethamine (ophth)*) 0.5 % SOLUTION | Tier 3 | |
| ACULAR LS (*ketorolac tromethamine (ophth)*) 0.4 % SOLUTION | Tier 3 | |
| ACUVAIL (*ketorolac tromethamine (ophth)*) 0.45 % SOLUTION | Tier 2 | QLC (30 vials/30 days) |
| ALREX (*loteprednol etabonate*) 0.2 % SUSPENSION | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *bromfenac sodium ophth soln 0.07% (base equivalent)* | Tier 2 | PA, QLC (1 bottle/28 days) |
| *bromfenac sodium ophth soln 0.075% (base equivalent)* | Tier 2 | PA, QLC (1 bottle/28 days) |
| *bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)* (BROMFENAC SODIUM (ONCE-DAILY)) | Tier 1 | |
| BROMSITE (*bromfenac sodium (ophth)*) 0.075 % SOLUTION | Tier 3 | PA, QLC (1 bottle/28 days) |
| BYQLOVI (*clobetasol propionate (ophth)*) 0.05 % SUSPENSION | Tier 3 | PA, QLC (1 bottle/30 days) |
| DEXAMETHASONE SODIUM PHOSPHATE (*dexamethasone sodium phosphate (ophth)*) 0.1 % SOLUTION | Tier 1 | |
| *diclofenac sodium ophth soln 0.1%* | Tier 1 | |
| *difluprednate ophth emulsion 0.05%* | Tier 2 | |
| DUREZOL (*difluprednate*) 0.05 % EMULSION | Tier 3 | |
| EYSUVIS (*loteprednol etabonate*) 0.25 % SUSPENSION | Tier 3 | PA, QLC (1 bottle (8.3 ml)/30 days) |
| FLAREX (*fluorometholone acetate*) 0.1 % SUSPENSION | Tier 3 | |
| *fluorometholone ophth susp 0.1%* | Tier 1 | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | Tier 1 | |
| FML (*fluorometholone (ophth)*) 0.1 % OINTMENT | Tier 3 | |
| FML FORTE (*fluorometholone (ophth)*) 0.25 % SUSPENSION | Tier 2 | |
| FML LIQUIFILM (*fluorometholone (ophth)*) 0.1 % SUSPENSION | Tier 3 | |
| ILEVRO (*nepafenac*) 0.3 % SUSPENSION | Tier 3 | PA, QLC (1 bottle/30 days) |
| INVELTYS (*loteprednol etabonate*) 1 % SUSPENSION | Tier 3 | PA |
| KETOROLAC TROMETHAMINE (*ketorolac tromethamine (ophth)*) 0.4 % SOLUTION | Tier 1 | |
| *ketorolac tromethamine ophth soln 0.5%* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LOTEMAX (*loteprednol etabonate*) (0.5 % GEL, 0.5 % SUSPENSION) | Tier 3 | |
| LOTEMAX (*loteprednol etabonate*) 0.5 % OINTMENT | Tier 3 | QLC (1 tube/28 days) |
| LOTEMAX SM (*loteprednol etabonate*) 0.38 % GEL | Tier 3 | |
| *loteprednol etabonate ophth gel 0.5%* | Tier 1 | |
| *loteprednol etabonate ophth susp 0.2%* | Tier 2 | |
| *loteprednol etabonate ophth susp 0.5%* | Tier 1 | |
| MAXIDEX (*dexamethasone (ophth)*) 0.1 % SUSPENSION | Tier 3 | |
| NEVANAC (*nepafenac*) 0.1 % SUSPENSION | Tier 3 | |
| PRED FORTE (*prednisolone acetate (ophth)*) 1 % SUSPENSION | Tier 3 | |
| PRED MILD (*prednisolone acetate (ophth)*) 0.12 % SUSPENSION | Tier 2 | |
| *prednisolone acetate ophth susp 1%* | Tier 1 | |
| PREDNISOLONE ACETATE P-F (*prednisolone acetate (ophth)*) 1 % SUSPENSION | Tier 1 | |
| PREDNISOLONE SODIUM PHOSPHATE (*prednisolone sodium phosphate (ophth)*) 1 % SOLUTION | Tier 1 | |
| PROLENSA (*bromfenac sodium (ophth)*) 0.07 % SOLUTION | Tier 3 | PA, QLC (1 bottle/28 days) |
| **OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)** | | |
| BETAXOLOL HCL (*betaxolol hcl (ophth)*) 0.5 % SOLUTION | Tier 1 | |
| *betaxolol hcl ophth soln 0.5%* | Tier 1 | |
| BETIMOL (*timolol*) 0.25 % SOLUTION | Tier 2 | |
| BETIMOL (*timolol*) 0.5 % SOLUTION | Tier 3 | |
| BETOPTIC-S (*betaxolol hcl (ophth)*) 0.25 % SUSPENSION | Tier 2 | |
| CARTEOLOL HCL (*carteolol hcl (ophth)*) 1 % SOLUTION | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ISTALOL (*timolol maleate (ophth)*) 0.5 % SOLUTION | Tier 3 | |
| LEVOBUNOLOL HCL 0.5 % SOLUTION | Tier 1 | |
| *timolol maleate ophth gel forming soln 0.25%* | Tier 1 | |
| *timolol maleate ophth gel forming soln 0.5%* | Tier 1 | |
| *timolol maleate ophth soln 0.25%* | Tier 1 | |
| *timolol maleate ophth soln 0.5%* | Tier 1 | |
| *timolol maleate ophth soln 0.5% (once-daily)* (TIMOLOL MALEATE (ONCE-DAILY)) | Tier 1 | |
| *timolol maleate preservative free ophth soln 0.25%* (TIMOLOL MALEATE PF) | Tier 2 | ST |
| *timolol maleate preservative free ophth soln 0.5%* (TIMOLOL MALEATE OCUDOSE) | Tier 2 | ST |
| *timolol maleate preservative free ophth soln 0.5%* (TIMOLOL MALEATE PF) | Tier 2 | ST |
| *timolol ophth soln 0.5%* (TIMOLOL HEMIHYDRATE) | Tier 2 | |
| TIMOPTIC (*timolol maleate (ophth)*) (0.25 % SOLUTION, 0.5 % SOLUTION) | Tier 3 | |
| TIMOPTIC OCUDOSE (*timolol maleate (ophth)*) (0.25 % SOLUTION, 0.5 % SOLUTION) | Tier 3 | ST |
| TIMOPTIC-XE (*timolol maleate (ophth)*) (0.25 % GEL F SOLN, 0.5 % GEL F SOLN) | Tier 3 | |
| **OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)** | | |
| *acetazolamide cap er 12hr 500 mg* (ACETAZOLAMIDE ER) | Tier 1 | |
| ALPHAGAN P (*brimonidine tartrate*) (ALHAGAN 0.1 % SOLUTION, ALHAGAN 0.15 % SOLUTION) | Tier 3 | |
| APRACLONIDINE HCL 0.5 % SOLUTION | Tier 1 | |
| *apraclonidine hcl ophth soln 0.5% (base equivalent)* | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| AZOPT (*brinzolamide*) 1 % SUSPENSION | Tier 3 | ST |
