Plan for your best health

2025 Aetna Pharmacy Drug Guide

Aetna Health Exchange Plan: NJ

Aetna.com

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2025 Pharmacy Drug Guide

Aetna Health Exchange Plan - New Jersey

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How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Typically, generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred Specialty:** higher cost for non-preferred specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage* and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more.

* Check your plan documents for coverage information. Your plan may not cover certain drugs such as infertility, erectile dysfunction, and weight loss.

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892 (TTY: 711)**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax: 1-800-323-2445**
  3. **Phone: 1-800-237-2767 (TTY: 711)**

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

1. **Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
2. **Phone** — Call us toll-free, 24/7 at **1-888-792-3862 (TTY: 711)**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779 (TTY: 711)**.
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

1. **Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
2. **Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification/prior authorization (PA)?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy (ST)?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

What are quantity limits (QL)?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through our secure provider website on **www.availity.com**.
- Call the Aetna Pharmacy Precertification Unit: Non-Specialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 1300 East Campbell Road Richardson, TX 75081

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "What are generic drugs?" section above for more information.

Commercial 1557 Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817 (TTY: 711),
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019 (TTY: 711)**, **1-800-537-7697 (TDD) (TTY: 711)**.

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကား၀န်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᏕᏝᏂᏥᏍᏗ ᏔᏅᏚᏲᏁᏗ Ꮥ ᏁᏄᏍᏗ ᏗᏕᏋᏩᏔᏁᏗ ᏥᎩ, ᏍᏓᏥᏂᏃᏔᏃ ᏚᏍᎩ ᏗᏋᏍᏗ ᏂᏕᏁᏕᏝᏅ ᏅᏚᏔ ID ᏓᏂᏂᏍᏗ ᏕᏁᏅᏔ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ် လၢတအိဉ်ဒီးအပှၤလၢနကဘဉ်ဟ့ဉ်အီၤအဂီၢ်,ကိးဘဉ်လိတဲစိနိဉ်ဂံၢ်လၢအအိဉ်လၢနခိဉ်ဂီၤ (ID) အလိၤန့ဉ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í biká’ígíí áajį’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ‘ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܐܢ ܚܫܚܬܐ ܗܘܝܐ ܠܟܘܢ ܥܠ ܝܠܦܢܘܬܐ ܕܡܬܪܓܡܢܘܬܐ ܒܠܫܢܐ ܡܫܚܠܦܬܐ، ܡܩܪܘܢ ܠܡܢܝܢܐ ܥܠ ܦܬܩܐ ܕܡܫܘܕܥܢܘܬܐ ܕܝܠܟܘܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.

Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

Information is subject to change. In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

