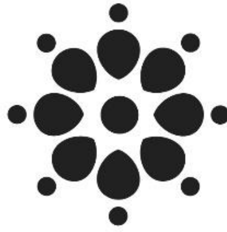

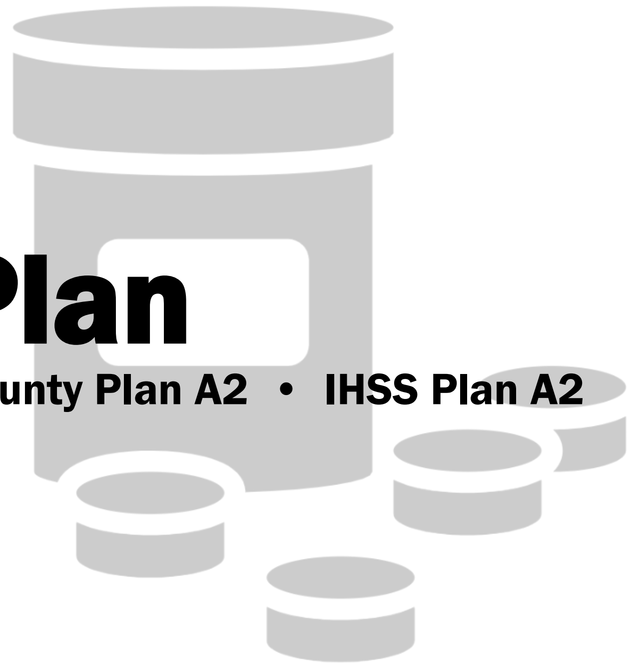

Commercial Plan

County Plan A • County Plan B • County Plan A2 • IHSS Plan A2

Formulary

Formulario

Contra Costa Health Plan (CCHP)

February **2026**

Febrero 2026

595 Center Avenue, Suite 100 ● Martinez, California 94553 ● 1-877-661-6230
www.contracostahealthplan.org

- The CCHP formulary is subject to change. For the most up-to-date formulary, use the interactive formulary search tool at cchealth.org/CCHPrx
- For plan-specific coverage information, including cost sharing information, review your Member Handbook / Evidence of Coverage (EOC) at cchealth.org/CCHPmaterials

- El formulario de CCHP está sujeto a cambios. Para obtener el formulario más actualizado, utilice la herramienta de búsqueda de formulario interactiva en cchealth.org/CCHPrx-es
- Para obtener información de cobertura específica del plan, incluida información de costos compartidos, revise su Manual para Miembros / Evidencia de Cobertura (EOC) en cchealth.org/CCHPmateriales

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Frequently Asked Questions

What is the CCHP formulary?

The CCHP formulary (also known as the CCHP preferred drug list, or PDL) includes drugs used to treat common diseases or health problems. This formulary applies only to outpatient drugs and self-administered drugs – it does not apply to medications used in the inpatient setting or in medical offices.

The formulary is a continually reviewed and revised list of preferred medications based on safety, efficacy, and cost-effectiveness. It is updated on a monthly basis and is effective the first of every month. Updates are based on input from a team of doctors and pharmacists that meet regularly to decide which drugs should be included. These updates may include, but are not limited to the following: (i) removal or addition of drugs and/or dosage forms. (ii) changes in tier placement of a drug (iii) changes to utilization management restrictions (such as quantity limits, step therapy, etc.). Updated documents are available online at: https://www.cchealth.org.

How do I use the CCHP formulary?

The list of formulary drugs begins on Page 1. To locate a drug on the formulary, simply look for the name of the drug in the index at the end of this booklet - the index lists all of the drugs on the formulary, including brand name and generic name. Once you have located the name of the drug in the index, you will see the page number where you can find more information about your drug listed next to it.

Instead of using the index, the formulary can also be searched by using ctrl+F to find a specific medication by brand name, generic name, or therapeutic class.