| *brimonidine tartrate ophth soln 0.1%* | Tier 2 | |
| *brimonidine tartrate ophth soln 0.15%* | Tier 1 | |
| *brimonidine tartrate ophth soln 0.2%* | Tier 1 | |
| *brinzolamide ophth susp 1%* | Tier 2 | ST |
| DORZOLAMIDE HCL 2 % SOLUTION | Tier 3 | |
| *dorzolamide hcl ophth soln 2%* | Tier 1 | |
| *methazolamide tab 25 mg* | Tier 1 | |
| *methazolamide tab 50 mg* | Tier 1 | |
| PHOSPHOLINE IODIDE (*echothiophate iodide*) 0.125 % RECON SOLN | Tier 3 | PA, LA, QLC (5 ml/30 days) |
| *pilocarpine hcl ophth soln 1%* | Tier 1 | |
| *pilocarpine hcl ophth soln 1.25%* | Tier 2 | PA, QLC (5 ml/25 days) |
| *pilocarpine hcl ophth soln 2%* | Tier 1 | |
| *pilocarpine hcl ophth soln 4%* | Tier 1 | |
| RHOPRESSA (*netarsudil dimesylate*) 0.02 % SOLUTION | Tier 3 | PA, QLC (1 bottle/25 days) |
| SIMBRINZA (*brinzolamide-brimonidine tartrate*) 1-0.2 % SUSPENSION | Tier 2 | |
| TRUSOPT (*dorzolamide hcl*) 2 % SOLUTION | Tier 3 | |
| VUITY (*pilocarpine hcl*) 1.25 % SOLUTION | Tier 3 | PA, QLC (5 ml/25 days) |
| **OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)** | | |
| BIMATOPROST 0.01 % SOLUTION | Tier 2 | ST, QLC (5 ml/28 days) |
| *bimatoprost ophth soln 0.01%* | Tier 2 | ST, QLC (5 ml/28 days) |
| *bimatoprost ophth soln 0.03%* | Tier 1 | QLC (7.5 ml/28 days) |
| IYUZEH (*latanoprost*) 0.005 % SOLUTION | Tier 3 | PA, QLC (1 container/day) |
| LATANOPROST 0.005 % SOLUTION | Tier 1 | QLC (5 ml/ month) |
| *latanoprost ophth soln 0.005%* | Tier 1 | QLC (5 ml/ month) |
| LUMIGAN (*bimatoprost*) 0.01 % SOLUTION | Tier 3 | ST, QLC (5 ml/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *tafluprost preservative free (pf) ophth soln 0.0015%* (TAFLUPROST (PF)) | Tier 1 | ST, QLC (1 dropperette/day) |
| TRAVATAN Z (*travoprost*) 0.004 % SOLUTION | Tier 3 | QLC (5 ml/28 days) |
| *travoprost ophth soln 0.004% (benzalkonium free) (bak free)* (TRAVOPROST (BAK FREE)) | Tier 2 | QLC (5 ml/28 days) |
| VYZULTA (*latanoprostene bunod*) 0.024 % SOLUTION | Tier 3 | PA, QLC (1 bottle/month) |
| XALATAN (*latanoprost*) 0.005 % SOLUTION | Tier 3 | QLC (5 ml/ month) |
| XELPROS (*latanoprost*) 0.005 % EMULSION | Tier 3 | ST, QLC (1 bottle/month) |
| ZIOPTAN (*tafluprost*) 0.0015 % SOLUTION | Tier 3 | ST, QLC (1 dropperette/day) |
| ZOLYMBUS (*bimatoprost*) 0.01 % GEL | Tier 3 | ST, QLC (1 single-use container/day) |
| **OTIC AGENTS (Drugs for the Ears)** | | |
| *acetic acid otic soln 2%* | Tier 1 | |
| CETRAXAL (*ciprofloxacin hcl (otic)*) 0.2 % SOLUTION | Tier 3 | |
| CIPRO HC (*ciprofloxacin-hydrocortisone*) 0.2-1 % SUSPENSION | Tier 3 | ST |
| CIPRODEX (*ciprofloxacin-dexamethasone*) 0.3-0.1 % SUSPENSION | Tier 3 | |
| *ciprofloxacin hcl otic soln 0.2% (base equivalent)* | Tier 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | Tier 1 | |
| CIPROFLOXACIN-FLUOCINOLONE PF (*ciprofloxacin-fluocinolone acetonide*) 0.3-0.025 % SOLUTION | Tier 1 | QLC (14 vials/7 days) |
| *ciprofloxacin-hydrocortisone otic susp 0.2-1%* | Tier 2 | ST |
| CORTISPORIN-TC (*neomycin-colistin-hc-thonzonium*) 3.3-3-10-0.5 MG/ML SUSPENSION | Tier 3 | |
| DERMOTIC (*fluocinolone acetonide (otic)*) 0.01 % OIL | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fluocinolone acetonide (otic) oil 0.01%* | Tier 1 | |
| fluocinolone acetonide (otic) oil 0.01% (Flac) | Tier 3 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* (HYDROCORTISONE-ACETIC ACID) | Tier 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | Tier 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | Tier 1 | |
| *ofloxacin otic soln 0.3%* | Tier 1 | |
| OTOVEL (*ciprofloxacin-fluocinolone acetonide*) 0.3-0.025 % SOLUTION | Tier 3 | QLC (14 vials/7 days) |
| XTORO (*finafloxacin*) 0.3 % SUSPENSION | Tier 3 | PA |
| **RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)** | | |
| **ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD Symptoms)** | | |
| ALVESCO (*ciclesonide*) (80 MCG/ACT AERO SOLN, 160 MCG/ACT AERO SOLN) | Tier 3 | ST, QLC (2 inhalers/30 days) |
| ARMONAIR DIGIHALER (*fluticasone propionate with sensor (inhalation)*) (55 MCG/ACT AER POW BA, 113 MCG/ACT AER POW BA, 232 MCG/ACT AER POW BA) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| ARNUITY ELLIPTA (*fluticasone furoate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA) | Tier 2 | QLC (1 inhaler/30 days) |
| ASMANEX (120 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA | Tier 2 | QLC (1 inhaler/30 days) |
| ASMANEX (14 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA | Tier 2 | QLC (1 inhaler/30 days) |
| ASMANEX (30 METERED DOSES) (*mometasone furoate (inhalation)*) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA) | Tier 2 | QLC (1 inhaler/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ASMANEX (60 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/ACT AER POW BA | Tier 2 | QLC (1 inhaler/30 days) |