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	Drug Tier **CE** = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. **G** = Generics **NF** = Non-formulary, not covered unless exception request granted **NPB** = Non-Preferred Brand **PB** = Preferred Brand	**Coverage Requirements and Limits** **AL** = Age Limit **IBC** = Indication Based Coverage **LGC** = Lowest Generic Copay Applies **N7** = Drug tier when CE does not apply **N8** = Drug Specific Coverage **PA** = Prior Authorization **QL** = Quantity Limit **QLR** = QL Restriction based on Age: **STX** = Safer and/or more effective treatments are available
lowercase italics = Generic drugs **UPPERCASE** = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	NF	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	G	
celecoxib oral capsule 400 mg	NF	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	NF	
GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	
allopurinol oral tablet 200 mg	NF	
colchicine oral capsule 0.6 mg	NF	
colchicine oral tablet 0.6 mg	G	
colchicine-probenecid oral tablet 0.5-500 mg	G	
febuxostat oral tablet 40 mg, 80 mg	G	PA
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NF	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	NF	
probenecid oral tablet 500 mg	G	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NF	
butalbital-acetaminophen oral capsule 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-300 mg	NF	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	NF	
butalbital-apap-caffeine oral tablet 50-325-40 mg	NF	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	NF	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NF	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
JOURNAVX ORAL TABLET 50 MG (*suzetrigine*)	NF	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	NF	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NF	
COXANTO ORAL CAPSULE 300 MG (*oxaprozin*)	NF	
diclofenac epolamine external patch 1.3 %	G	STX; QL (30 PATCHES per 30 days)
diclofenac potassium oral capsule 25 mg	NF	
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium oral tablet 50 mg	G	
diclofenac potassium(migraine) oral packet 50 mg	NF	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium external gel 1 %	G	QL (300 G per 30 days)
diclofenac sodium external gel 3 %	NF	
diclofenac sodium external solution 1.5 %	G	PA; QL (300 ML per 28 days)
diclofenac sodium external solution 2 %	NF	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	G	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (*naproxen*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	G	
etodolac oral capsule 200 mg, 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	
fenoprofen calcium oral capsule 400 mg	NF	
fenoprofen calcium oral tablet 600 mg	G	
FENOPRON ORAL CAPSULE 300 MG (*fenoprofen calcium*)	NF	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NF	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	
indomethacin (Indocin Rectal Suppository 50 Mg)	NF	
indomethacin er oral capsule extended release 75 mg	NF	
indomethacin oral capsule 25 mg, 50 mg	G	STX
indomethacin oral suspension 25 mg/5ml	NF	
indomethacin rectal suppository 50 mg	NF	
ketoprofen er oral capsule extended release 24 hour 200 mg	NF	
ketoprofen oral capsule 25 mg, 50 mg	NF	
ketorolac tromethamine oral tablet 10 mg	G	QL (20 TABLETS per 30 days)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NF	
LODINE ORAL TABLET 400 MG (*etodolac*)	NF	
diclofenac potassium (Lofena Oral Tablet 25 Mg)	NF	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	G	
meloxicam oral capsule 10 mg, 5 mg	NF	
meloxicam oral suspension 7.5 mg/5ml	NF	
meloxicam oral tablet 15 mg, 7.5 mg	G	
nabumetone oral tablet 500 mg, 750 mg	G	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg, 500 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	NF	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral capsule 300 mg	NF	
oxaprozin oral tablet 600 mg	G	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NF	
piroxicam oral capsule 10 mg, 20 mg	G	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (*meloxicam*)	NF	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
sulindac oral tablet 150 mg, 200 mg	G	
TOLECTIN 600 ORAL TABLET 600 MG (*tolmetin sodium*)	NF	
tolmetin sodium oral capsule 400 mg	NF	
tolmetin sodium oral tablet 600 mg	NF	
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (*diclofenac sodium*)	G	QL (300 G per 30 DAYs)
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NF	
COMBOGESIC ORAL TABLET 325-97.5 MG (*ibuprofen-acetaminophen*)	NF	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	NF	
ibuprofen-famotidine oral tablet 800-26.6 mg	NF	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG (*naproxen-esomeprazole*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID ANALGESICS		
acetaminophen-codeine #2 oral tablet 300-15 mg	G	PA; N8 (Subject to initial limit); QL (400 TABLETS per 30 DAYs)
acetaminophen-codeine #3 oral tablet 300-30 mg	G	PA; N8 (Subject to initial limit); QL (360 TABLETS per 30 DAYs)
acetaminophen-codeine #4 oral tablet 300-60 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 DAYs)
acetaminophen-codeine oral solution 300-30 mg/12.5ml	G	PA; N8 (Subject to initial limit); QL (2700 ML per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NF	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	NF	
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	NF	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	NF	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	NF	
butorphanol tartrate nasal solution 10 mg/ml	G	QL (2 BOTTLES per 30 days)
codeine sulfate oral tablet 30 mg	G	PA; N8 (Subject to initial limit); QL (42 TABLETS per 30 days)
codeine sulfate oral tablet 60 mg	NPB	PA; N8 (Subject to initial limit); QL (42 TABLETS per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NF	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	NF	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg)	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	G	PA; N8 (Subject to initial limit); QL (360 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen (Endocet Oral Tablet 7.5-325 Mg)	G	PA; N8 (Subject to initial limit); QL (240 TABLETS per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg	G	PA; QL (120 LOZENGES per 30 DAYs)
fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	PA; QL (120 LOZENGES per 30 days)
fentanyl citrate buccal tablet 100 mcg, 200 mcg	G	PA; QL (120 TABLETS per 30 DAYs)
fentanyl citrate buccal tablet 400 mcg, 600 mcg, 800 mcg	G	PA; QL (120 TABLETS per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	G	PA
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr	G	PA; QL (10 PATCHES per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	NF	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	G	PA; QL (60 CAPSULES per 30 days)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	G	PA
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	G	PA
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	G	PA; QL (30 TABLETS per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	NF	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	G	PA; N8 (Subject to initial limit); QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	G	PA; N8 (Subject to initial limit); QL (240 TABLETS per 30 DAYs)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	G	PA; N8 (Subject to initial limit); QL (240 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	G	PA; N8 (Subject to initial limit); QL (50 TABLETS per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	G	PA; QL (30 TABLETS per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	G	PA
hydromorphone hcl oral liquid 1 mg/ml	G	PA; N8 (Subject to initial limit); QL (480 ML per 30 days)
hydromorphone hcl oral tablet 2 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
hydromorphone hcl oral tablet 4 mg	G	PA; N8 (Subject to initial limit); QL (120 TABLETS per 30 days)
hydromorphone hcl oral tablet 8 mg	G	PA; N8 (Subject to initial limit); QL (60 TABLETS per 30 days)
hydromorphone hcl rectal suppository 3 mg	NF	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NF	
levorphanol tartrate oral tablet 2 mg	G	PA; N8 (Subject to initial limit); QL (120 TABLETS per 30 days)
levorphanol tartrate oral tablet 3 mg	G	PA; N8 (Subject to initial limit); QL (60 TABLETS per 30 days)
meperidine hcl oral solution 50 mg/5ml	NF	
meperidine hcl oral tablet 50 mg	NF	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	G	PA; QL (45 ML per 30 days)
methadone hcl oral concentrate 10 mg/ml	G	QL (30 ML per 30 days)
methadone hcl oral solution 10 mg/5ml	G	PA; QL (225 ML per 30 days)
methadone hcl oral solution 5 mg/5ml	G	PA; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg	G	PA; QL (30 TABLETS per 30 days)
methadone hcl oral tablet 5 mg	G	PA; QL (90 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone hcl oral tablet soluble 40 mg	G	QL (9 TABLETS per 30 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NF	
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	G	QL (9 TABLETS per 30 days)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NF	
morphine sulfate (concentrate) oral solution 100 mg/5ml	G	PA; N8 (Subject to initial limit); QL (135 ML per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	NF	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	NF	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	G	PA
morphine sulfate er oral tablet extended release 15 mg, 30 mg	G	PA; QL (90 TABLETS per 30 days)
morphine sulfate oral solution 10 mg/5ml	G	PA; N8 (Subject to initial limit); QL (900 ML per 30 days)
morphine sulfate oral solution 20 mg/5ml	G	PA; N8 (Subject to initial limit); QL (675 ML per 30 days)
morphine sulfate oral tablet 15 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
morphine sulfate oral tablet 30 mg	G	PA; N8 (Subject to initial limit); QL (90 TABLETS per 30 days)
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	NF	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (*morphine sulfate*)	NF	
nalocet oral tablet 2.5-300 mg	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg	G	PA; QL (60 TABLETS per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg	G	PA
oxycodone hcl oral capsule 5 mg	G	PA; N8 (Subject to initial limit); QL (180 CAPSULES per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	G	PA; N8 (Subject to initial limit); QL (90 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	G	PA; N8 (Subject to initial limit); QL (900 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 5 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
oxycodone hcl oral tablet 15 mg	G	PA; N8 (Subject to initial limit); QL (120 TABLETS per 30 days)
oxycodone hcl oral tablet 20 mg	G	PA; N8 (Subject to initial limit); QL (90 TABLETS per 30 days)
oxycodone hcl oral tablet 30 mg	G	PA; N8 (Subject to initial limit); QL (60 TABLETS per 30 days)
oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg	NF	
oxycodone-acetaminophen oral solution 10-300 mg/5ml	NF	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	G	PA; N8 (Subject to initial limit); QL (1800 ML per 30 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	NF	
oxycodone-acetaminophen oral tablet 10-325 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	G	PA; N8 (Subject to initial limit); QL (360 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral tablet 7.5-325 mg	G	PA; N8 (Subject to initial limit); QL (240 TABLETS per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	NF	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	G	PA; QL (60 TABLETS per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg	G	PA
oxymorphone hcl oral tablet 10 mg	G	PA; N8 (Subject to initial limit); QL (90 TABLETS per 30 days)
oxymorphone hcl oral tablet 5 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*)	NF	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NF	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg	G	PA; QL (30 TABLETS per 30 days)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	G	PA
tramadol hcl er oral tablet extended release 24 hour 100 mg	G	PA; QL (30 TABLETS per 30 days)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg	G	PA
tramadol hcl oral solution 5 mg/ml	NF	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol hcl oral tablet 50 mg	G	PA; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	G	PA; N8 (Subject to initial limit); QL (40 TABLETS per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	NF	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	NF	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (*buprenorphine*)	NF	
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (*buprenorphine*)	NF	
buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	G	PA; QL (4 PATCHES per 30 days)
buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr	G	PA
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NF	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	NF	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	PB	
SALICYLATES		
aspirin adult low strength oral tablet delayed release 81 mg	CE	N7 (Not Covered); N8 ($0 copay for members at risk for preeclampsia, otherwise not covered); QL (100 TABLETS per 30 days)
diflunisal oral tablet 500 mg	G	
DOLOBID ORAL TABLET 250 MG (*diflunisal*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
goodsense aspirin oral tablet chewable 81 mg	CE	N7 (Not Covered); N8 ($0 copay for members at risk for preeclampsia, otherwise not covered); QL (100 TABLETS per 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
albendazole oral tablet 200 mg	G	QL (336 TABLETS per 365 DAYs)
benznidazole oral tablet 100 mg, 12.5 mg	NPB	
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	NF	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	NPB	QL (12 TABLETS per 365 DAYs)
ivermectin oral tablet 3 mg	G	
ivermectin oral tablet 6 mg	NF	
praziquantel oral tablet 600 mg	G	QL (24 TABLETS per 365 DAYs)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	NF	
fosfomycin tromethamine oral packet 3 gm	G	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NF	
neomycin sulfate oral tablet 500 mg	G	
paromomycin sulfate oral capsule 250 mg	G	
sulfadiazine oral tablet 500 mg	G	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	NF	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (*isavuconazonium sulfate*)	NPB	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg, 500 mg	NF	
fulvicin p/g 165 oral tablet 165 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
griseofulvin ultramicrosize oral tablet 165 mg	NF	
itraconazole oral capsule 100 mg	G	PA
itraconazole oral solution 10 mg/ml	G	PA
ketoconazole oral tablet 200 mg	G	PA; STX
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	NF	
nystatin oral tablet 500000 unit	G	
posaconazole oral suspension 40 mg/ml	G	PA
posaconazole oral tablet delayed release 100 mg	G	PA
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	NF	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	NF	
voriconazole oral suspension reconstituted 40 mg/ml	G	PA
voriconazole oral tablet 200 mg, 50 mg	G	PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NF	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	NPB	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NF	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg	G	
quinine sulfate oral capsule 324 mg	G	
SOVUNA ORAL TABLET 300 MG (*hydroxychloroquine sulfate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	QL (900 ML per 30 DAYs)
abacavir sulfate oral tablet 300 mg	G	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	PB	QL (120 CAPSULES per 30 DAYs)
atazanavir sulfate oral capsule 150 mg, 300 mg	G	QL (30 CAPSULES per 30 DAYs)
atazanavir sulfate oral capsule 200 mg	G	QL (60 CAPSULES per 30 DAYs)
darunavir oral tablet 600 mg	G	QL (60 TABLETS per 30 days)
darunavir oral tablet 800 mg	G	QL (30 TABLETS per 30 days)
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	PB	QL (60 TABLETS per 30 DAYs)
efavirenz oral capsule 200 mg, 50 mg	G	QL (90 CAPSULES per 30 DAYs)
efavirenz oral tablet 600 mg	G	QL (30 TABLETS per 30 days)
emtricitabine oral capsule 200 mg	G	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	NF	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	PB	QL (680 ML per 28 DAYs)
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	NF	
EPIVIR ORAL TABLET 150 MG, 300 MG (*lamivudine*)	NF	
etravirine oral tablet 100 mg	G	QL (120 TABLETS per 30 DAYs)
etravirine oral tablet 200 mg	G	QL (60 TABLETS per 30 DAYs)
fosamprenavir calcium oral tablet 700 mg	G	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 100 MG, 200 MG (*etravirine*)	NF	
INTELENCE ORAL TABLET 25 MG (*etravirine*)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PB	QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PB	QL (60 PACKETS per 30 DAYs)
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PB	QL (180 TABLETS per 30 DAYs)
lamivudine oral solution 10 mg/ml	G	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	G	QL (60 TABLETS per 30 DAYs)
lamivudine oral tablet 300 mg	G	QL (30 TABLETS per 30 DAYs)
maraviroc oral tablet 150 mg	G	QL (60 TABLETS per 30 DAYs)
maraviroc oral tablet 300 mg	G	QL (120 TABLETS per 30 DAYs)
nevirapine er oral tablet extended release 24 hour 400 mg	G	QL (30 TABLETS per 30 days)
nevirapine oral suspension 50 mg/5ml	G	QL (1200 ML per 30 DAYs)
nevirapine oral tablet 200 mg	G	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL TABLET 100 MG (*ritonavir*)	NF	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (*darunavir*)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG, 800 MG (*darunavir*)	NF	
PREZISTA ORAL TABLET 75 MG (*darunavir*)	PB	QL (300 TABLETS per 30 DAYs)
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	NF	
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (*atazanavir sulfate*)	NF	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	PB	QL (180 PACKETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ritonavir oral tablet 100 mg	G	QL (360 TABLETS per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	NF	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	PB	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	NF	
SUNLENCA ORAL TABLET 300 MG (*lenacapavir sodium*)	NF	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (*lenacapavir sodium*)	NF	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	NF	
tenofovir disoproxil fumarate oral tablet 300 mg	G	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PB	QL (360 TABLETS per 30 DAYs)
TYBOST ORAL TABLET 150 MG (*cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG (*nelfinavir mesylate*)	PB	QL (300 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 625 MG (*nelfinavir mesylate*)	PB	QL (120 TABLETS per 30 DAYs)
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	PB	QL (240 G per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	PB	QL (30 TABLETS per 30 DAYs)
VIREAD ORAL TABLET 300 MG (*tenofovir disoproxil fumarate*)	NF	
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	NF	
zidovudine oral capsule 100 mg	G	QL (180 CAPSULES per 30 DAYs)
zidovudine oral syrup 50 mg/5ml	G	QL (1920 ML per 30 DAYs)
zidovudine oral tablet 300 mg	G	QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	G	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	NPB	QL (30 TABLETS per 30 DAYs)
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NPB	QL (30 TABLETS per 30 DAYs)
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	PB	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	PB	N8 (Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis); QL (30 TABLETS per 30 days)
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PB	QL (30 TABLETS per 30 DAYs)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	G	QL (30 TABLETS per 30 Days)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	G	QL (30 TABLETS per 30 DAYs)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	G	QL (30 TABLETS per 30 DAYs)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	G	QL (30 TABLETS per 30 DAYs)
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	N7 (G); N8 ($0 copay for pre-exposure prophylaxis); QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PB	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NF	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	PB	QL (480 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	NF	
lamivudine-zidovudine oral tablet 150-300 mg	G	QL (60 TABLETS per 30 DAYs)
lopinavir-ritonavir oral solution 400-100 mg/5ml	G	QL (480 ML per 30 DAYs)
lopinavir-ritonavir oral tablet 100-25 mg	G	QL (300 TABLETS per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	G	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	NF	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NF	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NF	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	NF	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PB	QL (30 TABLETS per 30 DAYs)
triumeq pd oral tablet soluble 60-5-30 mg	PB	QL (180 TABLETS per 30 DAYs)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	G	
ethambutol hcl oral tablet 100 mg, 400 mg	G	
isoniazid oral syrup 50 mg/5ml	G	
isoniazid oral tablet 100 mg, 300 mg	G	
pretomanid oral tablet 200 mg	NF	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	PB	
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rifampin oral capsule 150 mg, 300 mg	G	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPB	
TRECATOR ORAL TABLET 250 MG (*ethionamide*)	PB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet 400 mg, 800 mg	G	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	G	
LAGEVRIO ORAL CAPSULE 200 MG (*molnupiravir*)	NF	
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	NF	
oseltamivir phosphate oral capsule 30 mg	G	QL (40 CAPSULES per 90 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	G	QL (20 CAPSULES per 90 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	G	QL (360 ML per 90 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	NPB	QL (40 TABLETS per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	NPB	QL (60 TABLETS per 30 days)
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (*nirmatrelvir-ritonavir*)	NPB	QL (22 TABLETS per 30 DAYs)
PREVYMIS ORAL PACKET 120 MG, 20 MG (*letermovir*)	NF	
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NF	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	PB	QL (2 INHALERS per 90 days)
ribavirin inhalation solution reconstituted 6 gm	G	
rimantadine hcl oral tablet 100 mg	G	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	NF	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (*oseltamivir phosphate*)	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	NF	
TEMBEXA ORAL SUSPENSION 10 MG/ML (*brincidofovir*)	NF	
TEMBEXA ORAL TABLET 100 MG (*brincidofovir*)	NF	
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NF	
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NF	
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	PA; QL (1000 ML per 30 days)
valganciclovir hcl oral tablet 450 mg	G	PA; QL (120 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NF	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (*baloxavir marboxil*)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG, 2 X 40 MG (*baloxavir marboxil*)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor oral capsule 250 mg, 500 mg	G	
cefaclor oral suspension reconstituted 250 mg/5ml	G	
cefadroxil oral capsule 500 mg	G	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	G	
cefadroxil oral tablet 1 gm	G	
cefdinir oral capsule 300 mg	G	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefixime oral capsule 400 mg	G	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	G	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	G	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefprozil oral tablet 250 mg, 500 mg	G	
cefuroxime axetil oral tablet 250 mg, 500 mg	G	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	G	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cephalexin oral tablet 250 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	G	
clarithromycin er oral tablet extended release 24 hour 500 mg	G	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
clarithromycin oral tablet 250 mg, 500 mg	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	PB	PA
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	PB	PA
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	G	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base oral capsule delayed release particles 250 mg	G	
erythromycin base oral tablet 250 mg, 500 mg	G	
erythromycin base oral tablet delayed release 333 mg	G	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	G	
erythromycin oral tablet delayed release 250 mg, 500 mg	G	
ZITHROMAX ORAL PACKET 1 GM (*azithromycin*)	PB	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) (*ciprofloxacin*)	NPB	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	G	
levofloxacin oral solution 25 mg/ml	G	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	G	
moxifloxacin hcl oral tablet 400 mg	G	
ofloxacin oral tablet 300 mg, 400 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPATITIS B		
adefovir dipivoxil oral tablet 10 mg	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	PB	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NF	
entecavir oral tablet 0.5 mg, 1 mg	G	PA; QL (30 TABLETS per 30 days)
lamivudine oral tablet 100 mg	G	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	NPB	PA; QL (30 TABLETS per 30 days)
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG (*sofosbuvir-velpatasvir*)	PB	PA; QL (28 PELLETS per 28 DAYs)
EPCLUSA ORAL PACKET 200-50 MG (*sofosbuvir-velpatasvir*)	PB	PA; QL (56 PELLETS per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	PB	PA; QL (28 TABLETS per 28 DAYs)