A mobile-enabled version of the CCHP formulary is also available using the ePocrates application. After you have downloaded the application to your mobile device, simply choose the “Contra Costa Health Plan-Commercial” formulary to display the formulary status of drugs within the application. If you have any questions about the installation or use of the Epocrates application, please contact Epocrates Customer Support at (800)230-2150 or goldsupport@epocrates.com.

The presence of a prescription drug on the CCHP formulary does not guarantee that a member will be prescribed that medication by his or her prescribing provider for a particular medical condition. The absence of a drug on the CCHP means that the drug

is not on the formulary, and will require prior authorization to be covered (specific information about the CCHP prior authorization process is located below in the section titled “What if the drug that I need isn’t listed on the CCHP formulary?”)

How are drugs listed on the formulary?

Drugs are listed alphabetically by brand and generic name within the therapeutic category and class to which they belong. Brand name drugs will appear in all CAPITAL letters, with the generic name listed in parentheses after the brand name in all ***bold and italicized lowercase letters***. If a generic drug is available, it will be listed separately from the brand name drug, and will always be listed in ***bold and italicized lowercase letters***. If a generic equivalent of a brand name drug is not available, then the generic drug will not be listed separately from the brand name drug. In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

An example listing from the CCHP formulary is below:

Therapeutic Class **Drug Tier**

Insulins - Drugs For Diabetes		
LANTUS SOLOSTAR U-100 INSULIN (***insulin glargine***)	T2	QL (30mL per 30 days)

Brand Name **Generic Name** **Coverage Limits**

What if the drug that I need isn’t listed on the CCHP formulary?

If your drug isn’t listed on the CCHP formulary you can ask your doctor if there is a different drug on the formulary that will work the same way. If your doctor decides that you need a drug that is not on the formulary, they can ask CCHP to make an exception through the prior authorization process. All prior authorization requests will be evaluated by a health plan clinician (pharmacist or medical doctor) based upon CCHP prior authorization criteria that is approved by the CCHP Pharmacy and Therapeutics (P&T) committee. In instances where specific criteria do not exist, FDA indications, peer reviewed literature, other plan criteria, national treatment guidelines (such as IDSA, NCCN, AACE, etc.), and other medical compendia will be used for evaluation. Exceptions can be made for a variety of different reasons:

- Your doctor can ask CCHP to cover a drug that is listed on the formulary as requiring a prior authorization (PA): these drugs require approval prior to being dispensed at a network pharmacy. Each request will be reviewed by a health plan clinician, and if the request does not meet the guidelines established by the plan it will not be approved, and alternative therapy may be recommended.

- Your doctor can ask CCHP to cover a drug that isn't listed on the formulary: any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists and if there isn't an alternate agent on the formulary.
- Your doctor can ask CCHP to make an exception to limits on a drug. For example, if a drug has a limit of 1 tablet per day, your doctor can ask us to cover more. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists without compromising safety.
- Your doctor can ask CCHP to make an exception to Step Therapy (ST) requirements: these drugs require one or more first step drugs to be tried before progressing to the second step drug (for example, if Drug A and Drug B both treat your health condition, CCHP may not cover Drug B unless you try Drug A first). If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to CCHP, you will not have to try the preferred drugs again. Your doctor can simply request an approval through the plan for continuation of therapy.

To start the CCHP prior authorization process or to ask for an exception, your doctor must fax a prior authorization request to CCHP at **1-866-428-7369** for urgent requests, or **1-866-205-8014** for standard requests. Your doctor may also be able to submit the request electronically to CCHP using the electronic medical record. If the request is approved, you will be able to get your medication filled at a pharmacy that works with CCHP. If we deny the request we will send you and your doctor a letter and will tell you how to file an appeal or a grievance. An "appeal" is when you want a decision to be reviewed again by the health plan (usually with additional information), and a "grievance" is a complaint or concern regarding the health plan.