| ASMANEX HFA (*mometasone furoate (inhalation)*) (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL) | Tier 2 | QLC (1 inhaler/30 days) |
| BECLOMETHASONE DIPROP HFA (*beclomethasone dipropionate*) (40 MCG/ACT AERO SOLN, 80 MCG/ACT AERO SOLN) | Tier 3 | PA, QLC (2 inhalers/30 days) |
| BECONASE AQ (*beclomethasone diprop monohyd*) 42 MCG/SPRAY SUSPENSION | Tier 3 | ST, QLC (1 bottle/30 days) |
| *budesonide inhalation susp 0.25 mg/2ml* | Tier 1 | QLC (4 ml/day) |
| *budesonide inhalation susp 0.5 mg/2ml* | Tier 1 | QLC (4 ml/day) |
| *budesonide inhalation susp 1 mg/2ml* | Tier 1 | QLC (2 ml/day) |
| FLOVENT DISKUS (*fluticasone propionate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| FLOVENT DISKUS (*fluticasone propionate (inhalation)*) 250 MCG/ACT AER POW BA | Tier 3 | PA, QLC (4 inhalers/30 days) |
| FLOVENT HFA (*fluticasone propionate hfa*) (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL) | Tier 3 | PA, QLC (2 inhalers/30 days) |
| FLUTICASONE FUROATE ELLIPTA (*fluticasone furoate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| FLUTICASONE PROPIONATE DISKUS (*fluticasone propionate (inhalation)*) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| FLUTICASONE PROPIONATE DISKUS (*fluticasone propionate (inhalation)*) 250 MCG/ACT AER POW BA | Tier 3 | PA, QLC (4 inhalers/30 days) |
| FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL) | Tier 3 | PA, QLC (2 inhalers/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fluticasone propionate hfa inhal aero 44 mcg/act* | Tier 3 | PA, QLC (2 inhalers/30 days) |
| PULMICORT (*budesonide (inhalation)*) (0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION) | Tier 3 | QLC (4 ml/day) |
| PULMICORT (*budesonide (inhalation)*) 1 MG/2ML SUSPENSION | Tier 3 | QLC (2 ml/day) |
| PULMICORT FLEXHALER (*budesonide (inhalation)*) (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA) | Tier 2 | QLC (2 inhalers/30 days) |
| QNASL (*beclomethasone dipropionate (nasal)*) 80 MCG/ACT AERO SOLN | Tier 3 | ST, QLC (1 bottle (10.6 ml)/30 days) |
| QNASL CHILDRENS (*beclomethasone dipropionate (nasal)*) 40 MCG/ACT AERO SOLN | Tier 3 | ST, QLC (1 bottle (6.8 ml)/30 days) |
| QVAR REDIHALER (*beclomethasone dipropionate hfa*) (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA) | Tier 2 | QLC (2 inhalers/30 days) |
| XHANCE (*fluticasone propionate (nasal)*) 93 MCG/ACT EXHU | Tier 3 | PA, QLC (2 bottles/month) |
| **ANTIHISTAMINES (Drugs for Allergies)** | | |
| *azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)* | Tier 1 | QLC (1 bottle/25 days) |
| CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION | Tier 1 | |
| CARBINOXAMINE MALEATE 6 MG TAB | Tier 4 | PA, QLC (4 tabs/day) |
| CARBINOXAMINE MALEATE ER 4 MG/5ML SUSP | Tier 3 | QLC (40 ml/day) |
| *carbinoxamine maleate tab 4 mg* | Tier 1 | |
| *carbinoxamine maleate tab 6 mg* | Tier 4 | PA, QLC (4 tabs/day) |
| carbinoxamine maleate tab 6 mg (Ryvent) | Tier 4 | PA, QLC (4 tabs/day) |
| CARBZAH (*carbinoxamine maleate*) 4 MG/5ML SOLUTION | Tier 4 | PA, QLC (40 ml/day) |
| CLARINEX (*desloratadine*) 5 MG TAB | Tier 3 | |
| CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP | Tier 4 | PA, QLC (60 ml/day) |
| CLEMASTINE FUMARATE 2.68 MG TAB | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)* | Tier 4 | PA, QLC (60 ml/day) |
| CLEMASZ (*clemastine fumarate*) 2.68 MG TAB | Tier 4 | PA, QLC (3 tabs/day) |
| CLEMSZA (*clemastine fumarate*) 2.68 MG TAB | Tier 4 | PA, QLC (3 tabs/day) |
| CORPHENA (*dexchlorpheniramine maleate*) 2 MG/5ML SOLUTION | Tier 4 | PA, QLC (30 ml/day) |
| *cyproheptadine hcl syrup 2 mg/5ml* | Tier 1 | |
| *cyproheptadine hcl tab 4 mg* | Tier 1 | |
| DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP) | Tier 1 | ST |
| DESLORATADINE 0.5 MG/ML SOLUTION | Tier 4 | PA, QLC (10 ml/day) |
| *desloratadine tab 5 mg* | Tier 1 | |
| *hydroxyzine hcl syrup 10 mg/5ml* | Tier 1 | |
| *hydroxyzine hcl tab 10 mg* | Tier 1 | |
| *hydroxyzine hcl tab 25 mg* | Tier 1 | |
| *hydroxyzine hcl tab 50 mg* | Tier 1 | |
| HYDROXYZINE PAMOATE 100 MG CAP | Tier 1 | |
| *hydroxyzine pamoate cap 25 mg* | Tier 1 | |
| *hydroxyzine pamoate cap 50 mg* | Tier 1 | |
| KARBINAL ER (*carbinoxamine maleate*) 4 MG/5ML SUSP | Tier 3 | QLC (40 ml/day) |
| *olopatadine hcl nasal soln 0.6%* | Tier 1 | QLC (1 bottle/30 days) |
| PATANASE (*olopatadine hcl (nasal)*) 0.6 % SOLUTION | Tier 3 | QLC (1 bottle/30 days) |
| *promethazine hcl oral soln 6.25 mg/5ml* | Tier 1 | |
| RYCLORA (*dexchlorpheniramine maleate*) 2 MG/5ML SOLUTION | Tier 4 | PA, QLC (30 ml/day) |
| VISTARIL (*hydroxyzine pamoate*) (25 MG CAP, 50 MG CAP) | Tier 3 | |