HARVONI ORAL PACKET 33.75-150 MG (*ledipasvir-sofosbuvir*)	PB	PA; QL (28 PELLETS per 28 DAYs)
HARVONI ORAL PACKET 45-200 MG (*ledipasvir-sofosbuvir*)	PB	PA; QL (56 PELLETS per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	PB	PA; QL (28 TABLETS per 28 DAYs)
ledipasvir-sofosbuvir oral tablet 90-400 mg	NF	
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	NF	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	PB	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	PB	PA
ribavirin oral capsule 200 mg	G	PA
ribavirin oral tablet 200 mg	G	PA
sofosbuvir-velpatasvir oral tablet 400-100 mg	NF	
SOVALDI ORAL PACKET 150 MG (*sofosbuvir*)	NPB	PA; QL (28 PELLETS per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL PACKET 200 MG (*sofosbuvir*)	NPB	PA; QL (56 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NPB	PA; QL (28 TABLETS per 28 DAYs)
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	PB	PA; QL (28 TABLETS per 28 DAYs)
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	NF	
MISCELLANEOUS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NPB	QL (540 ML per 30 days)
atovaquone oral suspension 750 mg/5ml	G	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	NF	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	NF	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	G	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	G	
dapsone oral tablet 100 mg, 25 mg	G	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NF	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	NF	
linezolid oral suspension reconstituted 100 mg/5ml	G	
linezolid oral tablet 600 mg	G	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML (*atovaquone*)	NF	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 0.5 gm, 1 gm	G	
metronidazole oral capsule 375 mg	G	
metronidazole oral tablet 125 mg	NF	
metronidazole oral tablet 250 mg, 500 mg	G	
nitazoxanide oral tablet 500 mg	G	QL (20 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
nitrofurantoin macrocrystal oral capsule 50 mg	G	PA; AL (Max 70 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	G	PA; AL (Max 70 Years)
nitrofurantoin oral suspension 25 mg/5ml	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
nitrofurantoin oral suspension 50 mg/5ml	NF	
pentamidine isethionate inhalation solution reconstituted 300 mg	G	
pyrimethamine oral tablet 25 mg	G	PA
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NF	
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NF	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	
trimethoprim oral tablet 100 mg	G	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (*vancomycin hcl*)	NF	
vancomycin hcl oral capsule 125 mg, 250 mg	G	QL (80 CAPSULES per 10 DAYs)
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	NF	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	PB	QL (9 TABLETS per 30 DAYs)
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	NF	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	G	
amoxicillin oral tablet 500 mg, 875 mg	G	
amoxicillin oral tablet chewable 125 mg, 250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	G	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	G	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	G	
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	G	
ampicillin oral capsule 500 mg	G	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (*amoxicillin-pot clavulanate*)	NF	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
avidoxy oral tablet 100 mg	G	
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg, 20 mg	G	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	G	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	NF	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	G	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	G	
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	NF	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	G	QL (120 CAPSULES per 30 days)
tetracycline hcl oral tablet 250 mg, 500 mg	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N7 (G)
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	CE	N7 (PB)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	CE	N7 (PB)
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	CE	N7 (PB)
MYLERAN ORAL TABLET 2 MG (*busulfan*)	CE	N7 (NF)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	CE	PA; N7 (G)
ANTIMETABOLITES		
capecitabine oral tablet 150 mg, 500 mg	CE	PA; N7 (G)
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	CE	N7 (NF)
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	CE	N7 (NF)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	CE	N7 (NF)
mercaptopurine oral suspension 2000 mg/100ml	CE	N7 (NF)
mercaptopurine oral tablet 50 mg	CE	N7 (G)
methotrexate sodium injection solution reconstituted 1 gm	G	
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	CE	N7 (NF)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	CE	N7 (NF)
TABLOID ORAL TABLET 40 MG (*thioguanine*)	CE	N7 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	CE	N7 (NF)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	N7 (NF)
XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (*venetoclax*)	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
VENCLEXTA ORAL TABLET 100 MG (*venetoclax*)	CE	PA; N7 (PB); QL (180 TABLETS per 30 DAYs)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	CE	PA; N7 (PB); QL (1 PACK per 28 DAYs)
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	NF	
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	CE	N7 (NF)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	CE	PA; N7 (PB); QL (21 CAPSULES per 28 DAYs)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*lenalidomide*)	CE	PA; N7 (PB); QL (28 CAPSULES per 28 DAYs)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	CE	PA; N7 (PB); QL (21 CAPSULES per 28 DAYs)
THALOMID ORAL CAPSULE 100 MG (*thalidomide*)	PB	PA; QL (112 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 50 MG (*thalidomide*)	PB	PA; QL (28 CAPSULES per 28 DAYs)
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	CE	PA; N7 (G); QL (120 TABLETS per 30 days)
abiraterone acetate oral tablet 500 mg	CE	PA; N7 (G); QL (60 TABLETS per 30 DAYs)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	CE	N7 (NF)
anastrozole oral tablet 1 mg	CE	N7 (G); N8 ($0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)
bicalutamide oral tablet 50 mg	CE	N7 (G)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	PB	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	PB	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	PB	PA
ERLEADA ORAL TABLET 240 MG, 60 MG (*apalutamide*)	CE	N7 (NF)
EULEXIN ORAL CAPSULE 125 MG (*flutamide*)	CE	N7 (NF)
exemestane oral tablet 25 mg	CE	N7 (G); N8 ($0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	NF	
letrozole oral tablet 2.5 mg	CE	N7 (G)
leuprolide acetate injection kit 1 mg/0.2ml	G	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (*leuprolide acetate (3 month)*)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
LYSODREN ORAL TABLET 500 MG (*mitotane*)	CE	N7 (PB)
megestrol acetate oral tablet 20 mg, 40 mg	CE	N7 (G)
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	CE	N7 (NF)
nilutamide oral tablet 150 mg	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	CE	N7 (NF)
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	CE	N7 (NF)
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	N7 (G); N8 ($0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
toremifene citrate oral tablet 60 mg	CE	N7 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NF	
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	CE	PA; N7 (PB); QL (120 CAPSULES per 30 DAYs)
XTANDI ORAL TABLET 40 MG (*enzalutamide*)	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG (*enzalutamide*)	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*)	CE	N7 (NF)
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	CE	N7 (NF)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	CE	N7 (NF)
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	CE	PA; N7 (PB); QL (240 CAPSULES per 30 DAYs)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	CE	N7 (NF)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	CE	N7 (NF)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (*repotrectinib*)	CE	N7 (NF)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	CE	N7 (NF)
BOSULIF ORAL CAPSULE 100 MG, 50 MG (*bosutinib*)	CE	N7 (NF)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	CE	N7 (NF)
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	CE	N7 (NF)
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	CE	N7 (NF)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	CE	PA; N7 (PB); QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	CE	N7 (NF)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	CE	N7 (NF)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	CE	N7 (NF)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	CE	N7 (NF)
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	CE	N7 (NF)
DANZITEN ORAL TABLET 71 MG, 95 MG (*nilotinib tartrate*)	CE	N7 (NF)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	CE	PA; N7 (G); QL (30 TABLETS per 30 DAYs)
dasatinib oral tablet 20 mg	CE	PA; N7 (G); QL (90 TABLETS per 30 DAYs)
erlotinib hcl oral tablet 100 mg, 150 mg	CE	PA; N7 (G); QL (30 TABLETS per 30 days)
erlotinib hcl oral tablet 25 mg	CE	PA; N7 (G); QL (60 TABLETS per 30 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CE	PA; N7 (G); QL (30 TABLETS per 30 DAYs)
everolimus oral tablet soluble 2 mg, 5 mg	CE	PA; N7 (G); QL (60 TABLETS per 30 DAYs)
everolimus oral tablet soluble 3 mg	CE	PA; N7 (G); QL (90 TABLETS per 30 DAYs)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	CE	N7 (NF)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (*fruquintinib*)	CE	N7 (NF)
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	CE	N7 (NF)
gefitinib oral tablet 250 mg	CE	N7 (NF)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	CE	N7 (NF)
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	CE	N7 (NF)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (*mirdametinib*)	CE	N7 (NF)
GOMEKLI ORAL TABLET SOLUBLE 1 MG (*mirdametinib*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (PB); QL (21 CAPSULES per 28 DAYs)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (PB); QL (21 TABLETS per 28 DAYs)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*)	CE	N7 (NF)
imatinib mesylate oral tablet 100 mg	CE	PA; N7 (G); QL (120 TABLETS per 30 DAYs)
imatinib mesylate oral tablet 400 mg	CE	PA; N7 (G); QL (60 TABLETS per 30 DAYs)
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	CE	PA; N7 (PB); QL (90 CAPSULES per 30 DAYs)
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	CE	PA; N7 (PB); QL (30 CAPSULES per 30 DAYs)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	CE	PA; N7 (PB); QL (216 ML per 36 DAYs)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
imkeldi oral solution 80 mg/ml	CE	N7 (NF)
INLYTA ORAL TABLET 1 MG (*axitinib*)	CE	PA; N7 (PB); QL (240 TABLETS per 30 DAYs)
INLYTA ORAL TABLET 5 MG (*axitinib*)	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (*gefitinib*)	CE	N7 (NF)
ITOVEBI ORAL TABLET 3 MG (*inavolisib*)	CE	PA; N7 (NPB); QL (60 TABLETS per 30 days)
ITOVEBI ORAL TABLET 9 MG (*inavolisib*)	CE	PA; N7 (NPB); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	N7 (NF)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	N7 (NF)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	CE	N7 (NF)
lapatinib ditosylate oral tablet 250 mg	CE	N7 (NF)
LAZCLUZE ORAL TABLET 240 MG, 80 MG (*lazertinib mesylate*)	CE	N7 (NF)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (30 CAPSULES per 30 DAYs)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (90 CAPSULES per 30 DAYs)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (60 CAPSULES per 30 DAYs)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (90 CAPSULES per 30 DAYs)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (60 CAPSULES per 30 DAYs)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (90 CAPSULES per 30 DAYs)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (30 CAPSULES per 30 DAYs)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PB); QL (60 CAPSULES per 30 DAYs)
LORBRENA ORAL TABLET 100 MG (*lorlatinib*)	CE	PA; N7 (NPB); QL (30 TABLETS per 30 DAYs)
LORBRENA ORAL TABLET 25 MG (*lorlatinib*)	CE	PA; N7 (NPB); QL (90 TABLETS per 30 DAYs)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	CE	N7 (NF)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (PB); QL (12 BOTTLES per 28 DAYs)
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (PB); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (PB); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	CE	N7 (NF)
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	CE	N7 (NF)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (*tovorafenib*)	CE	N7 (NF)
OJEMDA ORAL TABLET 100 MG (*tovorafenib*)	CE	N7 (NF)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	NF	
pazopanib hcl oral tablet 200 mg	CE	N7 (NF)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	CE	N7 (NF)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	CE	N7 (NF)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	CE	N7 (NF)
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	CE	N7 (NF)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (*selpercatinib*)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	CE	N7 (NF)
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	CE	N7 (NF)
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	CE	PA; N7 (NPB); QL (224 CAPSULES per 28 DAYs)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (*asciminib hcl*)	CE	N7 (NF)
sorafenib tosylate oral tablet 200 mg	CE	N7 (NF)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	N7 (NF)
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	CE	PA; N7 (PB); QL (84 TABLETS per 28 DAYs)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	CE	PA; N7 (G); QL (30 CAPSULES per 30 DAYs)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	PA; N7 (PB); QL (120 CAPSULES per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	CE	PA; N7 (PB); QL (4 BOTTLES per 28 DAYs)
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (*erlotinib hcl*)	CE	N7 (NF)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	CE	N7 (NF)
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	CE	N7 (NF)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (*capivasertib*)	CE	N7 (NF)
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	CE	PA; N7 (NPB); QL (120 TABLETS per 30 DAYs)
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	CE	N7 (NF)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	CE	N7 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	CE	PA; N7 (PB); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*)	CE	PA; N7 (NPB); QL (60 CAPSULES per 30 DAYs)
VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*)	CE	PA; N7 (NPB); QL (180 CAPSULES per 30 DAYs)
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	CE	PA; N7 (NPB); QL (300 ML per 30 DAYs)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	CE	N7 (NF)
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	CE	N7 (NF)
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	CE	N7 (NF)
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (*crizotinib*)	CE	N7 (NF)
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	CE	N7 (NF)
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	CE	N7 (NF)
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
bexarotene oral capsule 75 mg	CE	PA; N7 (G)
hydroxyurea oral capsule 500 mg	CE	N7 (G)
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	CE	N7 (NF)
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	CE	N7 (NF)
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	CE	N7 (NF)
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (*sotorasib*)	CE	N7 (NF)
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; N7 (PB); QL (30 CAPSULES per 30 DAYs)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (*nirogacestat hydrobromide*)	CE	N7 (NF)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (*revumenib citrate*)	CE	N7 (NF)
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	CE	N7 (NF)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*)	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	CE	N7 (NF)
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	CE	N7 (NF)
tretinoin oral capsule 10 mg	CE	N7 (G)
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PB	QL (20 PACKETS per 5 days)
VORANIGO ORAL TABLET 10 MG, 40 MG (*vorasidenib*)	CE	N7 (NF)
WELIREG ORAL TABLET 40 MG (*belzutifan*)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 20 MG, 40 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG (*selinexor*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	CE	PA; N7 (PB); QL (30 TABLETS per 30 days)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	N7 (NF)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	CE	N7 (NF)
PROTECTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N7 (G)
mesna oral tablet 400 mg	CE	N7 (G)
MESNEX ORAL TABLET 400 MG (*mesna*)	CE	N7 (NF)
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	CE	N7 (G)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	CE	N7 (NF)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*quinapril-hydrochlorothiazide*)	NF	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	G	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	G	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	NF	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	G	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	G	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	G	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	G	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	G	
enalapril maleate oral solution 1 mg/ml	G	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	G	
moexipril hcl oral tablet 15 mg, 7.5 mg	G	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	G	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	NF	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
eplerenone oral tablet 25 mg, 50 mg	G	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	NF	
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	NPB	PA
spironolactone oral suspension 25 mg/5ml	NF	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	G	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	G	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	G	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	NF	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	NF	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	NF	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	G	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	NF	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	G	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	NF	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	G	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	NF	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NF	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	
MICARDIS ORAL TABLET 40 MG, 80 MG (*telmisartan*)	NF	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	
valsartan oral solution 4 mg/ml	NF	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 200 mg, 400 mg	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NF	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	G	PA
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	G	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	NF	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	NPB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	NF	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)	G	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
quinidine sulfate oral tablet 200 mg, 300 mg	NF	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	G	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	G	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NF	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	PB	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	NF	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light oral packet 4 gm	G	
cholestyramine light oral powder 4 gm/dose	G	
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	G	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	NF	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	NF	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe oral tablet 10 mg	G	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 200 mg, 43 mg, 67 mg	G	
fenofibrate oral capsule 134 mg, 150 mg	G	
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	G	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	G	
fenofibric acid oral tablet 105 mg, 35 mg	NF	
FIBRICOR ORAL TABLET 105 MG (*fenofibric acid*)	NF	
gemfibrozil oral tablet 600 mg	G	
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	NF	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	NF	
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	N7 (G); AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	G	N8 (Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NF	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	NF	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	N7 (G); AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	G	PA; N8 (Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	NF	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	NF	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 0.5 gm	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
icosapent ethyl oral capsule 1 gm	G	N8 (Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia)
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NF	
omega-3-acid ethyl esters oral capsule 1 gm	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	NF	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	PB	PA; QL (1 CARTRIDGE per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	PB	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	PB	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	G	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	G	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	G	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	NF	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	NF	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl oral capsule 200 mg, 400 mg	G	
atenolol oral tablet 100 mg, 25 mg, 50 mg	G	
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	NF	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NF	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	G	
labetalol hcl oral tablet 400 mg	NF	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
nadolol oral tablet 20 mg, 40 mg, 80 mg	G	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	
pindolol oral tablet 10 mg, 5 mg	G	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	G	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	G	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	G	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	NF	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	G	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	G	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	NF	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NF	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	G	
diltiazem hcl er oral tablet extended release 24 hour 120 mg	G	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	G	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
isradipine oral capsule 2.5 mg, 5 mg	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NF	
levamlodipine maleate oral tablet 2.5 mg, 5 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	G	
nicardipine hcl oral capsule 20 mg, 30 mg	G	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine oral capsule 10 mg, 20 mg	NF	
nimodipine oral capsule 30 mg	G	
nimodipine oral solution 60 mg/20ml	NF	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	G	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	NF	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	G	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	G	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	G	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	NF	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	NF	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin oral solution 0.05 mg/ml	G	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (*digoxin*)	NF	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg, 250 mg	G	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
chlorthalidone oral tablet 25 mg, 50 mg	G	
dichlorphenamide oral tablet 50 mg	NF	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	NPB	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral solution 10 mg/ml, 8 mg/ml	G	
furosemide oral tablet 20 mg, 40 mg, 80 mg	G	
hydrochlorothiazide oral capsule 12.5 mg	G	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	G	
indapamide oral tablet 1.25 mg, 2.5 mg	G	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	NF	
methazolamide oral tablet 25 mg, 50 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*)	NF	
spironolactone-hctz oral tablet 25-25 mg	G	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	NF	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	NF	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	NF	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	PB	
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	NF	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	G	
ivabradine hcl oral tablet 5 mg, 7.5 mg	G	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	NF	
MISCELLANEOUS		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (*ranolazine*)	NF	
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (*acoramidis hcl*)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	NF	