CCHP will make a decision to deny or approve all urgent prior authorization and exception requests within 24 hours of receiving the request and will make a decision to deny or approve all standard prior authorization and exception requests within 72 hours of receiving the request. If CCHP fails to respond to a prior authorization or step therapy request within 72 hours of receiving a non-urgent request or 24 hours of receiving a request based on exigent circumstances, the request shall be deemed approved. CCHP will notify the member or the member's designee and the prescribing provider within 24 hours of CCHP's coverage determination.

CCHP will provide coverage pursuant to a prior authorization or exception request for the duration of the prescription, including refills. CCHP will not limit or exclude coverage for a medication if the health plan previously approved coverage for the medication for the member's medical condition.

If you would like to download the CCHP prior authorization form, it is available at: https://cchealth.org/healthplan/pdf/performrx_medication_prior_auth_form.pdf

What if I need my medication urgently – do pharmacies have the ability to fill emergency supplies of medication?

Yes. To ensure that CCHP members have access to a sufficient supply of medications in emergency situations, CCHP has established an Emergency Supply Policy that allows pharmacists to use their clinical judgement to override claims that deny at the point of sale. When a pharmacist determines that a medication is medically necessary, they may enter an authorization code that allows them to fill a 5-day emergency supply of medication for any CCHP member. CCHP promotes the use of the Emergency Supply Policy through point-of-sale messaging.

Instead of using the 5-day Emergency Supply Policy, pharmacies may also choose to call the PerformRx provider call center at 877-234-4269 – representatives are available 24 hours per day, 365 days per year. Staff at the call center have the ability to override prescriptions based on guidance provided by CCHP.

What if I’m a new CCHP member?

If you are a new CCHP member you may be taking drugs that are not on our formulary, or you may be taking drugs that are on our formulary but have limits. If possible, you should talk to your doctor to see if you can change to a preferred drug on the CCHP formulary. If you cannot switch to a preferred drug, then your doctor will need to ask CCHP for an exception to cover a drug you have been taking (known as continuation of therapy). See the section above titled “What if the drug that I need isn’t listed on the CCHP formulary?” for more information.

Does CCHP cover generic and brand name medications?

CCHP covers brand and generic drugs, but when a generic drug is available CCHP requires that it be used. All drugs that become available generically are subject to review by the CCHP Pharmacy & Therapeutics committee.

A prescriber may request a brand name product in lieu of an approved generic if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made through the CCHP prior authorization process described above in the section titled “What if the drug that I need isn’t listed on the CCHP formulary.”

Are there drugs that are excluded from coverage?

For the CCHP Commercial pharmacy benefit, there are no prescription medications that are excluded for coverage. Your doctor can ask CCHP to cover a drug that isn’t listed on the formulary: any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists and if there isn’t an alternate agent on the formulary.

If CCHP's coverage is amended to exclude a drug that we have been covering and providing to you under your current coverage, we will continue to provide the drug if a plan physician continues to prescribe the drug for the same condition and for a use approved by the Food and Drug Administration.

Can I go to any pharmacy for my medication?

No, members must use a pharmacy that is in the CCHP network. To find a network pharmacy, visit the CCHP website or call the health plan directly to have one of our member services or pharmacy staff help you locate a pharmacy near you (see section below titled "How do I find a pharmacy?").

How do I find a pharmacy?

To find a pharmacy near you, visit the CCHP website at https://cchealth.org/healthplan/. Once you have navigated to the CCHP website, follow the directions below:

(1) Scroll down and click on the "Search Doctors/Clinics/Pharmacies in My Area" button
(2) Click on the red "Begin Your Search Here" button (a new window will pop up)
(3) Click on the "Facility" tab, and choose "Pharmacy" as the facility type
(4) Choose how you want to search (by zip code, distance, etc.)
(5) Click "Find a Facility" - results will immediately show up (as a map and a list)

Be sure to show your CCHP Member ID card when you fill your prescriptions at the pharmacy.