## ANTILEUKOTRIENES (Drugs for Asthma)

| | | |
|---|---|---|
| ACCOLATE (*zafirlukast*) (10 MG TAB, 20 MG TAB) | Tier 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *montelukast sodium chew tab 4 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| *montelukast sodium chew tab 5 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| *montelukast sodium oral granules packet 4 mg (base equiv)* | Tier 1 | QLC (1 pack/day) |
| *montelukast sodium tab 10 mg (base equiv)* | Tier 1 | QLC (1 tab/day) |
| SINGULAIR (*montelukast sodium*) (4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB) | Tier 3 | QLC (1 tab/day) |
| SINGULAIR (*montelukast sodium*) 4 MG PACKET | Tier 3 | QLC (1 pack/day) |
| *zafirlukast tab 10 mg* | Tier 1 | |
| *zafirlukast tab 20 mg* | Tier 1 | |
| *zileuton tab er 12hr 600 mg* (ZILEUTON ER) | Tier 4 | PA |
| ZYFLO (*zileuton*) 600 MG TAB | Tier 4 | PA |
| **BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)** | | |
| ATROVENT HFA (*ipratropium bromide hfa*) 17 MCG/ACT AERO SOLN | Tier 3 | QLC (2 inhalers/30 days) |
| INCRUSE ELLIPTA (*umeclidinium bromide*) 62.5 MCG/ACT AER POW BA | Tier 2 | QLC (1 inhaler/30 days) |
| *ipratropium bromide hfa inhal aerosol 17 mcg/act* | Tier 2 | QLC (2 inhalers/30 days) |
| *ipratropium bromide inhal soln 0.02%* | Tier 1 | QLC (120 doses/30 days) |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | Tier 1 | QLC (1 bottle/30 days) |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | Tier 1 | QLC (3 bottles/30 days) |
| LONHALA MAGNAIR REFILL KIT (*glycopyrrolate (inhalation)*) 25 MCG/ML SOLUTION | Tier 4 | PA, QLC (2 vials/day) |
| LONHALA MAGNAIR STARTER KIT (*glycopyrrolate (inhalation)*) 25 MCG/ML SOLUTION | Tier 4 | PA, QLC (2 vials/day) |
| SPIRIVA HANDIHALER (*tiotropium bromide*) 18 MCG CAP | Tier 3 | PA, QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SPIRIVA RESPIMAT (*tiotropium bromide monohydrate*) (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN) | Tier 2 | QLC (1 inhaler/30 days) |
| *tiotropium bromide inhal cap 18 mcg (base equiv)* | Tier 3 | PA, QLC (1 cap/day) |
| TUDORZA PRESSAIR (*aclidinium bromide*) 400 MCG/ACT AER POW BA | Tier 3 | ST, QLC (1 inhaler/30 days) |
| UMECLIDINIUM ELLIPTA (*umeclidinium bromide*) 62.5 MCG/INH AER POW BA | Tier 3 | PA, QLC (1 inhaler/30 days) |
| YUPELRI (*revefenacin*) 175 MCG/3ML NEBU SOLN | Tier 4 | PA, QLC (3 ml/day) |
| **BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)** | | |
| *albuterol hfa (generic proair hfa)* | Tier 1 | QLC (2 inhalers/30 days) |
| *albuterol hfa (generic proventil hfa)* | Tier 1 | QLC (2 inhalers/30 days) |
| *albuterol hfa (generic ventolin hfa)* | Tier 1 | QLC (2 inhalers/30 days) |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN | Tier 1 | QLC (4 bottles/30 days) |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* (ALBUTEROL SULFATE HFA) | Tier 1 | QLC (2 inhalers/30 days) |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | Tier 1 | QLC (12.5 ml (4 vials)/day) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | Tier 1 | QLC (4 bottles/30 days) |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | Tier 1 | QLC (12.5 mL/day (4 vials/day)) |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | Tier 1 | QLC (12.5 mL/day (4 vials/day)) |
| *albuterol sulfate syrup 2 mg/5ml* | Tier 1 | |
| *albuterol sulfate tab 2 mg* | Tier 1 | |
| *albuterol sulfate tab 4 mg* | Tier 1 | |
| *arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)* | Tier 1 | QLC (120 ml/30 days) |
| AUVI-Q (*epinephrine (anaphylaxis)*) (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ) | Tier 4 | PA, QLC (4 injections/30 days; max 6 fills per year) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| BROVANA (*arformoterol tartrate*) 15 MCG/2ML NEBU SOLN | Tier 3 | QLC (120 ml/30 days) |
| EPINEPHRINE (*epinephrine (anaphylaxis)*) (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ) | Tier 1 | QLC (4 injections/30 days; max 6 fills per year) |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | Tier 1 | QLC (4 injections/30 days; max 6 fills per year) |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | Tier 1 | QLC (4 injections/30 days; max 6 fills per year) |
| EPIPEN 2-PAK (*epinephrine (anaphylaxis)*) 0.3 MG/0.3ML SOLN A-INJ | Tier 3 | QLC (4 injections/30 days; max 6 fills per year) |
| EPIPEN JR 2-PAK (*epinephrine (anaphylaxis)*) 0.15 MG/0.3ML SOLN A-INJ | Tier 3 | QLC (4 injections/30 days; max 6 fills per year) |
| *formoterol fumarate soln nebu 20 mcg/2ml* | Tier 2 | QLC (120 ml/30 days) |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | Tier 1 | QLC (90 nebs/30 days) |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | Tier 1 | QLC (90 nebs/30 days) |
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | Tier 1 | QLC (90 nebs/30 days) |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | Tier 1 | QLC (90 vials/30 days) |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL | Tier 1 | QLC (2 inhalers/30 days at retail, 5 inhalers/90 days at mail order) |
| NEFFY (*epinephrine (anaphylaxis)*) 1 MG/0.1ML SOLUTION | Tier 4 | PA, QLC (4 sprayers (2 cartons)/30 days) |
| NEFFY (*epinephrine (anaphylaxis)*) 2 MG/0.1ML SOLUTION | Tier 4 | PA, QLC (4 sprayers/30 days; max 6 fills/365 days) |
| PERFOROMIST (*formoterol fumarate*) 20 MCG/2ML NEBU SOLN | Tier 3 | QLC (120 ml/30 days) |
| PROAIR DIGIHALER (*albuterol sulfate with sensor*) 108 (90 BASE) MCG/ACT AER POW BA | Tier 3 | PA, QLC (2 inhalers/30 days) |
| PROAIR HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN | Tier 3 | QLC (2 inhalers/30 days) |
| PROAIR RESPICLICK (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AER POW BA | Tier 3 | ST, QLC (2 inhalers/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PROVENTIL HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN | Tier 3 | QLC (2 inhalers/30 days) |
| SEREVENT DISKUS (*salmeterol xinafoate*) 50 MCG/ACT AER POW BA | Tier 2 | QLC (1 inhaler/30 days) |
| STRIVERDI RESPIMAT (*olodaterol hcl*) 2.5 MCG/ACT AERO SOLN | Tier 2 | QLC (1 inhaler/30 days) |
| SYMJEPI (*epinephrine (anaphylaxis)*) (0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR) | Tier 3 | PA, QLC (4 injections/30 days; max 6 fills per year) |
| *terbutaline sulfate tab 2.5 mg* | Tier 2 | |
| *terbutaline sulfate tab 5 mg* | Tier 2 | |
| VENTOLIN HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN | Tier 3 | QLC (2 inhalers/30 days) |
| XOPENEX HFA (*levalbuterol tartrate*) 45 MCG/ACT AEROSOL | Tier 3 | QLC (2 inhalers/30 days at retail, 5 inhalers/90 days at mail order) |
| **CYSTIC FIBROSIS AGENTS** | | |
| ALYFTREK (*vanzacaftor-tezacaftor-deutivacaftor*) 10-50-125 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (56 tabs/28 days) |
| ALYFTREK (*vanzacaftor-tezacaftor-deutivacaftor*) 4-20-50 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (84 tabs/28 days) |
| BETHKIS (*tobramycin*) 300 MG/4ML NEBU SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 box (224 ml)/2 months) |
| BRONCHITOL (*mannitol (cystic fibrosis)*) 40 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (20 caps/day) |
| KALYDECO (*ivacaftor*) (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 packets/day) |
| KALYDECO (*ivacaftor*) (50 MG PACKET, 75 MG PACKET) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 packs/day) |
| KALYDECO (*ivacaftor*) 150 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| KITABIS PAK (*tobramycin*) 300 MG/5ML NEBU SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 box/2 months) |
| ORKAMBI (*lumacaftor-ivacaftor*) (100-125 MG PACKET, 150-188 MG PACKET) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 packs/day) |
| ORKAMBI (*lumacaftor-ivacaftor*) (100-125 MG TAB, 200-125 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day) |
| ORKAMBI (*lumacaftor-ivacaftor*) 75-94 MG PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 packets/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PULMOZYME (*dornase alfa*) 2.5 MG/2.5ML SOLUTION | Tier 4 | LA, S (Specialty Drug), QLC (5 ml/day) |
| SYMDEKO (*tezacaftor-ivacaftor*) (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| TOBI (*tobramycin*) 300 MG/5ML NEBU SOLN | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 box/2 months) |