clonidine er oral tablet extended release 24 hour 0.17 mg	NF	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	G	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	G	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	NF	
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	NF	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	G	PA; QL (180 CAPSULES per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	NF	
methyldopa oral tablet 250 mg, 500 mg	G	
metyrosine oral capsule 250 mg	NF	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine*)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	NF	
phenoxybenzamine hcl oral capsule 10 mg	G	PA; QL (360 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	PA
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	NF	
TRYVIO ORAL TABLET 12.5 MG (*aprocitentan*)	NF	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NF	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	NF	
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NF	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	NF	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	PB	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	G	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	G	
nitroglycerin translingual solution 0.4 mg/spray	G	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	NPB	PA; QL (90 TABLETS per 30 DAYs)
ambrisentan oral tablet 10 mg, 5 mg	G	PA; QL (30 TABLETS per 30 DAYs)
bosentan oral tablet 125 mg, 62.5 mg	G	PA; QL (60 TABLETS per 30 DAYs)
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NF	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	PB	PA; QL (30 TABLETS per 30 DAYs)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	NF	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	PB	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	PB	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	PB	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PB	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	NF	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NF	
sildenafil citrate oral suspension reconstituted 10 mg/ml	G	PA; QL (784 ML per 30 days)
sildenafil citrate oral tablet 20 mg	G	PA; QL (360 TABLETS per 30 days)
tadalafil (pah) oral tablet 20 mg	G	PA; QL (60 TABLETS per 30 DAYs)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	NF	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NF	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	G	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	NF	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	NF	
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PB	PA; QL (28 AMPULES per 28 DAYs)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PB	PA; QL (28 AMPULES per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PB	PA; QL (28 AMPULES per 28 DAYs)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	NF	
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	NF	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NF	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	PB	PA; QL (270 AMPULES per 30 DAYs)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (*sotatercept-csrk*)	NF	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
acamprosate calcium oral tablet delayed release 333 mg	G	
disulfiram oral tablet 250 mg, 500 mg	G	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	NF	
riluzole oral tablet 50 mg	G	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NF	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 30 days)
alprazolam er oral tablet extended release 24 hour 3 mg	G	QL (90 TABLETS per 30 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	PB	QL (300 ML per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 30 days)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (*clomipramine hcl*)	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	G	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	G	QL (360 CAPSULES per 30 days)
clomipramine hcl oral capsule 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 30 days); AL (Max 65 Years)
clomipramine hcl oral capsule 75 mg	G	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 30 days); AL (Max 65 Years)
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	
lorazepam oral concentrate 2 mg/ml	G	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG (*lorazepam*)	NF	
meprobamate oral tablet 200 mg, 400 mg	G	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	QL (120 CAPSULES per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*)	NF	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
ergoloid mesylates oral tablet 1 mg	NF	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	NF	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	
galantamine hydrobromide oral solution 4 mg/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	
memantine hcl oral solution 2 mg/ml	G	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	G	
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	NF	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	NF	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (*memantine hcl*)	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	NF	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	NF	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	G	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg	G	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 30 days); AL (Max 65 Years)
amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg	G	AL (Max 65 Years)
amitriptyline hcl oral tablet 25 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 30 days); AL (Max 65 Years)
amitriptyline hcl oral tablet 50 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 30 days); AL (Max 65 Years)
amoxapine oral tablet 100 mg, 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 30 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxapine oral tablet 150 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 30 days); AL (Max 65 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NF	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	NF	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	G	
citalopram hydrobromide oral capsule 30 mg	NF	
citalopram hydrobromide oral solution 20 mg/10ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NF	
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 30 days); AL (Max 65 Years)
desipramine hcl oral tablet 100 mg, 150 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 30 days); AL (Max 65 Years)
desipramine hcl oral tablet 75 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 30 days); AL (Max 65 Years)
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	NF	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 30 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxepin hcl oral capsule 100 mg, 150 mg	G	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 30 days); AL (Max 65 Years)
doxepin hcl oral capsule 75 mg	G	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 30 days); AL (Max 65 Years)
doxepin hcl oral concentrate 10 mg/ml	G	QLR (QL applies to members age 65 and older); QL (450 ML per 30 days); AL (Max 65 Years)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (*duloxetine hcl*)	NF	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	NF	
escitalopram oxalate oral solution 5 mg/5ml	G	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	NPB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NPB	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	G	
fluoxetine hcl oral capsule delayed release 90 mg	G	
fluoxetine hcl oral solution 20 mg/5ml	G	
fluoxetine hcl oral tablet 10 mg, 20 mg	G	
fluoxetine hcl oral tablet 60 mg	NF	
imipramine hcl oral tablet 10 mg, 25 mg	G	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 30 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imipramine hcl oral tablet 50 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 30 days); AL (Max 65 Years)
imipramine pamoate oral capsule 100 mg, 75 mg	G	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 30 days); AL (Max 65 Years)
imipramine pamoate oral capsule 125 mg, 150 mg	G	AL (Max 65 Years)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NF	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	NPB	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	G	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	NF	
nortriptyline hcl oral capsule 10 mg	G	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 30 days); AL (Max 65 Years)
nortriptyline hcl oral capsule 25 mg	G	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 30 days); AL (Max 65 Years)
nortriptyline hcl oral capsule 50 mg	G	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 30 days); AL (Max 65 Years)
nortriptyline hcl oral capsule 75 mg	G	AL (Max 65 Years)
nortriptyline hcl oral solution 10 mg/5ml	G	QLR (QL applies to members age 65 and older); QL (750 ML per 30 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	NF	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
paroxetine hcl oral suspension 10 mg/5ml	NF	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	G	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NF	
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NF	
protriptyline hcl oral tablet 10 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 30 days); AL (Max 65 Years)
protriptyline hcl oral tablet 5 mg	G	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 30 days); AL (Max 65 Years)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NF	
sertraline hcl oral capsule 150 mg, 200 mg	NF	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NF	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NF	
tranylcypromine sulfate oral tablet 10 mg	G	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	G	
trimipramine maleate oral capsule 100 mg	G	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 30 days); AL (Max 65 Years)
trimipramine maleate oral capsule 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 30 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	NPB	PA
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	NF	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	NF	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	NF	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	G	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (*zuranolone*)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	
amantadine hcl oral solution 50 mg/5ml	G	
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NPB	PA; QL (20 CARTRIDGES per 30 DAYs)
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	G	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (*carbidopa-levodopa*)	NF	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	NF	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NF	
entacapone oral tablet 200 mg	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NF	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	NF	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	NPB	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 258 MG (*amantadine hcl*)	NF	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	NF	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	NF	
selegiline hcl oral capsule 5 mg	G	
selegiline hcl oral tablet 5 mg	G	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*)	NF	
tolcapone oral tablet 100 mg	NF	
trihexyphenidyl hcl oral solution 0.4 mg/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (*foscarbidopa-foslevodopa*)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	NF	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	NF	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	NF	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NF	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	NPB	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	G	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	NF	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	NF	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NF	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	G	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (*xanomeline-trospium chloride*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (*xanomeline-trospium chloride*)	NF	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	NF	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NF	
fluphenazine decanoate injection solution 25 mg/ml	NF	
fluphenazine hcl injection solution 2.5 mg/ml	NF	
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	NF	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (*haloperidol decanoate*)	NF	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	NF	
haloperidol lactate injection solution 5 mg/ml	NF	
haloperidol lactate oral concentrate 2 mg/ml	G	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	NF	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (*paliperidone*)	NF	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	NF	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	NF	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	G	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	G	PA
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	NF	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	NF	
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	NF	
olanzapine intramuscular solution reconstituted 10 mg	NF	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	G	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	G	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (*aripiprazole*)	NF	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	G	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	NF	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 150 mg	NF	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NPB	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	NF	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	NF	
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone*)	NF	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NF	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (*risperidone*)	NF	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NF	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	NF	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	G	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	NF	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	NF	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (*olanzapine*)	NF	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	NF	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*olanzapine*)	NF	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	NF	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NF	
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NF	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NF	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	G	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet 200 mg	G	
carbamazepine oral tablet chewable 100 mg, 200 mg	G	
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	NF	
clobazam oral suspension 2.5 mg/ml	G	
clobazam oral tablet 10 mg, 20 mg	G	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (300 TABLETS per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	G	QL (180 TABLETS per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NF	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	G	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	G	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	QL (120 TABLETS per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NF	
DILANTIN ORAL CAPSULE 100 MG (*phenytoin sodium extended*)	NF	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	NPB	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	PB	PA; QL (800 ML per 30 days)
carbamazepine (Epitol Oral Tablet 200 Mg)	G	
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	NF	
ethosuximide oral capsule 250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethosuximide oral solution 250 mg/5ml	G	
felbamate oral suspension 600 mg/5ml	G	
felbamate oral tablet 400 mg, 600 mg	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	NF	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	NF	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	QL (6 CAPSULES per 1 day)
gabapentin oral solution 250 mg/5ml	G	QL (72 ML per 1 day)
gabapentin oral tablet 25 mg, 50 mg	NF	
gabapentin oral tablet 600 mg	G	QL (6 TABLETS per 1 day)
gabapentin oral tablet 800 mg	G	QL (4 TABLETS per 1 day)
GABARONE ORAL TABLET 100 MG, 400 MG (*gabapentin*)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NF	
lacosamide oral solution 10 mg/ml	G	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	NF	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	G	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	
lamotrigine oral tablet chewable 25 mg, 5 mg	G	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	G	
lamotrigine starter kit-blue oral kit 35 x 25 mg	G	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	G	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	G	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	G	
levetiracetam oral solution 100 mg/ml	G	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	G	
levetiracetam oral tablet disintegrating soluble 250 mg	NF	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NF	
methsuximide oral capsule 300 mg	G	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	NPB	PA; QL (10 SOLUTION per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	NF	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NF	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	NF	
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NF	
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	NF	
oxcarbazepine oral suspension 300 mg/5ml	G	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NF	
phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml	G	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenytoin oral suspension 125 mg/5ml	G	
phenytoin oral tablet chewable 50 mg	G	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	G	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	G	PA
pregabalin oral solution 20 mg/ml	G	PA
primidone oral tablet 125 mg	NF	
primidone oral tablet 250 mg, 50 mg	G	
rufinamide oral suspension 40 mg/ml	G	
rufinamide oral tablet 200 mg, 400 mg	G	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NF	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NF	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	G	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NF	
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	NF	
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	G	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NF	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	NF	
valproic acid oral capsule 250 mg	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	NF	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML (*diazepam*)	NF	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML (*diazepam*)	NF	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vigabatrin oral packet 500 mg	G	PA; QL (180 PACKETS per 30 days)
vigabatrin oral tablet 500 mg	G	PA; QL (180 TABLETS per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML (*vigabatrin*)	NF	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (*cenobamate*)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	NF	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NF	
amphetamine sulfate oral tablet 10 mg, 5 mg	NF	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (90 CAPSULES per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	G	QL (30 CAPSULES per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg	G	QL (90 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg	G	QL (60 TABLETS per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	G	QL (30 TABLETS per 30 days)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	NF	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	NF	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	NF	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NF	
DESOXYN ORAL TABLET 5 MG (*methamphetamine hcl*)	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (*dextroamphetamine sulfate*)	NF	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	G	QL (60 CAPSULES per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	G	QL (30 CAPSULES per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	G	QL (60 TABLETS per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	G	QL (120 TABLETS per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (120 CAPSULES per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	G	QL (60 CAPSULES per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	G	QL (1200 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	G	QL (120 TABLETS per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg	G	QL (60 TABLETS per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	G	QL (30 TABLETS per 30 days)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NPB	QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NF	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (*dexmethylphenidate hcl*)	NF	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NF	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 30 days)
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	G	QL (30 CAPSULES per 30 days)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	G	QL (60 TABLETS per 30 days)
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	G	QL (30 TABLETS per 30 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	NF	
methamphetamine hcl oral tablet 5 mg	G	QL (150 TABLETS per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (*methylphenidate hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	G	QL (30 CAPSULES per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	G	QL (30 CAPSULES per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg	G	QL (60 TABLETS per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg	NF	
methylphenidate hcl er (osm) oral tablet extended release 54 mg	G	QL (30 TABLETS per 30 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 30 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	G	QL (30 CAPSULES per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	G	QL (90 TABLETS per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	NF	
methylphenidate hcl oral solution 10 mg/5ml	G	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	G	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	G	QL (180 TABLETS per 30 days)
methylphenidate hcl oral tablet 20 mg	G	QL (90 TABLETS per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	G	QL (180 TABLETS per 30 days)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	NF	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (*clonidine hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	NPB	PA; QL (90 CAPSULES per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (*methylphenidate hcl*)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NF	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (*methylphenidate hcl*)	NF	
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 60 MG (*atomoxetine hcl*)	NF	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	NF	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	NF	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	NF	
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	G	QL (120 TABLETS per 30 days)
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	NPB	PA
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NPB	PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	NF	
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	NF	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	NPB	PA; QL (30 TABLETS per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NPB	PA; QL (30 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxepin hcl oral tablet 3 mg, 6 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 30 days); AL (Max 65 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NF	
estazolam oral tablet 1 mg, 2 mg	G	QL (15 TABLETS per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	QL (15 TABLETS per 30 days)
flurazepam hcl oral capsule 15 mg, 30 mg	NF	
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NF	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NF	
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NF	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NF	
midazolam hcl oral syrup 2 mg/ml	NF	
quazepam oral tablet 15 mg	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	NF	
ramelteon oral tablet 8 mg	G	QL (15 TABLETS per 30 days)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	NF	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NF	
sleep-aid oral tablet 25 mg	G	
tasimelteon oral capsule 20 mg	G	PA; QL (30 CAPSULES per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	QL (15 CAPSULES per 30 days)
triazolam oral tablet 0.125 mg, 0.25 mg	G	QL (10 TABLETS per 30 days)
zaleplon oral capsule 10 mg, 5 mg	G	QL (15 CAPSULES per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	QL (15 TABLETS per 30 days)
zolpidem tartrate oral capsule 7.5 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolpidem tartrate oral tablet 10 mg, 5 mg	G	QL (15 TABLETS per 30 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	NF	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	PB	