Note: some medications are subject to limited distribution by the U.S. Food and Drug Administration. These types of drugs are called "specialty medications" because they require special handling, provider coordination, or special education that may not be

provided at your local pharmacy. CCHP has a contract with Walgreens to provide these types of medications. If you have specific questions about these types of drugs please contact the CCHP pharmacy unit directly. Additionally, CCHP has a contract with Walgreens for mail order prescriptions. If you have specific questions about how to obtain medications via mail order, please contact the CCHP pharmacy unit directly or visit the CCHP website at https://cchealth.org/healthplan/member-pdl.php.

What drugs are covered by CCHP?

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the CCHP formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the CCHP formulary
- Formulary diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, and blood glucose monitors
- FDA-approved birth control and contraceptives listed on the CCHP formulary
- Emergency contraception
- Epi-Pens, peak flow meters and spacers

Are intravenous (IV) and injectable drugs covered by CCHP?

Yes, the CCHP formulary lists certain injectable products that are covered as a pharmacy benefit. CCHP also covers most other intravenous medications through the medical benefit. Medications that are generally covered through the medical benefit are those that are given in a doctor's office, clinic, or hospital setting. Requests for coverage of a medication through the medical benefit should be directed to the CCHP Utilization Management Department by downloading the medical referral form at https://cchealth.org/healthplan/providers/ and faxing to (925) 313-6058 for routine requests or (925) 313-6458 for urgent requests.

Coverage of intravenous and injectable drugs through the pharmacy benefit are outlined below:

- Simple intravenous solutions: simple intravenous solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water) and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.
- Parenteral nutrition solutions (TPN or hyperalimentation): restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when (IV) therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period. (Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that typically are suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements and trace elements.) Adjuncts to

parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

- Separately administered intravenous lipids: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when (IV) therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this10-day period. Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.
- Intravenous solutions of unlisted antibiotics: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when IV therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.
- Intravenous solutions of other unlisted drugs: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when IV therapy with the same drug was started before discharge. There is a maximum of 10 days supply per dispensing within the10-day period. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

How Much I Will Pay for My Drugs?

CCHP commercial members (plans such as commercial plan A, plan B, IHSS, etc.) may have small copays for their medications. Please see your plan materials to determine if you have a copay.

Can providers make suggestions to CCHP to improve the formulary?

Absolutely. The formulary is a tool to promote cost-effective prescription drug use. CCHP has made every attempt to create a document that meets all therapeutic needs, however the art of medicine makes this a formidable task. CCHP welcomes the participation of physicians, pharmacists, and ancillary medical providers in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to CCHP via e-mail at:
cchp_pharmacy_director@hsd.cccounty.us.

What if I need more information?

For more information about your pharmacy benefits, please review your Evidence of Coverage documents or call CCHP directly to discuss. CCHP member services department and pharmacy department staff are available to answer questions Monday through Friday from 8:00am to 5:00pm Pacific Time at the phone numbers listed below:

CCHP Member Services Department: **(877) 661-6230 x2**

CCHP Pharmacy Department: **(877) 661-6230 x3**

Definitions & Abbreviations:

There are a number of terms that are used in this document that Contra Costa Health Plan wants to make sure that you understand. Below are some definitions and abbreviations:

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

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

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

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

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

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

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

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

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

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

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

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

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

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

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

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

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

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

Additional abbreviations and terms used on the CCHP formulary document are explained below:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
NF	Non-Formulary	These drugs are not covered on the Drug List. If your doctor feels you need a drug that is not covered, he or she can ask us to make an exception.
PA	Prior Authorization	Your doctor must ask for approval from CCHP before some drugs will be covered.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
SCO	State Carve-Out	These drugs are carved out by the Department of Health Care Services. This means these drugs are covered by the Medi-Cal Fee-for-Service program and must be billed to the State by the pharmacy.
ST	Step Therapy	In some cases, you must first try certain drugs before CalViva Health covers another drug for your medical condition. For example, if Drug A and Drug B both treat your health condition, CCHP may not cover Drug B unless you try Drug A first.