| TOBI PODHALER (*tobramycin*) 28 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (224 caps/2 months) |
| *tobramycin nebu soln 300 mg/4ml* | Tier 4 | PA, S (Specialty Drug), QLC (1 box (224 ml)/2 months) |
| *tobramycin nebu soln 300 mg/5ml* | Tier 4 | PA, S (Specialty Drug), QLC (1 box/2 months) |
| TRIKAFTA (*elexacaftor-tezacaftor-ivacaftor*) (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK) | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day) |
| TRIKAFTA (*elexacaftor-tezacaftor-ivacaftor*) (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 packs/day) |
| **MAST CELL STABILIZERS (Drugs to Block Mast Cells)** | | |
| *cromolyn sodium soln nebu 20 mg/2ml* | Tier 2 | QLC (2 boxes/30 days) |
| **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)** | | |
| *caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)* | Tier 1 | |
| DALIRESP (*roflumilast*) 250 MCG TAB | Tier 3 | PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months) |
| DALIRESP (*roflumilast*) 500 MCG TAB | Tier 3 | PA, QLC (1 tab/day) |
| JASCAYD (*nerandomilast*) (9 MG TAB, 18 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| OHTUVAYRE (*ensifentrine*) 3 MG/2.5ML SUSPENSION | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 ampules (5 ml)/day) |
| *roflumilast tab 250 mcg* | Tier 1 | QLC (1 tab/day, not to exceed 28 days therapy/6 months) |
| *roflumilast tab 500 mcg* | Tier 1 | QLC (1 tab/day) |
| THEO-24 (*theophylline*) (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H) | Tier 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *theophylline elixir 80 mg/15ml* | Tier 1 | |
| theophylline elixir 80 mg/15ml (Elixophyllin) | Tier 1 | |
| THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H) | Tier 1 | |
| *theophylline soln 80 mg/15ml* | Tier 1 | |
| *theophylline tab er 12hr 300 mg* (THEOPHYLLINE ER) | Tier 1 | |
| *theophylline tab er 12hr 450 mg* (THEOPHYLLINE ER) | Tier 1 | |
| *theophylline tab er 24hr 400 mg* (THEOPHYLLINE ER) | Tier 1 | |
| *theophylline tab er 24hr 600 mg* (THEOPHYLLINE ER) | Tier 1 | |
| **PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)** | | |
| ADCIRCA (*tadalafil (pulmonary hypertension)*) 20 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| ADEMPAS (*riociguat*) (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day) |
| *ambrisentan tab 10 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| *ambrisentan tab 5 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| *bosentan tab 125 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *bosentan tab 62.5 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| *bosentan tab for oral susp 32 mg* | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day) |
| LETAIRIS (*ambrisentan*) (5 MG TAB, 10 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| LIQREV (*sildenafil citrate (pulmonary hypertension)*) 10 MG/ML SUSPENSION | Tier 4 | PA, S (Specialty Drug), QLC (6 ml/day) |
| *macitentan tab 10 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day) |
| OPSUMIT (*macitentan*) 10 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| OPSYNVI (*macitentan-tadalafil*) (10-20 MG TAB, 10-40 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| ORENITRAM (*treprostinil diolamine*) (0.125 MG TAB ER, 0.25 MG TAB ER) | Tier 4 | PA, LA, S (Specialty Drug), QLC (9 tabs/day) |
| ORENITRAM (*treprostinil diolamine*) 1 MG TAB ER | Tier 4 | PA, LA, S (Specialty Drug), QLC (42 tabs/day) |
| ORENITRAM (*treprostinil diolamine*) 2.5 MG TAB ER | Tier 4 | PA, LA, S (Specialty Drug), QLC (16 tabs/day) |
| ORENITRAM (*treprostinil diolamine*) 5 MG TAB ER | Tier 4 | PA, LA, S (Specialty Drug), QLC (24 tabs/day) |
| ORENITRAM MONTH 1 (*treprostinil diolamine*) 0.25 & 0.25 MG TBER THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (168 tabs/28 days) |
| ORENITRAM MONTH 2 (*treprostinil diolamine*) 0.15 & 0.5 MG TBER THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (336 tabs/28 days) |
| ORENITRAM MONTH 3 (*treprostinil diolamine*) 0.125 & 0.25 &1 MG TBER THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (252 tabs/28 days) |
| REVATIO (*sildenafil citrate (pulmonary hypertension)*) 10 MG/ML RECON SUSP | Tier 4 | PA, S (Specialty Drug), QLC (12 ml/day) |
| REVATIO (*sildenafil citrate (pulmonary hypertension)*) 20 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (12 tabs/day) |
| *sildenafil citrate for suspension 10 mg/ml* | Tier 4 | PA, S (Specialty Drug), QLC (12 ml/day) |
| *sildenafil citrate tab 20 mg* | Tier 4 | PA, S (Specialty Drug), QLC (12 tabs/day) |
| tadalafil tab 20 mg (pah) (Alyq) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| *tadalafil tab 20 mg (pah)* (TADALAFIL (PAH)) | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day) |
| TADLIQ (*tadalafil (pulmonary hypertension)*) 20 MG/5ML SUSPENSION | Tier 4 | PA, S (Specialty Drug), QLC (10 ml/day) |
| TRACLEER (*bosentan*) (62.5 MG TAB, 125 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| TRACLEER (*bosentan*) 32 MG TAB SOL | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TYVASO DPI MAINTENANCE KIT (*treprostinil*) (KIT 112 32MCG 112 48MCG POWDER, KIT 112 32MCG 112 64MCG POWDER, KIT 112 48MCG 112 64MCG POWDER, KIT 112 48MCG 112 80MCG POWDER) | Tier 4 | PA, LA, S (Specialty Drug), QLC (8 cartridges/day) |
| TYVASO DPI MAINTENANCE KIT (*treprostinil*) (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER, KIT 80 MCG POWDER) | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 cartridges/day) |
| TYVASO DPI TITRATION KIT (*treprostinil*) 112 X 16MCG & 84 X 32MCG POWDER | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 kit/6 months) |
| TYVASO DPI TITRATION KIT (*treprostinil*) 16 & 32 & 48 MCG POWDER | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 kit (252 units)/6 months) |
| UPTRAVI (*selexipag*) (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| UPTRAVI (*selexipag*) 200 & 800 MCG TAB THPK | Tier 4 | PA, LA, S (Specialty Drug), QLC (200 tabs/6 months) |
| UPTRAVI (*selexipag*) 200 MCG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months) |
| WINREVAIR (*sotatercept-csrk*) (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 kit/21 days) |
| YUTREPIA (*treprostinil sodium*) (26.5 MCG CAP, 53 MCG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (112 caps/28 days) |
| YUTREPIA (*treprostinil sodium*) (79.5 MCG CAP, 106 MCG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (224 caps/28 days) |
| **PULMONARY FIBROSIS AGENTS** | | |
| ESBRIET (*pirfenidone*) 267 MG CAP | Tier 4 | PA, LA, S (Specialty Drug), QLC (9 caps/day) |
| ESBRIET (*pirfenidone*) 267 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (9 tabs/day) |
| ESBRIET (*pirfenidone*) 801 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day) |
| *nintedanib esylate cap 100 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (2 caps/day) |
| *nintedanib esylate cap 150 mg (base equivalent)* | Tier 4 | PA, S (Specialty Drug), QLC (2 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| OFEV (*nintedanib esylate*) (100 MG CAP, 150 MG CAP) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 caps/day) |
| PIRFENIDONE 534 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day) |
| *pirfenidone cap 267 mg* | Tier 4 | PA, S (Specialty Drug), QLC (9 caps/day) |
| *pirfenidone tab 267 mg* | Tier 4 | PA, S (Specialty Drug), QLC (9 tabs/day) |
| *pirfenidone tab 801 mg* | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day) |
| **RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)** | | |
| *acetylcysteine inhal soln 10%* | Tier 2 | |
| *acetylcysteine inhal soln 20%* | Tier 2 | |
| ADVAIR DISKUS (*fluticasone-salmeterol*) (100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA) | Tier 3 | QLC (1 inhaler/30 days) |
| ADVAIR HFA (*fluticasone-salmeterol*) (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL) | Tier 2 | QLC (1 inhaler/30 days) |
| AIRDUO DIGIHALER (*fluticasone-salmeterol with sensor*) (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| AIRDUO RESPICLICK 113/14 (*fluticasone-salmeterol*) 113-14 MCG/ACT AER POW BA | Tier 3 | QLC (1 inhaler/30 days) |
| AIRDUO RESPICLICK 232/14 (*fluticasone-salmeterol*) 232-14 MCG/ACT AER POW BA | Tier 3 | QLC (1 inhaler/30 days) |
| AIRDUO RESPICLICK 55/14 (*fluticasone-salmeterol*) 55-14 MCG/ACT AER POW BA | Tier 3 | QLC (1 inhaler/30 days) |