ergotamine-caffeine oral tablet 1-100 mg	G	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	NF	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	NF	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	PB	PA; QL (30 TABLETS per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	NF	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	NPB	PA; QL (16 TABLETS per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	NF	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	PB	PA; QL (1 INJECTION per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	PA; QL (3 INJECTIONS per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	PA; QL (3 INJECTIONS per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	PA; QL (3 SYRINGES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	PA; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	PA; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 30 days)
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	QL (12 TABLETS per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	QL (12 TABLETS per 30 days)
FROVA ORAL TABLET 2.5 MG (*frovatriptan succinate*)	NF	
frovatriptan succinate oral tablet 2.5 mg	G	QL (18 TABLETS per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	NF	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	NF	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	NF	
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NF	
naratriptan hcl oral tablet 1 mg, 2.5 mg	G	QL (12 TABLETS per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	NF	
RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*)	NF	
rizatriptan benzoate oral tablet 10 mg, 5 mg	G	QL (18 TABLETS per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	G	QL (18 TABLETS per 30 days)
sumatriptan nasal solution 20 mg/act	G	QL (12 SPRAYS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan nasal solution 5 mg/act	G	QL (24 SPRAYS per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	G	QL (12 TABLETS per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	G	QL (18 SYRINGES per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	G	QL (12 SOLUTION CARTRIDGE per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	G	QL (12 VIALS per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	G	QL (18 SYRINGES per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	G	QL (12 SOLUTION AUTO-INJECTOR per 30 days)
sumatriptan-naproxen sodium oral tablet 85-500 mg	G	PA; QL (9 TABLETS per 30 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	NF	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	NF	
zolmitriptan nasal solution 2.5 mg, 5 mg	G	QL (12 SPRAYS per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	G	QL (12 TABLETS per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	QL (12 TABLETS per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	NF	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (*zolmitriptan*)	NF	
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	NF	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	NF	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPB	PA; QL (2 BOTTLES per 24 days)
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NF	
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	NF	
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	G	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	G	
lithium carbonate oral tablet 300 mg	G	
lithium oral solution 8 meq/5ml	G	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	NF	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (*deutetrabenazine*)	NF	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (*deutetrabenazine*)	NF	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	NF	
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	NF	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	NF	
tetrabenazine oral tablet 12.5 mg	G	PA; QL (120 TABLETS per 30 DAYs)
tetrabenazine oral tablet 25 mg	G	PA; QL (60 TABLETS per 30 DAYs)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	NF	
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PB	PA; QL (14 INJECTIONS per 28 DAYs)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (*glatiramer acetate*)	NF	
dalfampridine er oral tablet extended release 12 hour 10 mg	G	PA; QL (60 TABLETS per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	G	PA; QL (14 CAPSULES per 28 DAYs)
dimethyl fumarate oral capsule delayed release 240 mg	G	PA; QL (60 CAPSULES per 30 DAYs)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	G	PA; QL (1 KIT per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	NF	
fingolimod hcl oral capsule 0.5 mg	G	PA; QL (30 CAPSULES per 30 DAYs)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (*fingolimod hcl*)	NF	
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	G	PA; QL (12 SYRINGES per 28 DAYs)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	G	PA; QL (30 INJECTIONS per 30 DAYs)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	NF	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NF	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NF	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NF	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NF	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NF	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NF	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (*siponimod fumarate*)	NF	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (*siponimod fumarate*)	NF	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PONVORY ORAL TABLET 20 MG (*ponesimod*)	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	NF	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	NF	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	NF	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	NF	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	NF	
teriflunomide oral tablet 14 mg, 7 mg	NF	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	NF	
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	NF	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	NF	
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NF	
baclofen oral solution 10 mg/5ml, 5 mg/5ml	NF	
baclofen oral suspension 25 mg/5ml	NF	
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	
baclofen oral tablet 15 mg	NF	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	G	PA; AL (Max 70 Years)
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	PA; AL (Max 70 Years)
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (*givinostat hcl*)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	NF	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (*baclofen*)	NF	
metaxalone oral tablet 400 mg	NF	
metaxalone oral tablet 800 mg	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	G	PA; AL (Max 70 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NF	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	NF	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NF	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NF	
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 30 mg	NF	
pyridostigmine bromide oral tablet 60 mg	G	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (*efgartigimod alfa-hyalur-qvfc*)	NF	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil oral tablet 150 mg, 250 mg	G	PA; QL (30 TABLETS per 30 DAYs)
armodafinil oral tablet 200 mg	G	PA; QL (30 TABLETS per 30 days)
armodafinil oral tablet 50 mg	G	PA; QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	NF	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (*sodium oxybate*)	NF	
modafinil oral tablet 100 mg, 200 mg	G	PA; QL (60 TABLETS per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NF	
sodium oxybate oral solution 500 mg/ml	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	NPB	PA; QL (30 TABLETS per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	NF	
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	NF	
OPIOID AGONIST/ANTAGONIST		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG (*buprenorphine hcl-naloxone hcl*)	NF	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	G	QL (2 FILM per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg	G	QL (3 FILM per 1 DAY)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	G	QL (3 FILM per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	CE	QL (3 TABLETS per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	NF	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NF	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	G	
naloxone hcl injection solution cartridge 0.4 mg/ml	G	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	G	
naloxone hcl nasal liquid 4 mg/0.1ml	G	QL (4 SPRAYS per 25 days)
naltrexone hcl oral tablet 50 mg	CE	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (*naloxone hcl*)	G	QL (4 SPRAYS per 25 Days)
NARCAN LIQUID 4 MG/0.1ML NASAL (RX) (*naloxone hcl*)	NF	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (*nalmefene hcl*)	NF	
REXTOVY NASAL LIQUID 4 MG/0.25ML (*naloxone hcl*)	NF	
RIVIVE NASAL LIQUID 3 MG/0.1ML (*naloxone hcl*)	G	QL (4 SPRAYS per 25 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NF	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	NF	
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	CE	N8 (Must obtain approval after the first 30 day supply); QL (90 TABLETS per 30 days)
POSTHERPETIC NEURALGIA (PHN)		
gabapentin (once-daily) oral tablet 300 mg, 600 mg	NF	
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (*gabapentin (once-daily)*)	NF	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	NF	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	NF	
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 30 days); AL (Max 65 Years)
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg	G	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 30 days); AL (Max 65 Years)
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
lofexidine hcl oral tablet 0.18 mg	G	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	NF	
paroxetine mesylate oral capsule 7.5 mg	NF	
perphenazine-amitriptyline oral tablet 2-10 mg	G	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 30 days); AL (Max 65 Years)
perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 30 days); AL (Max 65 Years)
perphenazine-amitriptyline oral tablet 4-10 mg	G	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 30 days); AL (Max 65 Years)
perphenazine-amitriptyline oral tablet 4-50 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 30 days); AL (Max 65 Years)
pimozide oral tablet 1 mg, 2 mg	G	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
goodsense nicotine mouth/throat gum 4 mg	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
goodsense nicotine mouth/throat lozenge 4 mg	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
nicotine polacrilex mouth/throat lozenge 2 mg	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine transdermal kit 21-14-7 mg/24hr	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
sm nicotine transdermal patch 24 hour 14 mg/24hr	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
varenicline tartrate oral tablet 0.5 mg, 1 mg	CE	N7 (Not Covered); N8 ($0 copay limited to 2 treatment cycles/year)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NF	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	PA; QL (90 ML per 30 days)
octreotide acetate injection solution 1000 mcg/ml	G	PA; QL (45 ML per 30 days)
octreotide acetate injection solution 200 mcg/ml	G	PA; QL (225 ML per 30 days)
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	NF	
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PB	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	PB	PA; QL (30 VIALS per 30 DAYs)
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	NF	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NF	
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (*testosterone cypionate*)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NF	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (*testosterone undecanoate*)	NF	
methitest oral tablet 10 mg	NF	
methyltestosterone oral capsule 10 mg	NF	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	NF	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
testosterone cypionate injection solution 200 mg/ml	NF	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	PA
testosterone enanthate intramuscular solution 200 mg/ml	G	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	G	PA
testosterone transdermal solution 30 mg/act	NF	
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	NF	
UNDECATREX ORAL CAPSULE 200 MG (*testosterone undecanoate*)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	NPB	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	NPB	PA
ANTIDIABETICS, BIGUANIDE		
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	G	
metformin hcl oral solution 500 mg/5ml	NF	
metformin hcl oral tablet 1000 mg, 500 mg	G	
metformin hcl oral tablet 625 mg, 750 mg	NF	
metformin hcl oral tablet 850 mg	CE	N7 (G); AL (Min 35 Years and Max 70 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	NF	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	G	PA
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	G	PA
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	PB	PA
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	NF	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	NF	
sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	NF	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	NF	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	NF	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	G	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PB	PA
ONGLYZA ORAL TABLET 5 MG (*saxagliptin hcl*)	NF	
saxagliptin hcl oral tablet 2.5 mg, 5 mg	NF	
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	NF	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	NF	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	NF	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NF	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml	NF	
liraglutide subcutaneous solution pen-injector 18 mg/3ml	G	PA; QL (3 PENS per 30 DAYs)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide*)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (*semaglutide*)	NF	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*)	NF	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (*semaglutide*)	NF	
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG (*semaglutide*)	PB	PA; QL (30 TABLETS per 30 DAYs)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	PA; QL (30 TABLETS per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	PB	PA; QL (4 PENS per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	NF	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	PA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	NPB	PA
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NPB	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NPB	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	NF	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	NF	
insulin aspart injection solution 100 unit/ml	NF	
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	NF	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	NF	
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	NF	
insulin degludec subcutaneous solution 100 unit/ml	NF	
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	NF	
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	NF	
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	NF	
insulin lispro injection solution 100 unit/ml	NF	
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	NF	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	NF	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	NF	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro-aabc*)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	N8 (RELION not covered)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	N8 (RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	N8 (RELION not covered)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	N8 (RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	PB	N8 (RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	N8 (RELION not covered)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-aglr*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	NF	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	NF	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	NF	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	G	
ANTIDIABETICS, MEGLITINIDE		
nateglinide oral tablet 120 mg, 60 mg	G	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	G	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg	NF	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	PA
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	PA
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
bexagliflozin oral tablet 20 mg	NF	
BRENZAVVY ORAL TABLET 20 MG (*bexagliflozin*)	NF	
dapagliflozin propanediol oral tablet 10 mg, 5 mg	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	NF	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	PA
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NF	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	
glimepiride oral tablet 3 mg	NF	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
glipizide oral tablet 10 mg, 5 mg	G	
glipizide oral tablet 2.5 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*glipizide*)	NF	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	NF	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	NF	
ANTIOBESITY		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	NF	
LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*)	NF	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NF	
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	NF	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl oral tablet 30 mg, 60 mg	G	PA; QL (60 TABLETS per 30 DAYs)
cinacalcet hcl oral tablet 90 mg	G	PA; QL (120 TABLETS per 30 DAYs)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	NF	
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG, 35 MG (*risedronate sodium*)	NF	
alendronate sodium oral solution 70 mg/75ml	G	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	G	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	NF	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	NF	
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	NF	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NPB	
ibandronate sodium oral tablet 150 mg	G	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risedronate sodium oral tablet delayed release 35 mg	G	
CALCIUM REGULATORS, MISCELLANEOUS		
calcitonin (salmon) nasal solution 200 unit/act	G	
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	NF	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PB	PA; QL (1 PEN per 30 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (*palopegteriparatide*)	NF	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (*leuprolide acetate (3 month)*)	NF	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	NF	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NF	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	NF	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	G	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	G	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	G	PA
deferiprone oral tablet 1000 mg, 500 mg	G	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	PB	PA
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	PB	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
penicillamine oral capsule 250 mg	G	
penicillamine oral tablet 250 mg	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg, 500 mg	G	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
AFTERPILL ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	N7 (G)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N7 (G)
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	CE	N7 (NPB); QL (1 RING per 300 days)
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	NF	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NF	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
briellyn oral tablet 0.4-35 mg-mcg	CE	N7 (G)
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (G)
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
condoms	CE	N7 (NPB); QL (12 CONDOMS per 25 days)
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
norethindrone (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	N7 (Not Covered); QL (4 INJECTIONS per 300 DAYs)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (G)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	CE	N7 (G)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	CE	N7 (G)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	CE	N7 (NPB)
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (G); QL (13 RING per 300 days)
norethindrone (Emzahh Oral Tablet 0.35 Mg)	CE	N7 (G)
etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (G); QL (13 RING per 300 days)
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
norethindrone (Errin Oral Tablet 0.35 Mg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	CE	N7 (G)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	CE	N7 (G); QL (13 RING per 300 days)
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
FC2 FEMALE CONDOM (*condoms - female*)	CE	N7 (NPB); QL (12 CONDOMS per 30 days)
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	N7 (NPB); QL (1 DEVICE per 300 days)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	CE	N7 (NPB)
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (G)
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (G); QL (13 RING per 300 days)
norethindrone (Heather Oral Tablet 0.35 Mg)	CE	N7 (G)
HER STYLE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
norethindrone (Incassia Oral Tablet 0.35 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (G)
norethindrone (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (G)
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin-eth estradiol-fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (G)
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	CE	N7 (G)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	CE	N7 (G)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	CE	N7 (G)
levonorgestrel oral tablet 1.5 mg	CE	N7 (G)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	CE	N7 (G)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	CE	N7 (G)
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	CE	N7 (Not Covered); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	CE	N7 (NPB)
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (G)
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
norethindrone (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (G)
norethindrone (Lyza Oral Tablet 0.35 Mg)	CE	N7 (G)
marlissa oral tablet 0.15-30 mg-mcg	CE	N7 (G)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	CE	N7 (G); QL (4 INJECTIONS per 300 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	N7 (G); QL (4 INJECTIONS per 300 days)
norethin ace-eth estrad-fe (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (G)
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estradiol-iron (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (G)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
MY CHOICE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MY WAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	N7 (Not Covered)
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
NEW DAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	N7 (NPB); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	CE	N7 (NPB)
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (G)
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (G)
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	CE	N7 (G)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	CE	N7 (G)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	CE	N7 (G)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	CE	N7 (G)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	CE	N7 (G)
norethindrone oral tablet 0.35 mg	CE	N7 (G)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	CE	N7 (G)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	N7 (G)
norethindrone (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (G)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	NF	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	CE	N7 (NPB)
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
REACT ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	NF	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
norethindrone (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (*drospirenone*)	CE	N7 (Not Covered)
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (G)
TAKE ACTION ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (G)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NF	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
norgestrel-ethinyl estradiol (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	CE	N7 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	CE	N7 (Not Covered)
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (*desogestrel-ethinyl estradiol*)	CE	N7 (G)
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N7 (G)
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (G)
norethindron-ethinyl estrad-fe (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (G)
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	NF	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NF	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (G)
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N7 (G)
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	NF	
RECORLEV ORAL TABLET 150 MG (*levoketoconazole*)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 30 days)
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alcohol prep pad	PB	
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NF	
AUTOLET PLATFORMS (*lancets misc.*)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	NF	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	PB	
blood glucose test in vitro strip	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NF	