The CCHP formulary uses a 3 tier structure – the tiers are explained below:

Abbreviation	Term	What it means
T1	Tier 1	Tier 1 medications are preferred on the CCHP formulary and are available without restriction or prior authorization.
T2	Tier 2	Tier 2 medications are preferred on the CCHP formulary and are available without prior authorization, BUT may have certain restrictions such as quantity limits, step therapy, etc. (the specific restrictions are listed on the CCHP formulary).
T3	Tier 3	Tier 3 medications are non-preferred. These medications require prior authorization.

Plan de Salud de Contra Costa CCHP) ORGANIZACIÓN DE ADMINISTRACIÓN DE SALUD (HMO) COMERCIAL Formulario

Última actualización: 1 de febrero de 2026

Nota: El formulario del CCHP está sujeto a cambios, y todas las versiones anteriores ya no están vigentes.

- Para acceder a la versión electrónica del formulario del CCHP en el sitio web del plan de salud, visite la siguiente dirección web: https://cchealth.org/healthplan/pdf/pdl.pdf
- Para acceder a la herramienta de búsqueda del formulario interactivo del CCHP, visite la siguiente dirección web: https://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC
- Para acceder a la información de cobertura específica del plan que incluye información de costos compartidos, manual para miembros y otros materiales importantes como los documentos de su Evidencia de cobertura (EOC), visite la siguiente dirección web: https://cchealth.org/healthplan/member-publications.php

Preguntas frecuentes

¿Qué es el formulario del CCHP?

El formulario del CCHP (también conocido como la lista de medicamentos preferidos del CCHP, o PDL) incluye medicamentos utilizados para tratar enfermedades o problemas de salud comunes. Este formulario aplica solo a los medicamentos para pacientes en consulta externa y medicamentos autoadministrados, no aplica a medicamentos utilizados en el entorno de pacientes internados o en consultorios médicos.

El formulario es una lista de medicamentos preferidos examinada y revisada continuamente en función de la seguridad, eficacia y rentabilidad. Se actualiza mensualmente y es efectiva el primer día de cada mes. Las actualizaciones se basan en comentarios de un grupo de médicos y farmacéuticos que se reúnen regularmente para decidir qué medicamentos deben incluirse. Estas actualizaciones pueden incluir, entre otros, lo siguiente: (i) eliminación o adición de medicamentos o formas farmacéuticas, (ii) cambios en la colocación de nivel de un medicamento, (iii) cambios en las restricciones de administración de utilización (como límites de cantidad, tratamiento escalonado, etc.). Los documentos actualizados están disponibles en línea en: https://www.cchealth.org.

¿Cómo uso el formulario del CCHP?

La lista de medicamentos de formulario comienza en la Página 1. Para ubicar un medicamento en el formulario, simplemente busque el nombre del medicamento en el índice al final de este folleto. El índice enumera todos los medicamentos en el formulario, incluidos los medicamentos de marca y los medicamentos genéricos. Una vez que haya ubicado el nombre del medicamento en el índice, verá el número de página en donde puede encontrar más información sobre el medicamento indicado junto a este.

En lugar de usar el índice, también se puede buscar en el formulario usando ctrl+F para encontrar un medicamento específico por marca, nombre genérico o clase terapéutica.

Una versión para teléfonos celulares del formulario del CCHP también está disponible usando la aplicación ePocrates. Después de que haya descargado la aplicación a su dispositivo móvil, simplemente elija el formulario “Plan de Salud de Contra Costa Medi-Cal” para mostrar el estado de formulario de los medicamentos en la aplicación. Si tiene alguna pregunta sobre la instalación o uso de la aplicación Epocrates, comuníquese con atención al cliente de Epocrates al (800)230-2150 o goldsupport@epocrates.com.