| AIRSUPRA (*albuterol-budesonide*) 90-80 MCG/ACT AEROSOL | Tier 3 | PA, QLC (3 inhalers/30 days) |
| ANORO ELLIPTA (*umeclidinium-vilanterol*) 62.5-25 MCG/ACT AER POW BA | Tier 2 | QLC (1 inhaler/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* (AZELASTINE-FLUTICASONE) | Tier 2 | QLC (1 bottle/30 days) |
| BENZONATATE 150 MG CAP | Tier 1 | |
| *benzonatate cap 100 mg* | Tier 1 | |
| *benzonatate cap 150 mg* | Tier 1 | |
| *benzonatate cap 200 mg* | Tier 1 | |
| BEVESPI AEROSPHERE (*glycopyrrolate-formoterol fumarate*) 9-4.8 MCG/ACT AEROSOL | Tier 3 | ST, QLC (1 inhaler/30 days) |
| BREO ELLIPTA (*fluticasone furoate-vilanterol*) (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) | Tier 2 | QLC (1 inhaler/30 days) |
| BREO ELLIPTA (*fluticasone furoate-vilanterol*) 50-25 MCG/INH AER POW BA | Tier 2 | QLC (1 inhaler (60 blisters)/30 days) |
| BREZTRI AEROSPHERE (*budesonide-glycopyrrolate-formoterol fumarate*) 160-18-4.8 MCG/ACT AEROSOL | Tier 3 | PA, QLC (10.7gm (1 inhaler)/30 days) |
| BREZTRI AEROSPHERE (*budesonide-glycopyrrolate-formoterol fumarate*) 160-9-4.8 MCG/ACT AEROSOL | Tier 3 | PA, QLC (1 inhaler/30 days) |
| BRINSUPRI (*brensocatib*) (10 MG TAB, 25 MG TAB) | Tier 4 | PA, LA, QLC (1 tab/day) |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | Tier 2 | QLC (1 inhaler/30 days) |
| budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breyna) | Tier 2 | QLC (1 inhaler/30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | Tier 2 | QLC (1 inhaler/30 days) |
| budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breyna) | Tier 2 | QLC (1 inhaler/30 days) |
| CLARINEX-D 12 HOUR (*desloratadine-pseudoephedrine*) 2.5-0 MG TAB ER H | Tier 3 | ST |
| COMBIVENT RESPIMAT (*ipratropium-albuterol*) 20-100 MCG/ACT AERO SOLN | Tier 2 | QLC (1 inhaler/30 days) |
| DUAKLIR PRESSAIR (*aclidinium bromide-formoterol fumarate*) 400-12 MCG/ACT AER POW BA | Tier 4 | ST, QLC (1 inhaler/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DULERA (*mometasone furoate-formoterol fumarate dihydrate*) (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| DURATUSS AC (*codeine-dexbrompheniramine*) 10-1 MG/5ML LIQUID | Tier 3 | QLC (60ml/day, max 7 days therapy/30 days) |
| DYMISTA (*azelastine hcl-fluticasone propionate*) 137-50 MCG/ACT SUSPENSION | Tier 3 | QLC (1 bottle/30 days) |
| FASENRA PEN (*benralizumab*) 30 MG/ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/56 days) |
| *flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)* | Tier 1 | QLC (2 bottles/30 days) |
| FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| *fluticasone propionate nasal susp 50 mcg/act* | Tier 1 | QLC (1 bottle/30 days) |
| FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL) | Tier 3 | PA, QLC (1 inhaler/30 days) |
| FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA) | Tier 1 | QLC (1 inhaler/30 days) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | Tier 1 | QLC (1 inhaler/30 days) |
| fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub) | Tier 1 | QLC (1 inhaler/30 days) |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | Tier 1 | QLC (1 inhaler/30 days) |
| fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub) | Tier 1 | QLC (1 inhaler/30 days) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | Tier 1 | QLC (1 inhaler/30 days) |
| fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub) | Tier 1 | QLC (1 inhaler/30 days) |
| *guaifenesin-codeine soln 100-10 mg/5ml* | Tier 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac) | Tier 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days) |
| guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac) | Tier 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days) |
| guaifenesin-codeine soln 100-10 mg/5ml (Guaifenesin Ac) | Tier 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days) |
| guaifenesin-codeine soln 100-10 mg/5ml (Maxi-Tuss Ac) | Tier 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days) |
| HYCODAN (***hydrocodone bitartrate-homatropine methylbromide***) 5-1.5 MG TAB | Tier 3 | AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/30 days) |
| HYCODAN (***hydrocodone bitartrate-homatropine methylbromide***) 5-1.5 MG/5ML SOLUTION | Tier 3 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days) |
| HYDROCOD POLI-CHLORPHE POLI ER (***hydrocodone polistirex-chlorpheniramine polistirex***) 10-8 MG/5ML SUSP | Tier 1 | AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/30 days) |
| ***hydrocod polst-chlorphen polst er susp 10-8 mg/5ml*** (HYDROCOD POLI-CHLORPHE POLI ER) | Tier 1 | AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/30 days) |
| ***hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml*** (HYDROCODONE BIT-HOMATROP MBR) | Tier 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days) |
| hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) | Tier 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days) |
| ***hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg*** (HYDROCODONE BIT-HOMATROP MBR) | Tier 1 | AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/30 days) |
| HYPERSAL (***sodium chloride (inhalant)***) (3.5 % NEBU SOLN, 7 % NEBU SOLN) | Tier 3 | |
| ***ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml*** | Tier 1 | QLC (6 boxes [30 doses/box]/30 days) |
| NEBUSAL (***sodium chloride (inhalant)***) 3 % SOLN | Tier 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| NEBUSAL (*sodium chloride (inhalant)*) 6 % SOLN | Tier 3 | |
| NUCALA (*mepolizumab*) 100 MG/ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 auto-injectors/28 days) |
| NUCALA (*mepolizumab*) 100 MG/ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 syringes/28 days) |
| NUCALA (*mepolizumab*) 40 MG/0.4ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days) |
| OMNARIS (*ciclesonide (nasal)*) 50 MCG/ACT SUSPENSION | Tier 3 | ST, QLC (1 bottle/30 days) |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* (PROMETHAZINE-PHENYLEPHRINE) | Tier 1 | |
| PROMETHAZINE VC (*promethazine & phenylephrine*) 6.25-5 MG/5ML SYRUP | Tier 1 | |
| PROMETHAZINE VC/CODEINE (*promethazine-phenylephrine-codeine*) 6.25-5-10 MG/5ML SYRUP | Tier 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days) |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* (PROMETHAZINE-CODEINE) | Tier 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days) |
| *promethazine-dm syrup 6.25-15 mg/5ml* | Tier 1 | |
| PROMETHAZINE-PHENYLEPHRINE (*promethazine & phenylephrine*) 6.25-5 MG/5ML SYRUP | Tier 1 | |
| *promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml* (PROMETHAZINE-PHENYLEPH-CODEINE) | Tier 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days) |
| pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm) | Tier 1 | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* (PSEUDOEPH-BROMPHEN-DM) | Tier 1 | |
| PULMOSAL (*sodium chloride (inhalant)*) 7 % NEBU SOLN | Tier 1 | |
| RYALTRIS (*olopatadine hcl-mometasone furoate*) 665-25 MCG/ACT SUSPENSION | Tier 3 | ST, QLC (1 bottle (31 gm)/30 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SODIUM CHLORIDE (*sodium chloride (inhalant)*) (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN) | Tier 1 | |
| STIOLTO RESPIMAT (*tiotropium bromide-olodaterol hcl*) 2.5-2.5 MCG/ACT AERO SOLN | Tier 3 | ST, QLC (1 inhaler/30 days) |
| SYMBICORT (*budesonide-formoterol fumarate dihydrate*) (80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL) | Tier 3 | QLC (1 inhaler/30 days) |
| TEZSPIRE (*tezepelumab-ekko*) 210 MG/1.91ML SOLN A-INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 pen/28 days) |
| TRELEGY ELLIPTA (*fluticasone-umeclidinium-vilanterol*) (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA) | Tier 2 | QLC (60 blister packs/30 days) |
| TUXARIN ER (*chlorpheniramine w/ codeine*) 54.3-8 MG TAB 12H | Tier 3 | AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days) |
| TUZISTRA XR (*codeine polistirex-chlorpheniramine polistirex*) 14.7-2.8 MG/5ML SUSP | Tier 3 | AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/30 days) |
| UMECLIDINIUM-VILANTEROL 62.5-25 MCG/ACT AER POW BA | Tier 3 | ST, QLC (1 inhaler/30 days) |
| ZETONNA (*ciclesonide (nasal)*) 37 MCG/ACT AERO SOLN | Tier 3 | ST, QLC (1 bottle/month) |

## SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

| | | |
|---|---|---|
| AMRIX (*cyclobenzaprine hcl*) (15 MG CAP ER 24H, 30 MG CAP ER 24H) | Tier 3 | ST, AL1 (Up to 64 yrs old), QLC (1 cap/day) |
| ATMEKSI (*methocarbamol*) 750 MG/5ML SUSPENSION | Tier 4 | PA, QLC (30 ml/day) |
| *carisoprodol tab 250 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| *carisoprodol tab 350 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| carisoprodol tab 350 mg (Vanadom) | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| *chlorzoxazone tab 250 mg* | Tier 4 | PA, QLC (4 tabs/day) |
| *chlorzoxazone tab 375 mg* | Tier 2 | PA, QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| chlorzoxazone tab 375 mg (Lorzone) | Tier 2 | PA, QLC (4 tabs/day) |
| *chlorzoxazone tab 500 mg* | Tier 2 | PA, QLC (4 tabs/day) |
| *chlorzoxazone tab 750 mg* | Tier 2 | PA, QLC (4 tabs/day) |
| chlorzoxazone tab 750 mg (Lorzone) | Tier 2 | PA, QLC (4 tabs/day) |
| *cyclobenzaprine hcl cap er 24hr 15 mg* (CYCLOBENZAPRINE HCL ER) | Tier 2 | ST, AL1 (Up to 64 yrs old), QLC (1 cap/day) |
| *cyclobenzaprine hcl cap er 24hr 30 mg* (CYCLOBENZAPRINE HCL ER) | Tier 2 | ST, AL1 (Up to 64 yrs old), QLC (1 CAP/DAY) |
| *cyclobenzaprine hcl tab 10 mg* | Tier 1 | AL1 (Up to 64 yrs old) |
| *cyclobenzaprine hcl tab 5 mg* | Tier 1 | AL1 (Up to 64 yrs old) |
| *cyclobenzaprine hcl tab 7.5 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (3 tabs/day) |
| cyclobenzaprine hcl tab 7.5 mg (Fexmid) | Tier 1 | ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day) |
| METAXALONE 640 MG TAB | Tier 4 | PA, AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| *metaxalone tab 400 mg* | Tier 2 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| *metaxalone tab 800 mg* | Tier 2 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| *methocarbamol tab 1000 mg* | Tier 4 | PA, QLC (4 tabs/day) |
| methocarbamol tab 1000 mg (Tanlor) | Tier 4 | PA, QLC (4 tabs/day) |
| *methocarbamol tab 500 mg* | Tier 1 | AL1 (Up to 64 yrs old) |
| *methocarbamol tab 750 mg* | Tier 1 | AL1 (Up to 64 yrs old) |
| NORGESIC (*orphenadrine w/ aspirin & caff*) 25-385-30 MG TAB | Tier 4 | PA, QLC (8 tabs/day) |
| NORGESIC FORTE (*orphenadrine w/ aspirin & caff*) 50-770-60 MG TAB | Tier 4 | PA, QLC (4 tabs/day) |
| *orphenadrine citrate tab er 12hr 100 mg* (ORPHENADRINE CITRATE ER) | Tier 1 | AL1 (Up to 64 yrs old) |
| ORPHENADRINE-ASPIRIN-CAFFEINE (*orphenadrine w/ aspirin & caff*) 25-385-30 MG TAB | Tier 4 | PA, QLC (8 tabs/day) |
| ORPHENGESIC FORTE (*orphenadrine w/ aspirin & caff*) 50-770-60 MG TAB | Tier 4 | PA, QLC (4 tabs/day) |
| SOMA (*carisoprodol*) (250 MG TAB, 350 MG TAB) | Tier 3 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **SLEEP DISORDER AGENTS (Drugs for Sleep Problems)** | | |
| **SLEEP PROMOTING AGENTS (Drugs for Insomnia)** | | |
| AMBIEN (*zolpidem tartrate*) 10 MG TAB | Tier 3 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| AMBIEN (*zolpidem tartrate*) 5 MG TAB | Tier 3 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| AMBIEN CR (*zolpidem tartrate*) 12.5 MG TAB ER | Tier 3 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| AMBIEN CR (*zolpidem tartrate*) 6.25 MG TAB ER | Tier 3 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| BELSOMRA (*suvorexant*) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| DAYVIGO (*lemborexant*) (5 MG TAB, 10 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| *doxepin hcl (sleep) tab 3 mg (base equiv)* | Tier 2 | ST, QLC (1 tab/day) |
| *doxepin hcl (sleep) tab 6 mg (base equiv)* | Tier 2 | ST, QLC (1 tab/day) |
| EDLUAR (*zolpidem tartrate*) (5 MG SL TAB, 10 MG SL TAB) | Tier 3 | PA, AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *estazolam tab 1 mg* | Tier 1 | QLC (2 tabs/day) |
| *estazolam tab 2 mg* | Tier 1 | QLC (1 tab/day) |
| *eszopiclone tab 1 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *eszopiclone tab 2 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *eszopiclone tab 3 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| FLURAZEPAM HCL 15 MG CAP | Tier 1 | AL1 (Up to 64 yrs old), QLC (2 caps/day) |
| FLURAZEPAM HCL 30 MG CAP | Tier 1 | AL1 (Up to 64 yrs old), QLC (1 cap/day) |
| HALCION (*triazolam*) 0.25 MG TAB | Tier 3 | QLC (2 tabs/day) |
| HETLIOZ (*tasimelteon*) 20 MG CAP | Tier 4 | PA, LA, QLC (1 cap/day) |
| HETLIOZ LQ (*tasimelteon*) 4 MG/ML SUSPENSION | Tier 4 | PA, LA, QLC (5.27 ml/day) |
| LUNESTA (*eszopiclone*) (1 MG TAB, 2 MG TAB, 3 MG TAB) | Tier 3 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| QUVIVIQ (*daridorexant hcl*) (25 MG TAB, 50 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| *ramelteon tab 8 mg* | Tier 1 | ST, QLC (1 tab/day) |
| RESTORIL (*temazepam*) (22.5 MG CAP, 30 MG CAP) | Tier 3 | QLC (1 cap/day) |
| RESTORIL (*temazepam*) 15 MG CAP | Tier 3 | QLC (2 caps/day) |
| RESTORIL (*temazepam*) 7.5 MG CAP | Tier 3 | QLC (4 caps/day) |
| ROZEREM (*ramelteon*) 8 MG TAB | Tier 3 | ST, QLC (1 tab/day) |
| SILENOR (*doxepin hcl (sleep)*) (3 MG TAB, 6 MG TAB) | Tier 3 | ST, QLC (1 tab/day) |
| *tasimelteon capsule 20 mg* | Tier 4 | PA, S (Specialty Drug), QLC (1 cap/day) |
| *temazepam cap 15 mg* | Tier 1 | QLC (2 caps/day) |
| *temazepam cap 22.5 mg* | Tier 1 | QLC (1 cap/day) |
| *temazepam cap 30 mg* | Tier 1 | QLC (1 cap/day) |
| *temazepam cap 7.5 mg* | Tier 1 | QLC (4 caps/day) |
| *triazolam tab 0.125 mg* | Tier 1 | QLC (4 tabs/day) |
| *triazolam tab 0.25 mg* | Tier 1 | QLC (2 tabs/day) |
| *zaleplon cap 10 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (2 caps/day) |
| *zaleplon cap 5 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 caps/day) |
| ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB) | Tier 3 | PA, AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| ZOLPIDEM TARTRATE 7.5 MG CAP | Tier 3 | AL1 (Up to 64 yrs old), QLC (1 cap/day) |
| *zolpidem tartrate tab 10 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *zolpidem tartrate tab 5 mg* | Tier 1 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| *zolpidem tartrate tab er 12.5 mg* (ZOLPIDEM TARTRATE ER) | Tier 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *zolpidem tartrate tab er 6.25 mg* (ZOLPIDEM TARTRATE ER) | Tier 1 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| ZOLPIMIST (*zolpidem tartrate*) 5 MG/ACT SOLUTION | Tier 3 | PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)** | | |
| *armodafinil tab 150 mg* | Tier 2 | QLC (1 tab/day) |
| *armodafinil tab 200 mg* | Tier 2 | QLC (1 tab/day) |
| *armodafinil tab 250 mg* | Tier 2 | QLC (1 tab/day) |
| *armodafinil tab 50 mg* | Tier 2 | QLC (2 tabs/day) |
| LUMRYZ (*sodium oxybate*) (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET) | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 packet/day) |
| LUMRYZ STARTER PACK (*sodium oxybate*) 4.5 & 6 & 7.5 GM THER | Tier 4 | PA, LA, S (Specialty Drug), QLC (56 packets/365 days) |
| *modafinil tab 100 mg* | Tier 1 | QLC (3 tabs/day) |
| *modafinil tab 200 mg* | Tier 1 | QLC (2 tabs/day) |
| NUVIGIL (*armodafinil*) (150 MG TAB, 200 MG TAB, 250 MG TAB) | Tier 3 | QLC (1 tab/day) |
| NUVIGIL (*armodafinil*) 50 MG TAB | Tier 3 | QLC (2 tabs/day) |
| PROVIGIL (*modafinil*) 100 MG TAB | Tier 3 | QLC (3 tabs/day) |
| PROVIGIL (*modafinil*) 200 MG TAB | Tier 3 | QLC (2 tabs/day) |
| SODIUM OXYBATE 500 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (18 ml (9 grams)/day) |
| *sodium oxybate oral solution 500 mg/ml* | Tier 4 | PA, LA, QLC (18 ml (9 grams)/day) |
| SUNOSI (*solriamfetol hcl*) (75 MG TAB, 150 MG TAB) | Tier 3 | PA, QLC (1 tab/day) |
| WAKIX (*pitolisant hcl*) (4.45 MG TAB, 17.8 MG TAB) | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| XYREM (*sodium oxybate*) 500 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (18 ml (9 grams)/day) |
| XYWAV (*calcium, magnesium, potassium, & sodium oxybates*) 500 MG/ML SOLUTION | Tier 4 | PA, LA, QLC (18 ml/day) |
| **WEIGHT LOSS AGENTS** | | |
| FOUNDAYO (*orforglipron calcium (weight management)*) (0.8 MG TAB, 2.5 MG TAB, 5.5 MG TAB, 9 MG TAB, 14.5 MG TAB, 17.2 MG TAB) | Tier 3 | PA, QLC (1 tab/day), BL |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ***liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)*** (LIRAGLUTIDE - WEIGHT MANAGEMENT) | Tier 3 | PA, QLC (5 pens/30 days), BL |
| SAXENDA (***liraglutide (weight management)***) 18 MG/3ML SOLN PEN | Tier 3 | PA, QLC (5 pens/30 days), BL |
| WEGOVY (***semaglutide (weight management)***) (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ) | Tier 3 | PA, QLC (4 pens/month), BL |
| WEGOVY (***semaglutide (weight management)***) (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB) | Tier 3 | PA, QLC (1 tab/day), BL |
| WEGOVY (***semaglutide (weight management)***) 1 MG/0.5ML SOLN A-INJ | Tier 3 | PA, QLC (4 pens/28 days), BL |
| WEGOVY HD (***semaglutide (weight management)***) 7.2 MG/0.75ML SOLN A-INJ | Tier 3 | PA, QLC (3ml (4 pens)/28 days), BL |
| ZEPBOUND (***tirzepatide (weight management)***) (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ) | Tier 3 | PA, QLC (4 pens/28 days), BL |
| ZEPBOUND KWIKPEN (***tirzepatide (weight management)***) (2.5 MG/0.6ML SOLN PEN, 5 MG/0.6ML SOLN PEN, 7.5 MG/0.6ML SOLN PEN, 10 MG/0.6ML SOLN PEN, 12.5 MG/0.6ML SOLN PEN, 15 MG/0.6ML SOLN PEN) | Tier 3 | PA, QLC (2.4ml (1 pen)/28 days), BL |