CHEMSTRIP 9 IN VITRO STRIP (*multiple urine tests*)	PB	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR PLUS TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
cvs true metrix glucose test in vitro strip	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	PB	
DEXCOM G6 SENSOR (*continuous glucose sensor*)	PB	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	PB	
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	PB	
DEXCOM G7 SENSOR (*continuous glucose sensor*)	PB	QL (3 SENSORS per 25 days)
DIASTIX IN VITRO STRIP (*glucose urine test-glucose ox*)	PB	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
DROPLET PEN NEEDLES 32G X 6 MM (*insulin pen needle*)	PB	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
easy plus ii glucose test in vitro strip	NF	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NF	
easy talk blood glucose test in vitro strip	NF	
easy trak blood glucose test in vitro strip	NF	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NF	
element compact test in vitro strip	NF	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	NF	
eq blood glucose test in vitro strip	NF	
EVERSENSE 365 SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVERSENSE 365 SMART TRANSMIT (*continuous glucose transmitter*)	NF	
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVERSENSE SMART TRANSMITTER (*continuous glucose transmitter*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NF	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (*glucose blood*)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	NF	
FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*)	NF	
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NF	
ge100 blood glucose test in vitro strip	NF	
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NF	
ght test in vitro strip	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
glucose meter test in vitro strip	NF	
gnp easy touch glucose test in vitro strip	NF	
GOJJI BLOOD KETONE TEST IN VITRO STRIP (*ketone blood test*)	PB	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NF	
goodsense blood glucose in vitro strip	NF	
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous glucose receiver*)	NF	
GUARDIAN SENSOR (3) (*continuous glucose sensor*)	NF	
guardian sensor 3	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (*glucose blood*)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NF	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	PB	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
lancing device	PB	
meijer essential glucose test in vitro strip	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (*insulin disposable pump*)	PB	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (*insulin disposable pump*)	PB	
OMNIPOD 5 G7 INTRO (GEN 5) KIT (*insulin disposable pump*)	PB	
OMNIPOD 5 G7 PODS (GEN 5) (*insulin disposable pump*)	PB	
OMNIPOD CLASSIC PODS (GEN 3) (*insulin disposable pump*)	PB	
OMNIPOD DASH INTRO (GEN 4) KIT (*insulin disposable pump*)	PB	
OMNIPOD DASH PDM (GEN 4) KIT (*insulin disposable pump*)	PB	
OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*)	PB	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR (*insulin disposable pump*)	NF	
OMNIPOD POD PALS (*insulin dispos pmp accessories*)	NF	
one drop test in vitro strip	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	NF	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	NF	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
pharmacist choice no coding in vitro strip	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	NF	
premium blood glucose test in vitro strip	NF	
pro voice v8/v9 glucose in vitro strip	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NF	
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
RELION PRIME TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
SIMPLERA SENSOR (*continuous glucose sensor*)	NF	
SIMPLERA SYSTEM (*continuous glucose sensor*)	NF	
SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
TWIIST REFILL KIT KIT (*insulin disposable pump*)	NF	
TWIIST REFILL KIT/INFUSION SET KIT (*insulin disposable pump*)	NF	
TWIIST STARTER KIT KIT (*insulin disposable pump*)	NF	
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NF	
verasens blood glucose test in vitro strip	NF	
V-GO 20 KIT 20 UNIT/24HR (*insulin disposable pump*)	PB	
V-GO 30 KIT 30 UNIT/24HR (*insulin disposable pump*)	PB	
V-GO 40 KIT 40 UNIT/24HR (*insulin disposable pump*)	PB	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPB	PA
FERTILITY REGULATORS		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	PB	PA
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	NF	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (*chorionic gonadotropin*)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (*vamorolone*)	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NF	
cortisone acetate oral tablet 25 mg	NF	
deflazacort oral suspension 22.75 mg/ml	NF	
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	PB	
dexamethasone oral elixir 0.5 mg/5ml	G	
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NF	
fludrocortisone acetate oral tablet 0.1 mg	G	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NF	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	G	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	PB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	
prednisolone oral solution 15 mg/5ml	G	
prednisolone oral tablet 5 mg	NF	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	G	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (*prednisone*)	PB	
prednisone oral solution 5 mg/5ml	G	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	NF	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	NF	
diazoxide oral suspension 50 mg/ml	G	
glucagon emergency injection kit 1 mg	G	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	NF	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	NF	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	NF	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	NF	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	NF	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	G	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	NF	
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PB	PA
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	PB	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	NF	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG (*somatropin*)	NF	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	NF	
NORDIPEN 5 INJECTION DEVICE (*injection device*)	PB	
NORDIPEN DELIVERY SYSTEM (*injection device*)	PB	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*)	PB	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	NF	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
AQNEURSA ORAL PACKET 1 GM (*levacetylleucine*)	NF	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (*arimoclomol citrate*)	NF	
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	NF	
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PB	PA; QL (56 CAPSULES per 28 days)
miglustat oral capsule 100 mg	G	PA; QL (90 CAPSULES per 30 days)
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NF	
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NF	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (*estradiol-progesterone*)	NPB	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	NF	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	NF	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NPB	PA; AL (Max 70 Years)
estradiol oral tablet 0.5 mg, 2 mg	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
estradiol oral tablet 1 mg	G	PA; AL (Max 70 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	PA; AL (Max 70 Years)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	PA; AL (Max 70 Years)
estradiol vaginal cream 0.1 mg/gm	G	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	G	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	G	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	NPB	PA; AL (Max 70 Years)
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NF	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	NF	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	NF	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (*esterified estrogens*)	NPB	PA; AL (Max 70 Years)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	G	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	G	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	NPB	PA; AL (Max 70 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	NPB	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	NF	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	G	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	NF	
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NF	
betaine oral powder	G	PA
cabergoline oral tablet 0.5 mg	G	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	NF	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	NF	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (*crinecerfont*)	NF	
CRENESSITY ORAL SOLUTION 50 MG/ML (*crinecerfont*)	NF	
CYSTADANE ORAL POWDER (*betaine*)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PB	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NF	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NPB	
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NF	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NF	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NF	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	
methylergonovine maleate oral tablet 0.2 mg	G	
MIFEPREX ORAL TABLET 200 MG (*mifepristone*)	NPB	
mifepristone oral tablet 200 mg	G	
mifepristone oral tablet 300 mg	NF	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	PB	PA; QL (30 VIALS per 30 days)
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	NPB	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
raloxifene hcl oral tablet 60 mg	CE	N7 (G); N8 ($0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (*resmetirom*)	NF	
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NF	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	G	PA
sapropterin dihydrochloride oral tablet 100 mg	G	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPB	PA; QL (60 AMPULES per 30 DAYs)
tolvaptan oral tablet 15 mg, 30 mg	G	PA
VEOZAH ORAL TABLET 45 MG (*fezolinetant*)	NF	
VIJOICE ORAL PACKET 50 MG (*alpelisib*)	NF	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	NF	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NF	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	NF	
calcium acetate (phos binder) oral capsule 667 mg	G	
calcium acetate oral tablet 667 mg	G	
ferric citrate oral tablet 1 gm 210 mg(fe)	NF	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NPB	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NF	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	NF	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	NPB	
XPHOZAH ORAL TABLET 20 MG, 30 MG (*tenapanor hcl (ckd)*)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (*eplontersen sodium*)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60Ml)	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	NF	
sodium polystyrene sulfonate oral powder	G	
sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60Ml)	G	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	G	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	NF	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	NF	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	CE	N7 (G)
norethindrone acetate oral tablet 5 mg	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NPB	STX
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (*thyroid*)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NF	
ERMEZA ORAL SOLUTION 150 MCG/5ML (*levothyroxine sodium*)	NF	
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	NF	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	
methimazole oral tablet 10 mg, 5 mg	G	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NPB	STX
propylthiouracil oral tablet 50 mg	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	PB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	NF	
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	NF	
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*)	NF	
carglumic acid oral tablet soluble 200 mg	G	PA
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (*sodium phenylbutyrate*)	NF	
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	NF	
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NF	
sodium phenylbutyrate oral powder 3 gm/tsp	G	PA; QL (798 G per 30 days)
sodium phenylbutyrate oral tablet 500 mg	G	PA; QL (1200 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	NF	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	NF	
desmopressin ace spray refrig nasal solution 0.01 %	G	
desmopressin acetate nasal solution 1.5 mg/ml	NF	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	G	
desmopressin acetate spray nasal solution 0.01 %	G	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	NF	
VITAMIN D ANALOGS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NF	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NF	
dicyclomine hcl oral capsule 10 mg	G	
dicyclomine hcl oral solution 10 mg/5ml	G	
dicyclomine hcl oral tablet 20 mg	G	
glycopyrrolate oral solution 1 mg/5ml	G	
glycopyrrolate oral tablet 1 mg, 2 mg	G	
glycopyrrolate oral tablet 1.5 mg	NF	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	G	PA; AL (Max 70 Years)
ROBINUL ORAL TABLET 1 MG (*glycopyrrolate*)	NF	
ROBINUL-FORTE ORAL TABLET 2 MG (*glycopyrrolate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	
loperamide hcl oral capsule 2 mg	G	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	NPB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NPB	QL (2 CAPSULES per 28 days)
ANTIVERT ORAL TABLET 50 MG (*meclizine hcl*)	NF	
ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*)	NF	
aprepitant oral capsule 125 mg	G	QL (2 CAPSULES per 28 days)
aprepitant oral capsule 40 mg	G	QL (3 CAPSULES per 180 days)
aprepitant oral capsule 80 & 125 mg	G	QL (2 PACKS per 28 days)
aprepitant oral capsule 80 mg	G	QL (4 CAPSULES per 28 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	NF	
prochlorperazine (Compro Rectal Suppository 25 Mg)	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*)	NF	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	G	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	G	QL (60 CAPSULES per 30 days)
EMEND BIPACK ORAL CAPSULE 80 MG (*aprepitant*)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	NF	
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG (*aprepitant*)	NF	
granisetron hcl oral tablet 1 mg	G	QL (12 TABLETS per 28 days)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (*dronabinol*)	NF	
meclizine hcl oral tablet 12.5 mg, 25 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meclizine hcl oral tablet 50 mg	NF	
metoclopramide hcl oral solution 10 mg/10ml	G	
metoclopramide hcl oral tablet 10 mg, 5 mg	G	
metoclopramide hcl oral tablet dispersible 5 mg	G	
ondansetron hcl oral solution 4 mg/5ml	G	QL (200 ML per 28 days)
ondansetron hcl oral tablet 24 mg	G	QL (2 TABLETS per 28 days)
ondansetron hcl oral tablet 4 mg, 8 mg	G	QL (18 TABLETS per 28 days)
ondansetron oral tablet dispersible 16 mg	NF	
ondansetron oral tablet dispersible 4 mg, 8 mg	G	QL (18 TABLETS per 28 days)
prochlorperazine edisylate injection solution 10 mg/2ml	NF	
prochlorperazine maleate oral tablet 10 mg, 5 mg	G	
prochlorperazine rectal suppository 25 mg	G	
promethazine hcl oral solution 6.25 mg/5ml	G	PA; AL (Max 70 Years)
promethazine hcl oral tablet 12.5 mg, 50 mg	G	PA; AL (Max 70 Years)
promethazine hcl oral tablet 25 mg	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
promethazine hcl rectal suppository 12.5 mg, 25 mg	G	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	QL (2 PATCHES per 28 days)
scopolamine transdermal patch 72 hour 1 mg/3days	G	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NF	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PB	
ZUPLENZ ORAL FILM 8 MG (*ondansetron*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	NF	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	G	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	G	
famotidine oral suspension reconstituted 40 mg/5ml	G	
famotidine oral tablet 20 mg, 40 mg	G	
nizatidine oral capsule 150 mg, 300 mg	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NF	
balsalazide disodium oral capsule 750 mg	G	
budesonide er oral tablet extended release 24 hour 9 mg	G	
budesonide oral capsule delayed release particles 3 mg	G	
budesonide rectal foam 2 mg	NF	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NF	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	NF	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NF	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NPB	
hydrocortisone rectal enema 100 mg/60ml	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NF	
mesalamine er oral capsule extended release 24 hour 0.375 gm	G	
mesalamine er oral capsule extended release 500 mg	NF	
mesalamine oral capsule delayed release 400 mg	G	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	G	
mesalamine rectal enema 4 gm	G	
mesalamine rectal suppository 1000 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine-cleanser rectal kit 4 gm	G	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	NF	
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NF	
sulfasalazine oral tablet 500 mg	G	
sulfasalazine oral tablet delayed release 500 mg	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	NF	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NF	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	NF	
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	PA
lubiprostone oral capsule 24 mcg, 8 mcg	G	PA
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	NF	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	NF	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	NF	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (*sod picosulfate-mag ox-cit acd*)	CE	N7 (PB); N8 ($0 copay for members age 45 through 75, Preferred Brand tier for all others); AL (Min 45 Years and Max 75 Years)
enulose oral solution 10 gm/15ml	G	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	G	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	G	
generlac oral solution 10 gm/15ml	G	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lactulose (Kristalose Oral Packet 10 Gm)	NF	
lactulose oral packet 10 gm	NF	
lactulose oral packet 20 gm	G	
lactulose oral solution 10 gm/15ml	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NF	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	CE	N7 (G); N8 ($0 copay for members age 45 through 75, otherwise preferred generic); AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	G	
peg-3350/electrolytes oral solution reconstituted 236 gm	G	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	N7 (Not Covered); N8 ($0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	CE	N7 (Not Covered); N8 ($0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	CE	N7 (Not Covered); N8 ($0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
polyethylene glycol 3350 oral powder 17 gm/scoop	G	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	CE	N7 (Not Covered); N8 ($0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	N7 (Not Covered); N8 ($0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NF	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NF	
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NF	
cromolyn sodium oral concentrate 100 mg/5ml	G	
CTEXLI ORAL TABLET 250 MG (*chenodiol*)	NF	
EOHILIA ORAL SUSPENSION 2 MG/10ML (*budesonide*)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NF	
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NF	
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	NF	
LIVDELZI ORAL CAPSULE 10 MG (*seladelpar lysine*)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (*maralixibat chloride*)	NF	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	PB	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NF	
prucalopride succinate oral tablet 1 mg, 2 mg	NF	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NPB	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	NPB	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPB	PA; QL (354 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sucralfate oral suspension 1 gm/10ml	NF	
sucralfate oral tablet 1 gm	G	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	NF	
ursodiol oral capsule 200 mg, 400 mg	NF	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	NF	
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	NF	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NF	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	PA
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	NF	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	NF	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	G	QL (90 CAPSULES per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
esomeprazole magnesium oral packet 10 mg	G	QL (90 PACKETS per 365 days); AL (Max 1 Years)
esomeprazole magnesium oral packet 2.5 mg, 5 mg	G	N8 (Covered for age less than 1 year only); QL (90 PACKETS per 365 DAYs); AL (Max 1 Years)
esomeprazole magnesium oral packet 20 mg, 40 mg	G	QL (90 PACKETS per 365 days)
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (*omeprazole-sodium bicarbonate*)	NF	
lansoprazole oral capsule delayed release 15 mg, 30 mg	G	QL (90 CAPSULES per 365 days)
lansoprazole oral tablet delayed release dispersible 30 mg	NF	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (*esomeprazole magnesium*)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NF	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	G	QL (90 CAPSULES per 365 days)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	G	QL (90 PACKETS per 365 days)
pantoprazole sodium oral packet 40 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	G	QL (90 TABLETS per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (*lansoprazole*)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NF	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NF	
rabeprazole sodium oral capsule sprinkle 10 mg	NF	
rabeprazole sodium oral tablet delayed release 20 mg	G	QL (90 TABLETS per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECTAL, CORTICOSTEROIDS		
hydrocortisone (perianal) external cream 1 %, 2.5 %	G	
hydrocortisone ace-pramoxine rectal suppository 25-18 mg	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	NF	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	G	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	G	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	NF	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	NF	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	NF	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*)	NF	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (*amoxicillin-vonoprazan*)	NF	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	NF	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	G	
AVODART ORAL CAPSULE 0.5 MG (*dutasteride*)	NF	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	NPB	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	NF	
finasteride oral tablet 5 mg	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	NF	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	NF	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
silodosin oral capsule 4 mg, 8 mg	G	
tamsulosin hcl oral capsule 0.4 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	N7 (NPB)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	N7 (NPB)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	CE	N7 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	N7 (NPB)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	N7 (NPB)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	N7 (NPB)
ERECTILE DYSFUNCTION		
avanafil oral tablet 100 mg, 200 mg, 50 mg	NF	
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (*tadalafil*)	NF	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NF	
tadalafil oral tablet 10 mg, 20 mg	NF	
tadalafil oral tablet 2.5 mg, 5 mg	G	PA; QL (30 TABLETS per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NF	
MISCELLANEOUS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	G	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NPB	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	NF	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NF	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (*nedosiran sodium*)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (*nedosiran sodium*)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NF	
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NF	
tiopronin oral tablet 100 mg	G	PA
tiopronin oral tablet delayed release 100 mg, 300 mg	NF	
urinary pain relief oral tablet 95 mg	G	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	NF	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	G	
flavoxate hcl oral tablet 100 mg	NF	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NF	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	NF	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	NF	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	PB	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	NF	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	
oxybutynin chloride oral solution 5 mg/5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxybutynin chloride oral tablet 2.5 mg	NF	
oxybutynin chloride oral tablet 5 mg	G	
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
tolterodine tartrate oral tablet 1 mg, 2 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	NF	
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
trospium chloride oral tablet 20 mg	G	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	PB	