La presencia de un medicamento que requiere receta en el formulario del CCHP no garantiza que el proveedor que emite recetas le recete a un miembro ese medicamento para una afección médica particular.

Si un medicamento no está en el formulario del CCHP, requerirá una autorización previa para que esté cubierto (la información específica sobre el proceso de autorización previa del CCHP se encuentra a continuación en la sección titulada “¿Qué sucede si el medicamento que necesito no está en el formulario del CCHP?”)

¿Cómo se indican los medicamentos en el formulario?

Los medicamentos están indicados alfabéticamente por marca y nombre genérico en la categoría terapéutica y clase a la que pertenecen. Los medicamentos de marca aparecerán en MAYÚSCULAS, con el nombre genérico indicado en paréntesis después de la marca todo escrito en ***letra minúscula negrita y cursiva***. Si el medicamento genérico está disponible, se indicará de forma separada del medicamento de marca y siempre se indicará en ***letra minúscula negrita y cursiva***. Si un genérico equivalente de un medicamento de marca no está disponible, el medicamento genérico no estará indicado de forma separada del medicamento de marca. En situaciones en las que un equivalente genérico aprobado por la Administración de Alimentos y Medicamentos (Food & Drug Administration, FDA) está disponible, las marcas se indican con fines de referencia únicamente, y no denotan cobertura para la marca, a menos que se indique específicamente.

Una lista de ejemplo del formulario del CCHP se encuentra a continuación:

Clase terapeutica **Nivel de medicamento**

Insulins - Drugs For Diabetes		
LANTUS SOLOSTAR U-100 INSULIN (***insulin glargine***)	T2	QL (30mL per 30 days)

Marca **Nombre generico** **Limites de cobertura**

¿Qué sucede si el medicamento que necesito no está indicado en el formulario del CCHP?

Si su medicamento no figura en el formulario del CCHP, puede preguntarle a su médico si hay un medicamento diferente en el formulario que funcione de la misma manera. Si su médico decide que necesita un medicamento que no está en el formulario, puede pedirle al CCHP que haga una excepción a través del proceso de autorización previa. Todas las solicitudes de autorización previa serán evaluadas por un médico del plan de salud (farmacéutico o médico) según los criterios de autorización previa del CCHP

aprobados por el comité de Farmacia y Terapéutica (P&T) del CCHP. En los casos en que no existan criterios específicos, se utilizarán para la evaluación indicaciones de la FDA, literatura revisada por pares, otros criterios del plan, pautas nacionales de tratamiento (como IDSA, NCCN, AACE, etc.) y otros compendios médicos. Se pueden hacer excepciones por una variedad de motivos diferentes:

- Su médico puede pedirle al CCHP que cubra un medicamento que figura en el formulario que requiere una autorización previa (PA): estos medicamentos requieren aprobación antes de ser despachados en una farmacia de la red. Cada solicitud será revisada por un médico del plan de salud, y si la solicitud no cumple con las pautas establecidas por el plan, no será aprobada, y se puede recomendar una terapia alternativa.
- Su médico puede pedirle al CCHP que cubra un medicamento que no figura en el formulario: cualquier medicamento que no se encuentre en esta lista se considera no incluido en el formulario. La persona que emite la receta puede solicitar cobertura para agentes que no figuran en el formulario. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada y si no hay un agente alternativo en el formulario.
- Su médico puede pedirle al CCHP que haga una excepción a los límites de un medicamento. Por ejemplo, si un medicamento tiene un límite de 1 tableta por día, su médico puede pedirnos que cubramos más. Si se necesitan cantidades que exceden el límite, la persona que emite la receta puede solicitar una excepción a la cobertura. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada sin comprometer la seguridad.
- Su médico puede pedirle al CCHP que haga una excepción a los requisitos de tratamiento escalonado (ST): estos medicamentos requieren que se prueben uno o más medicamentos de primer paso antes de pasar al medicamento de segundo paso (por ejemplo, si el medicamento A y el medicamento B tratan su afección de salud, el CCHP puede no cubrir el medicamento B a menos que primero pruebe el medicamento A). Si existe una necesidad médica de usar un medicamento de segundo paso sin probar un medicamento de primer paso, la persona que emite la receta puede solicitar una excepción a la cobertura. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada. Si ya probó el medicamento preferido y este falló, o si ya está tomando un medicamento sujeto a tratamiento escalonado cuando se cambia al CCHP, no tendrá que probar los medicamentos preferidos nuevamente. Su médico simplemente puede solicitar una aprobación a través del plan para la continuación del tratamiento.