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# NOTICES AVAILABLE ONLINE

## Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

## Grievances

You can file a grievance online, by mail, or by phone. If you need help, call Customer Service at **(800) 393-6130 (TTY: 711). blueshieldca.com/grievance**.

## Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711).**

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

## Reclamos

Puede hacer un reclamo por Internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio al Cliente al **(800) 393-6130 (TTY: 711). blueshieldca.com/grievance.**

## 非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

### 申訴

線上：您可透過線上、郵遞或電話來提出申訴。如果您需要幫助，請致電客戶服務部，電話：**(800) 393-6130 (TTY: 711) 。blueshieldca.com/grievance。**

# Blue Shield of California Life & Health Insurance Company

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

**Discrimination is against the law**

Blue Shield of California Life & Health Insurance Company complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California Life & Health Insurance Company does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

**Blue Shield of California Life & Health Insurance Company Civil Rights Coordinator**
**P.O. Box 629007**
**El Dorado Hills, CA 95762-9007**

**Phone: (844) 831-4133 (TTY: 711)**
**Fax: (844) 696-6070**
**Email: BlueShieldCivilRightsCoordinator@blueshieldca.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. You can file a grievance with:

California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street, South Tower
Los Angeles, CA 90013

Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833

Complaint forms are available at **www.insurance.ca.gov/01-consumers/101-help**

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

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

(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

Blue Shield of California Life & Health Insurance Company is an independent licensee of the Blue Shield Association A49727-DOI (12/19)

# Notice of the Availability of Language Assistance Services

## Blue Shield of California Life & Health Insurance Company

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

**免費語言服務**。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí**. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

**Անվճար Լեզվական Ծառայություններ:** Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、ＩＤカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

**خدمات مجانی مربوط به زبان.** میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند.برای دریافت کمک،با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید.برای دریافت کمک بیشتر، به CA Dept. of Insurance(اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید.Persian

**ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ' ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាឥតគិតថ្លៃ។** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

**خدمات ترجمة بدون تكلفة.** يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل بنا علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي الرقم 1-800-927-4357. Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

**Doo bááh ílínígó saad bee yát'i' bee aná'áwo'.** Díí shá ata'halne'dooígí hóló̱o̱doo nínízingo éí bíighah. Naaltsoos naaniná́hájeehígí shich'į' yíidooltah éí doodagó ła' shich'į' ádoolníił nínízingo bíighah. Shíká a'doowoł nínízingo nihich'į' béésh bee hodíilnih dóó námboo éí díí ninaaltsoos dootł'ízhígí bee néího'dílzinígí bine'déé' bikáá' éí doodagó éí (866)346-7198jį' hodíilnih. Hózhó shíká aná́á'doowoł nínízingo éí díí béeso ách'a̱a̱h naa'nil bił haz'á̱a̱jį' 1-800-927-4357jį' hodíilnih. Navajo

**ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ.** ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະ-ສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສຳລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສຳລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian

Plus ( 08/2026 )

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