clindamycin phosphate vaginal cream 2 %	G	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	NPB	
metronidazole vaginal gel 0.75 %	G	
miconazole 3 vaginal suppository 200 mg	G	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NF	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	NF	
XACIATO VAGINAL GEL 2 % (*clindamycin phosphate*)	NF	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	NF	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
enoxaparin sodium injection solution 300 mg/3ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	G	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (*dalteparin sodium*)	NPB	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	NPB	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	G	
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	G	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	NF	
rivaroxaban oral tablet 2.5 mg	G	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NF	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
BLEEDING DISORDERS AGENTS		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NF	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PB	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	NF	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	PB	PA; QL (2 INJECTIONS per 28 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	PB	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PB	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PB	PA
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-txid*)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	PB	PA; QL (2 INJECTIONS per 28 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PB	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-fpgk*)	NF	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
VAFSEO ORAL TABLET 150 MG, 300 MG (*vadadustat*)	NF	
XOLREMDI ORAL CAPSULE 100 MG (*mavorixafor*)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	NF	
HEMOPHILIA A AGENTS		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (*emicizumab-kxwh*)	NF	
HEMOPHILIA A AND B AGENTS		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML (*concizumab-mtci*)	NF	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*marstacimab-hncq*)	NF	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NF	
aminocaproic acid oral solution 0.25 gm/ml	G	
aminocaproic acid oral tablet 1000 mg, 500 mg	G	
anagrelide hcl oral capsule 0.5 mg, 1 mg	G	
cilostazol oral tablet 100 mg, 50 mg	G	
pentoxifylline er oral tablet extended release 400 mg	G	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*)	NF	
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	NF	
tranexamic acid oral tablet 650 mg	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	NF	
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	NF	
VOYDEYA ORAL TABLET 100 MG (*danicopan*)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (*danicopan*)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	NF	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	G	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	G	PA; AL (Max 70 Years)
EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*)	NF	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
ticagrelor oral tablet 90 mg	NF	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NPB	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NPB	
SICKLE CELL DISEASE		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	PB	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	NF	
l-glutamine oral packet 5 gm	NF	
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (*eltrombopag choline*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET TABLET 20 MG ORAL (*avatrombopag maleate*)	NPB	PA; QL (1 CARTON per 5 Days)
DOPTELET TABLET 20 MG ORAL (*avatrombopag maleate*)	NPB	PA; QL (60 TABLETS per 30 Days)
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	NF	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	NF	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	NF	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	NF	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	NF	
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (*peanut powder-dnfp*)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	NF	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	NF	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	NF	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NF	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	NPB	PA; QL (4 INJECTIONS per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	NPB	PA; QL (4 SYRINGES per 28 days)
adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	NF	
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	NF	
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	NF	
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	PB	PA; QL (4 PENS per 28 DAYs)
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	PB	PA; QL (2 PENS per 28 DAYs)
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml	PB	PA; QL (2 SYRINGES per 28 DAYs)
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	PB	PA; QL (4 SYRINGES per 28 DAYs)
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NF	
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (*adalimumab-atto*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML (*bimekizumab-bkzx*)	NF	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML (*bimekizumab-bkzx*)	NF	
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*)	NF	
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*)	NF	
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	NF	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PB	PA; QL (300 MG per 28 DAYs)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PB	PA; QL (300 MG per 28 DAYs)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PB	PA; QL (1 PEN per 28 DAYs)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	PB	PA; QL (1 SYRINGE per 28 DAYs)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	PB	PA; QL (1 PEN per 28 DAYs)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	NF	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	NF	
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	NF	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (*dupilumab*)	PB	PA; QL (2 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*dupilumab*)	PB	PA; QL (4 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	PB	PA; QL (2 SYRINGES per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	PB	PA; QL (4 SYRINGES per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PB	PA; QL (4 CARTRIDGES per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PB	PA; QL (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*etanercept*)	PB	PA; QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (*etanercept*)	PB	PA; QL (4 SYRINGES per 28 DAYs)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PB	PA; QL (4 SYRINGES per 28 DAYs)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	NF	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	NF	
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	NF	
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adaz*)	PB	PA; QL (4 PENS per 28 DAYs)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	PB	PA; QL (2 PENS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML (*adalimumab-adaz*)	PB	PA; QL (2 SYRINGES per 28 Days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adaz*)	PB	PA; QL (4 SYRINGES per 28 DAYs)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	PB	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 days)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	PB	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 DAYs)
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	PB	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 DAYs)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	PB	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 DAYs)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	NF	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab-aacf*)	NF	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NF	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	NF	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	PB	PA; QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	PB	PA; QL (3 SYRINGES per 28 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mirikizumab-mrkz*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	NF	
OTEZLA ORAL TABLET 20 MG, 30 MG (*apremilast*)	PB	PA; QL (60 TABLETS per 30 DAYs)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (*apremilast*)	PB	PA; QL (55 TABLETS per 28 DAYs)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-ttwe*)	PB	PA; N8 (Listing does not include certain NDCs); QL (1 SYRINGE per 84 DAYs)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-ttwe*)	PB	PA; N8 (Listing does not include certain NDCs); QL (1 SYRINGE per 56 DAYs)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	PB	PA; QL (360 ML per 30 DAYs)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	PB	PA; QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*)	PB	PA; QL (30 TABLETS per 30 DAYs)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	PB	PA; N8 (Use only for induction); QL (1 FILL per 1 INDUCTION PERIOD)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-ryvk*)	NF	
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab-ryvk*)	NF	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-ryvk*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PB	PA; QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (*risankizumab-rzaa*)	PB	PA; QL (1 CARTRIDGE per 56 DAYs)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	PB	PA; QL (1 SYRINGE per 84 days)
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	PB	PA; N8 (Listing does not include certain NDCs); QL (1 VIAL per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*)	PB	PA; N8 (Listing does not include certain NDCs); QL (1 SYRINGE per 84 DAYs)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*)	PB	PA; N8 (Listing does not include certain NDCs); QL (1 SYRINGE per 56 DAYs)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-stba*)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	NF	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (*ixekizumab*)	NF	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	NF	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	NF	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	NF	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (*guselkumab*)	NF	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
ustekinumab subcutaneous solution 45 mg/0.5ml	NF	N8 (Listing does not include certain NDCs)
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	N8 (Listing does not include certain NDCs)
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	NF	
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-auub*)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-auub*)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	NF	
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	NF	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	NF	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*omalizumab*)	PB	PA; QL (8 PENS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*omalizumab*)	PB	PA; QL (4 PENS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	PB	PA; QL (2 PENS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	PB	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*omalizumab*)	PB	PA; QL (4 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	PB	PA; QL (2 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PB	PA; QL (8 VIALS per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-kfce*)	PB	PA; QL (1 VIAL per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-kfce*)	PB	PA; QL (1 SYRINGE per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-kfce*)	PB	PA; QL (1 SYRINGE per 56 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-aaty*)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate oral tablet 200 mg	G	
leflunomide oral tablet 10 mg, 20 mg	G	
methotrexate sodium oral tablet 2.5 mg	CE	N7 (G)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (*methotrexate (anti-rheumatic)*)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	NF	
SOVUNA ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	NF	
HEREDITARY ANGIOEDEMA		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPB	PA; QL (20 VIALS per 30 DAYs)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	G	PA; QL (45 SYRINGES per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*lanadelumab-flyo*)	NF	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML (*immune globulin (human)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NF	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NF	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML (*immune globulin (human)*)	NF	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (*rabies immune globulin*)	NF	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	PB	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	NF	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (*interferon gamma-1b*)	NPB	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	PB	PA; QL (8 VIALS per 28 DAYs)
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	NF	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NF	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	G	
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	NF	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	NF	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NF	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	G	
IMURAN ORAL TABLET 50 MG (*azathioprine*)	NF	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	NF	
mycophenolate mofetil oral capsule 250 mg	G	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	G	
mycophenolate mofetil oral tablet 500 mg	G	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	NF	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (*mycophenolate mofetil*)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	NF	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	NF	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	NF	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*sirolimus*)	NF	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	NF	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	NF	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	NPB	
sirolimus oral solution 1 mg/ml	G	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	NF	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	G	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
potassium chloride (Klor-Con Oral Packet 20 Meq)	NF	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	NF	
POKONZA ORAL PACKET 10 MEQ (*potassium chloride*)	NF	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	G	
potassium chloride er oral capsule extended release 10 meq, 8 meq	G	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	G	
potassium chloride oral solution 10 %, 40 meq/15ml (20%)	G	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	G	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet chewable 2.2 (1 f) mg	G	
SOLUVITA ORAL SOLUTION 0.5 MG/ML (*sodium fluoride*)	CE	N7 (Not Covered); N8 ($0 applies for ages 5 and under, otherwise not covered); AL (Max 5 Years)
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*)	NF	
azesco oral tablet 13-1 mg	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	NF	
complete natal dha oral 29-1-200 & 200 mg	NF	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	NF	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	G	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
jenliva prenatal/postnatal oral capsule 1 mg	NF	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
natal pnv oral tablet 6-0.5 mg	NF	
NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NF	
neo-vital rx oral tablet 1 mg	NF	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NF	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
OBSTETRIX DHA ORAL 29-1 & 350 MG (*prenatal mv-min-fe cbn-fa-dha*)	NF	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	NF	
pnv tabs 20-1 oral tablet 20-1 mg	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
pnv-dha+docusate oral capsule 27-1.25-300 mg	NF	
pnv-omega oral capsule 28-0.6-0.4-340 mg	NF	
pregen dha oral capsule 28-1-35 mg	NF	
pregenna oral tablet 20-1 mg	NF	
prena1 oral tablet chewable 1.4 mg	NF	
prenatal 19 oral tablet chewable 29-1 mg	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	NF	
PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATOL-M ORAL TABLET 27-1.2 MG (*prenatal vit-fe fumarate-fa*)	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
relnate dha oral capsule 28-1-200 mg	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*)	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	
thrivite rx oral tablet 29-1 mg	NF	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	NF	
VITATRUE ORAL 30-1.4 & 300 MG (*prenat-fechel-fa-dha w/o vit a*)	NF	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
ziphex oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	NF	
cyanocobalamin injection solution 1000 mcg/ml	G	
cyanocobalamin nasal solution 500 mcg/0.1ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
d3 + k2 oral capsule 125-100 mcg	NF	
DECARA K ORAL CAPSULE 1250-200 MCG (*vitamin d-vitamin k*)	NF	
b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	NF	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	NF	
folic acid oral capsule 0.8 mg	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYs); AL (Max 55 Years)
folic acid oral tablet 1 mg	G	
folic acid oral tablet 400 mcg, 800 mcg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NF	
nicotinamide oral tablet 750-27-2-0.5 mg	NF	
phytonadione oral tablet 5 mg	G	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	NF	
reno caps oral capsule 1 mg	G	
vitamin d (ergocalciferol) oral capsule 50000 unit	G	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	NPB	
azelastine hcl ophthalmic solution 0.05 %	G	
bepotastine besilate ophthalmic solution 1.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NF	
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
olopatadine hcl ophthalmic solution 0.2 %	G	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	NPB	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 % (*timolol hemihydrate*)	NPB	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	PB	
carteolol hcl ophthalmic solution 1 %	G	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NF	
levobunolol hcl ophthalmic solution 0.5 %	G	
timolol hemihydrate ophthalmic solution 0.5 %	G	
timolol maleate (once-daily) ophthalmic solution 0.5 %	G	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	NF	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	G	
timolol maleate pf ophthalmic solution 0.25 %	NF	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NF	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	G	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	G	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NF	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	G	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	PB	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	PB	
bacitracin ophthalmic ointment 500 unit/gm	G	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	NPB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NF	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ointment 5 mg/gm ophthalmic	NF	
erythromycin ointment 5 mg/gm ophthalmic	G	
gatifloxacin ophthalmic solution 0.5 %	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levofloxacin ophthalmic solution 0.5 %	G	
levofloxacin ophthalmic solution 1.5 %	NF	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	G	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	PB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
ofloxacin ophthalmic solution 0.3 %	G	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
sulfacetamide sodium ophthalmic ointment 10 %	G	
sulfacetamide sodium ophthalmic solution 10 %	G	
tobramycin ophthalmic solution 0.3 %	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	NF	
trifluridine ophthalmic solution 1 %	G	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	NF	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	NF	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	PB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NF	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	NF	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NF	
clobetasol propionate ophthalmic suspension 0.05 %	NF	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
diclofenac sodium ophthalmic solution 0.1 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
difluprednate ophthalmic emulsion 0.05 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	NF	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	NF	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NF	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NF	
loteprednol etabonate ophthalmic gel 0.5 %	NF	
loteprednol etabonate ophthalmic suspension 0.2 %	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	PB	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	NF	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone sodium phosphate ophthalmic solution 1 %	PB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NF	
brinzolamide ophthalmic suspension 1 %	G	
dorzolamide hcl ophthalmic solution 2 %	G	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NF	
cyclosporine emulsion 0.05 % ophthalmic	G	PA; QL (1 MULTI-USE VIAL per 28 DAYs)
cyclosporine emulsion 0.05 % ophthalmic	G	PA; QL (60 SINGLE USE VIALS per 30 Days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NF	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NF	
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	NF	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	NF	
MISCELLANEOUS		
atropine sulfate solution 1 % ophthalmic	G	
atropine sulfate solution 1 % ophthalmic	NF	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (*cyclopentolate hcl*)	NF	
cyclopentolate hcl ophthalmic solution 1 %	NF	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPB	PA; QL (4 BOTTLES per 28 DAYs)
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	NF	
LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*)	NPB	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	NF	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (*echothiophate iodide*)	NPB	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
proparacaine hcl ophthalmic solution 0.5 %	G	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	NF	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
bimatoprost ophthalmic solution 0.03 %	NF	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NF	
latanoprost ophthalmic solution 0.005 %	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	PB	PA
tafluprost (pf) ophthalmic solution 0.0015 %	G	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NF	
travoprost (bak free) ophthalmic solution 0.004 %	G	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NF	
XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	NF	
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	NF	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (*brimonidine tartrate*)	NF	
apraclonidine hcl ophthalmic solution 0.5 %	G	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	NPB	
OTHER		
IRRIGATION SOLUTIONS		
irrigation solns physiological (Physiolyte Irrigation Solution)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
irrigation solns physiological (Physiosol Irrigation Irrigation Solution)	G	
RINGERS IRRIGATION IRRIGATION SOLUTION	NPB	
sterile water for irrigation irrigation solution	NF	
ringers irrigation (Tis-U-Sol Irrigation Solution)	NPB	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	NF	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	QL (4 AUTO-INJECTORS per 30 DAYs)
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	NF	
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (*epinephrine*)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	NPB	QL (1 PACKAGE per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	NPB	QL (1 PACKAGE per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NF	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	G	QL (6 BOXES per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	NF	
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	G	QL (1 PACKAGE per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	NF	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	PB	QL (1 PACKAGE per 30 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	NF	
ipratropium bromide inhalation solution 0.02 %	G	QL (5 BOXES per 30 days)
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	NF	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	QL (1 PACKAGE per 30 days)
tiotropium bromide monohydrate inhalation capsule 18 mcg	G	QL (1 PACKAGE per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	NF	
ANTIHISTAMINE COMBINATIONS		
azelastine-fluticasone nasal suspension 137-50 mcg/act	G	QL (1 PACKAGE per 30 DAYs)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	NF	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal solution 0.1 %, 0.15 %	G	QL (2 BOTTLES per 30 days)
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbinoxamine maleate oral solution 4 mg/5ml	G	
carbinoxamine maleate oral tablet 4 mg	G	
carbinoxamine maleate oral tablet 6 mg	NF	
clemastine fumarate oral syrup 0.67 mg/5ml	NF	
CLEMASZ ORAL TABLET 2.68 MG (*clemastine fumarate*)	G	PA; N8 (High Risk Medications require PA for members age 70 and older); AL (Max 70 Years)
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet 4 mg	G	
desloratadine oral tablet 5 mg	G	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	G	
diphenhydramine hcl oral elixir 12.5 mg/5ml	G	PA; AL (Max 70 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	G	PA; AL (Max 70 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	PA; AL (Max 70 Years)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	PA; AL (Max 70 Years)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NF	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	G	
levocetirizine dihydrochloride oral tablet 5 mg	G	
olopatadine hcl nasal solution 0.6 %	G	QL (1 CONTAINER per 30 days)
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	G	PA; AL (Max 70 Years)
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	NF	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	QL (2 INHALERS per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	G	QL (5 BOXES per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	NF	
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	QL (60 ML per 30 days)
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	G	QL (60 VIALS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	NF	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	G	QL (60 VIALS per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	G	QL (300 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	G	QL (45 ML per 30 days)
levalbuterol tartrate inhalation aerosol 45 mcg/act	G	QL (2 INHALERS per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	NPB	QL (1 PACKAGE per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	QL (1 PACKAGE per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	
COLD/COUGH		
benzonatate oral capsule 100 mg, 200 mg	G	
benzonatate oral capsule 150 mg	NF	
guaifenesin-codeine oral solution 100-10 mg/5ml	G	N8 (Limited to 7 day supply per month); QL (60 ML per 1 DAY)
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	NF	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	G	N8 (Limited to 7 day supply per month); QL (10 ML per 1 Day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	G	N8 (Limited to 7 day supply per month); QL (30 ML per 1 day)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	G	N8 (Limited to 7 day supply per month); QL (6 TABLETS per 1 DAY)
hydromet oral solution 5-1.5 mg/5ml	G	N8 (Limited to 7 day supply per month); QL (30 ML per 1 DAY)
promethazine-codeine oral solution 6.25-10 mg/5ml	G	N8 (Limited to 7 day supply per month); QL (30 ML per 1 DAY)
promethazine-dm oral syrup 6.25-15 mg/5ml	G	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	G	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	G	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NF	
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	PB	PA; QL (84 VIALS per 28 DAYs)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (*ivacaftor*)	NF	
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	NF	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*)	NF	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	NF	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	NF	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	NF	
tobramycin inhalation nebulization solution 300 mg/4ml	G	PA; QL (224 ML per 28 DAYs)
tobramycin inhalation nebulization solution 300 mg/5ml	G	PA; QL (280 ML per 28 DAYs)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	PB	PA; QL (84 TABLETS per 28 DAYs)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	PB	PA; QL (56 PACKETS per 28 days)
LEUKOTRIENE MODIFIERS		
zileuton er oral tablet extended release 12 hour 600 mg	G	
ZYFLO ORAL TABLET 600 MG (*zileuton*)	NF	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium oral packet 4 mg	G	
montelukast sodium oral tablet 10 mg	G	
montelukast sodium oral tablet chewable 4 mg, 5 mg	G	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NF	
zafirlukast oral tablet 10 mg, 20 mg	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	QL (2 BOXES per 30 days)
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	NF	
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (*ensifentrine*)	NF	
roflumilast oral tablet 250 mcg, 500 mcg	G	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	G	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal solution 25 mcg/act (0.025%)	G	QL (3 CONTAINERS per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	G	QL (1 CONTAINER per 30 days)
mometasone furoate nasal suspension 50 mcg/act	G	QL (2 PACKAGES per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NPB	QL (1 PACKAGE per 30 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
triamcinolone acetonide nasal aerosol 55 mcg/act	G	QL (1 PACKAGE per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NF	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	NPB	PA; QL (60 CAPSULES per 30 DAYs)
pirfenidone oral capsule 267 mg	G	PA; QL (270 CAPSULES per 30 DAYs)
pirfenidone oral tablet 267 mg	G	PA; QL (270 TABLETS per 30 DAYs)
pirfenidone oral tablet 534 mg	NF	
pirfenidone oral tablet 801 mg	G	PA; QL (90 TABLETS per 30 DAYs)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLUS FLOW VU (*spacer/aero-holding chambers*)	PB	
CLEVER CHOICE HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	PB	
FLEXICHAMBER CHILD MASK/SMALL (*spacer/aero-hold chamber mask*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC PANDA MASK (*spacer/aero-hold chamber mask*)	PB	
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	NF	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*benralizumab*)	NF	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	NF	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	NPB	QL (1 PACKAGE per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NPB	QL (1 PACKAGE per 30 Days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (*mometasone furoate*)	NPB	QL (2 PACKAGES per 30 Days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NPB	QL (4 PACKAGES per 30 Days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NPB	QL (2 PACKAGES per 30 Days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	NPB	QL (1 PACKAGE per 30 DAYs)
budesonide inhalation suspension 0.25 mg/2ml	G	QL (3 BOXES per 30 days)
budesonide inhalation suspension 0.5 mg/2ml	G	QL (2 BOXES per 30 days)
budesonide inhalation suspension 1 mg/2ml	G	QL (1 BOX per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	NF	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	QL (2 PACKAGES per 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	QL (1 PACKAGE per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	G	N8 (Listing does not include certain NDCs); QL (3 PACKAGES per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NF	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	G	QL (1 PACKAGE per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	G	QL (1 PACKAGE per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	NF	
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NF	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral elixir 80 mg/15ml	G	
theophylline oral solution 80 mg/15ml	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NF	
ACZONE EXTERNAL GEL 5 %, 7.5 % (*dapsone*)	NF	
adapalene external cream 0.1 %	G	PA; QL (45 G per 28 days); AL (Max 35 Years)
adapalene external gel 0.1 %, 0.3 %	G	PA; QL (45 G per 28 days); AL (Max 35 Years)
adapalene external pad 0.1 %	NF	
adapalene external solution 0.1 %	NF	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	G	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	NF	
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NF	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	NF	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NF	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NF	
BENZAC AC WASH EXTERNAL LIQUID 5 % (*benzoyl peroxide*)	NF	
BENZEPRO EXTERNAL LIQUID 6.8 % (*benzoyl peroxide*)	NF	
benzoyl peroxide-erythromycin external gel 5-3 %	G	QL (47 G per 30 days)
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	NF	
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	NF	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	NF	
clindamycin phos (twice-daily) external gel 1 %	G	QL (75 G per 30 days)
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NF	
clindamycin phos-benzoyl perox external gel 1.2-5 %	G	QL (45 G per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	G	QL (50 G per 30 days)
clindamycin phosphate external foam 1 %	G	
clindamycin phosphate external lotion 1 %	G	QL (60 ML per 30 DAYs)
clindamycin phosphate external solution 1 %	G	QL (60 ML per 30 DAYs)
clindamycin phosphate external swab 1 %	G	
clindamycin-tretinoin external gel 1.2-0.025 %	NF	
dapsone external gel 5 %, 7.5 %	G	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	NF	
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	NF	
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	NF	
ery external pad 2 %	G	
ERYGEL EXTERNAL GEL 2 % (*erythromycin*)	NF	
erythromycin external gel 2 %	G	QL (60 G per 30 days)
erythromycin external solution 2 %	G	QL (60 ML per 30 DAYs)
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NF	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin oral capsule 25 mg, 35 mg	NF	
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	NF	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (*benzoyl peroxide*)	NF	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (*benzoyl peroxide*)	NF	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	NF	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	NF	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NF	
sulfacetamide sodium (acne) external lotion 10 %	G	
tazarotene external foam 0.1 %	NF	
tretinoin external cream 0.025 %	G	PA; N8 (PA applies for members age 35 and older); AL (Max 35 Years)
tretinoin external cream 0.05 %, 0.1 %	G	PA; AL (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	G	PA; AL (Max 35 Years)
tretinoin microsphere external gel 0.1 %	G	PA; AL (Max 35 Years)
tretinoin microsphere pump external gel 0.04 %	G	PA; AL (Max 35 Years)
tretinoin microsphere pump external gel 0.08 %	NF	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	NF	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	NF	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil external cream 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	
imiquimod pump external cream 3.75 %	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NF	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NF	
KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NF	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (*imiquimod*)	NF	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (*retapamulin*)	NPB	
gentamicin sulfate external cream 0.1 %	G	
gentamicin sulfate external ointment 0.1 %	G	
mafenide acetate external packet 5 %	G	
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	G	QL (30 G per 30 days)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NF	
silver sulfadiazine external cream 1 %	G	
silver sulfadiazine (Ssd External Cream 1 %)	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	NPB	
XEPI EXTERNAL CREAM 1 % (*ozenoxacin*)	NPB	PA; QL (30 G per 30 days)
DERMATOLOGY, ANTIFUNGALS		
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 % (*miconazole nitrate*)	NF	
ciclopirox external gel 0.77 %	G	QL (120 G per 30 days)
ciclopirox external shampoo 1 %	G	QL (120 ML per 30 days)
ciclopirox external solution 8 %	NF	
ciclopirox olamine external cream 0.77 %	G	QL (120 G per 30 days)
ciclopirox olamine external suspension 0.77 %	G	QL (120 ML per 30 DAYs)
clotrimazole external cream 1 %	G	QL (120 G per 30 days)
clotrimazole external solution 1 %	G	QL (120 ML per 30 DAYs)
clotrimazole-betamethasone external cream 1-0.05 %	G	QL (60 G per 30 days)
clotrimazole-betamethasone external lotion 1-0.05 %	G	QL (60 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
econazole nitrate external cream 1 %	G	QL (60 G per 30 days)
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	NF	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NPB	QL (60 G per 30 days)
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NF	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NF	
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	NF	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NF	
ketoconazole external cream 2 %	G	QL (120 G per 30 days)
ketoconazole external foam 2 %	NF	
luliconazole external cream 1 %	G	QL (60 G per 30 days)
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NF	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	NF	
naftifine hcl external cream 1 %, 2 %	G	QL (60 G per 30 days)
naftifine hcl external gel 2 %	NF	
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	NF	
nystatin (Nyamyc External Powder 100000 Unit/Gm)	G	QL (120 G per 30 days)
nystatin external cream 100000 unit/gm	G	QL (120 G per 30 days)
nystatin external ointment 100000 unit/gm	G	QL (120 G per 30 days)
nystatin external powder 100000 unit/gm	G	QL (120 G per 30 days)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	QL (60 G per 30 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	QL (60 G per 30 days)
nystatin (Nystop External Powder 100000 Unit/Gm)	G	QL (120 G per 30 days)
oxiconazole nitrate external cream 1 %	G	QL (60 G per 30 days)
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NF	
sulconazole nitrate external cream 1 %	G	QL (60 G per 30 days)
sulconazole nitrate external solution 1 %	G	QL (60 ML per 30 DAYs)
tavaborole external solution 5 %	NF	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (*miconazole nitrate*)	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NF	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	G	PA; QL (45 G per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NF	
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NF	
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	
calcipotriene external cream 0.005 %	NF	
calcipotriene external ointment 0.005 %	NF	
calcipotriene external solution 0.005 %	G	PA; QL (60 ML per 30 days)
calcipotriene-betameth diprop external ointment 0.005-0.064 %	G	PA; QL (60 G per 30 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
calcitriol external ointment 3 mcg/gm	G	PA; QL (100 G per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
methoxsalen rapid oral capsule 10 mg	G	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*spesolimab-sbzo*)	NF	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
tazarotene external cream 0.05 %, 0.1 %	G	PA
tazarotene external gel 0.05 %, 0.1 %	G	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	NF	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	G	QL (120 ML per 30 DAYs)
selenium sulfide external lotion 2.5 %	G	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*tralokinumab-ldrm*)	NF	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	NF	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (*lebrikizumab-lbkz*)	NF	
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (*lebrikizumab-lbkz*)	NF	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	NPB	PA; QL (60 G per 30 days)
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	NF	
pimecrolimus external cream 1 %	G	PA
tacrolimus external ointment 0.03 %, 0.1 %	G	
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 % (*roflumilast*)	NF	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast*)	NF	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort external cream 1 %	G	QL (120 G per 30 days)
alclometasone dipropionate external cream 0.05 %	G	QL (120 G per 30 days)
alclometasone dipropionate external ointment 0.05 %	G	QL (120 G per 30 days)
amcinonide external cream 0.1 %	NF	
amcinonide external lotion 0.1 %	G	QL (120 ML per 30 DAYs)
amcinonide external ointment 0.1 %	G	QL (120 G per 30 days)
betamethasone dipropionate aug external cream 0.05 %	G	QL (120 G per 30 days)
betamethasone dipropionate aug external gel 0.05 %	G	QL (120 G per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	G	QL (120 ML per 30 DAYs)
betamethasone dipropionate aug external ointment 0.05 %	G	QL (120 G per 30 days)
betamethasone dipropionate external cream 0.05 %	G	QL (120 G per 30 days)
betamethasone dipropionate external lotion 0.05 %	G	QL (120 ML per 30 DAYs)
betamethasone dipropionate external ointment 0.05 %	NF	
betamethasone valerate external cream 0.1 %	G	QL (120 G per 30 days)
betamethasone valerate external foam 0.12 %	G	QL (120 G per 30 days)
betamethasone valerate external lotion 0.1 %	G	QL (120 ML per 30 DAYs)
betamethasone valerate external ointment 0.1 %	G	QL (120 G per 30 days)
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	NF	
clobetasol propionate e external cream 0.05 %	G	QL (120 G per 30 days)
clobetasol propionate emulsion external foam 0.05 %	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate external cream 0.025 %	NF	
clobetasol propionate external cream 0.05 %	G	QL (120 G per 30 days)
clobetasol propionate external foam 0.05 %	G	QL (120 G per 30 days)
clobetasol propionate external gel 0.05 %	G	QL (120 G per 30 days)
clobetasol propionate external liquid 0.05 %	G	QL (120 ML per 30 days)
clobetasol propionate external lotion 0.05 %	G	QL (120 ML per 30 DAYs)
clobetasol propionate external ointment 0.05 %	G	QL (120 G per 30 days)
clobetasol propionate external shampoo 0.05 %	G	QL (120 ML per 30 DAYs)
clobetasol propionate external solution 0.05 %	G	QL (120 ML per 30 DAYs)
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	NF	
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	NF	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	G	QL (120 G per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NF	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NF	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NF	
desonide external cream 0.05 %	G	QL (120 G per 30 days)
desonide external gel 0.05 %	NF	
desonide external lotion 0.05 %	G	QL (120 ML per 30 days)
desonide external ointment 0.05 %	G	QL (120 G per 30 days)
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	NF	
desoximetasone external cream 0.05 %, 0.25 %	G	QL (120 G per 30 days)
desoximetasone external gel 0.05 %	G	QL (120 G per 30 days)
desoximetasone external liquid 0.25 %	G	QL (120 ML per 30 DAYs)
desoximetasone external ointment 0.05 %	NF	
desoximetasone external ointment 0.25 %	G	QL (120 G per 30 days)
diflorasone diacetate external cream 0.05 %	G	QL (120 G per 30 days)
diflorasone diacetate external ointment 0.05 %	G	QL (120 G per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	NF	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	NF	
fluocinolone acetonide body external oil 0.01 %	G	QL (120 ML per 30 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	G	QL (120 G per 30 days)
fluocinolone acetonide external ointment 0.025 %	G	QL (120 G per 30 days)
fluocinolone acetonide external solution 0.01 %	G	QL (120 ML per 30 DAYs)
fluocinolone acetonide scalp external oil 0.01 %	G	QL (120 ML per 30 DAYs)
fluocinonide emulsified base external cream 0.05 %	G	QL (120 G per 30 days)
fluocinonide external cream 0.05 %	G	QL (120 G per 30 days)
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	G	QL (120 G per 30 days)
fluocinonide external ointment 0.05 %	G	QL (120 G per 30 days)
fluocinonide external solution 0.05 %	G	QL (120 ML per 30 days)
flurandrenolide external cream 0.05 %	NF	
flurandrenolide external lotion 0.05 %	NF	
fluticasone propionate external cream 0.05 %	G	QL (120 G per 30 days)
fluticasone propionate external lotion 0.05 %	G	QL (120 ML per 30 days)
fluticasone propionate external ointment 0.005 %	G	QL (120 G per 30 days)
halcinonide external cream 0.1 %	NF	
halcinonide external solution 0.1 %	NF	
halobetasol propionate external cream 0.05 %	G	QL (120 G per 30 days)
halobetasol propionate external foam 0.05 %	NF	
halobetasol propionate external ointment 0.05 %	G	QL (120 G per 30 days)
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NF	
hydrocortisone butyr lipo base external cream 0.1 %	NF	
hydrocortisone butyrate external cream 0.1 %	G	QL (120 G per 30 days)
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	G	QL (120 G per 30 days)
hydrocortisone butyrate external solution 0.1 %	G	QL (120 ML per 30 DAYs)
hydrocortisone external cream 1 %, 2.5 %	G	QL (120 G per 30 days)
hydrocortisone external lotion 2.5 %	G	QL (120 ML per 30 DAYs)
hydrocortisone external ointment 2.5 %	G	QL (120 G per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone external solution 2.5 %	NF	
hydrocortisone valerate external cream 0.2 %	G	QL (120 G per 30 days)
hydrocortisone valerate external ointment 0.2 %	G	QL (120 G per 30 days)
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NF	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	NF	
mometasone furoate external cream 0.1 %	G	QL (120 G per 30 days)
mometasone furoate external ointment 0.1 %	G	QL (120 G per 30 days)
mometasone furoate external solution 0.1 %	G	QL (120 ML per 30 DAYs)
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	NF	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	NF	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NF	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NF	
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NF	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	NF	
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NF	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	NF	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	NF	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	QL (120 G per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	QL (120 ML per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	QL (120 G per 30 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NF	
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine external ointment 5 %	G	QL (50 G per 30 days)
lidocaine external patch 5 %	G	PA; QL (90 PATCHES per 30 DAYs)
lidocaine hcl external solution 4 %	G	QL (50 ML per 30 DAYs)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	G	QL (60 ML per 30 DAYs)
lidocaine-prilocaine external cream 2.5-2.5 %	G	QL (30 G per 30 days)
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NF	
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (*lidocaine hcl & post-op system*)	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir external cream 5 %	G	
acyclovir external ointment 5 %	NF	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NPB	
ammonium lactate external cream 12 %	G	
ammonium lactate external lotion 12 %	G	
bexarotene external gel 1 %	G	PA
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	NF	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NF	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NF	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (*nemolizumab-ilto*)	NF	
nitroglycerin rectal ointment 0.4 %	G	
penciclovir external cream 1 %	G	
podofilox external gel 0.5 %	G	
podofilox external solution 0.5 %	G	
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	NF	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	NF	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NF	
SOFDRA EXTERNAL GEL 12.45 % (*sofpironium bromide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NF	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
VOLTAREN EXTERNAL GEL 1 % (*diclofenac sodium*)	G	QL (300 G per 30 days)
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NF	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	
brimonidine tartrate external gel 0.33 %	G	PA
doxycycline oral capsule delayed release 40 mg	NF	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*minocycline hcl micronized*)	NF	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
ivermectin external cream 1 %	G	PA
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	NF	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*)	NF	
metronidazole external cream 0.75 %	G	QL (60 G per 30 days)
metronidazole external gel 0.75 %, 1 %	G	QL (60 G per 30 days)
metronidazole external lotion 0.75 %	G	QL (60 ML per 30 DAYs)
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NF	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	NF	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	NF	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	
cvs ivermectin lice treatment external lotion 0.5 %	G	
cvs lice treatment external liquid 1 %	G	
ELIMITE EXTERNAL CREAM 5 % (*permethrin*)	NF	
lindane external shampoo 1 %	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
malathion external lotion 0.5 %	G	
NATROBA EXTERNAL SUSPENSION 0.9 % (*spinosad*)	NF	
permethrin external cream 5 %	G	
SKLICE EXTERNAL LOTION 0.5 % (*ivermectin*)	PB	
spinosad external suspension 0.9 %	G	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation solution 0.25 %	G	
FILSUVEZ EXTERNAL GEL 10 % (*birch triterpenes*)	NF	
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NPB	PA; QL (30 G per 30 days)
sodium chloride irrigation solution 0.9 %	G	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	
clotrimazole mouth/throat troche 10 mg	G	QL (90 LOZENGES per 30 DAYs)
lidocaine hcl mouth/throat solution 4 %	G	
lidocaine viscous hcl mouth/throat solution 2 %	G	
nystatin mouth/throat suspension 100000 unit/ml	G	
nystatin suspension 100000 unit/ml mouth/throat	G	
nystatin suspension 100000 unit/ml mouth/throat	NF	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	G	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NPB	QL (14 TABLETS per 30 DAYs)
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	G	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	G	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	NF	
ciprofloxacin hcl otic solution 0.2 %	G	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	G	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	NPB	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 1 %	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NF	

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