Para comenzar el proceso de autorización previa del CCHP o para solicitar una excepción, su médico debe enviar por fax una solicitud de autorización previa al CCHP al **1-866-428-7369** para solicitudes urgentes, o **1-866-205-8014** para solicitudes

estándar. Su médico también puede enviar la solicitud electrónicamente al CCHP utilizando la historia clínica electrónica. Si se aprueba la solicitud, podrá surtir su medicamento en una farmacia que trabaje con el CCHP. Si denegamos la solicitud, le enviaremos una carta a usted y a su médico y le diremos cómo presentar una apelación o una queja formal. Una "apelación" es cuando desea que el plan de salud revise nuevamente una decisión (generalmente con información adicional), y una "queja formal" es una queja o inquietud relacionada con el plan de salud.

El CCHP tomará la decisión de denegar o aprobar todas las solicitudes de autorización previa y de excepción dentro de las 24 horas posteriores a la recepción de la solicitud. Si el CCHP no responde a una autorización previa o solicitud de tratamiento escalonado dentro de las 72 horas de haber recibido una solicitud no urgente o 24 horas después de recibir una solicitud basada en circunstancias exigentes, la solicitud se considerará aprobada.

El CCHP proporcionará cobertura de conformidad con una solicitud no urgente por la duración de la receta, incluidos los resurtidos. El CCHP proporcionará cobertura, incluidos los resurtidos, de conformidad con una solicitud basada en circunstancias exigentes por la duración de la exigencia.

Si desea descargar el formulario de autorización previa del CCHP, está disponible en: https://cchealth.org/healthplan/pdf/performrx_medication_prior_auth_form.pdf

¿Qué sucede si necesito mi medicamento con urgencia? ¿Las farmacias tienen la capacidad de surtir suministros de medicamentos de emergencia?

Sí. Para garantizar que los miembros del CCHP tengan acceso a un suministro suficiente de medicamentos en situaciones de emergencia, el CCHP ha establecido una Política de suministros de emergencia que permite a los farmacéuticos utilizar su criterio clínico para anular los reclamos que rechazan en el punto de venta. Cuando un farmacéutico determina que un medicamento es médicamente necesario, puede ingresar un código de autorización que le permita surtir un suministro de medicamentos de emergencia para 5 días para cualquier miembro del CCHP. El CCHP promueve el uso de la Política de suministros de emergencia a través de mensajes en el punto de venta.

En lugar de utilizar la Política de suministros de emergencia para 5 días, las farmacias también pueden optar por llamar al centro de llamadas del proveedor de PerformRx al 877-234-4269; los representantes están disponibles las 24 horas del día, los 365 días del año. El personal del centro de llamadas tiene la capacidad de anular las recetas en función de la orientación proporcionada por el CCHP.

¿Qué sucede si soy un miembro nuevo del CCHP?

Si es un miembro nuevo del CCHP, puede estar tomando medicamentos que no están en nuestro formulario, o puede estar tomando medicamentos que están en nuestro formulario, pero que tienen límites. Si es posible, debe hablar con su médico para ver si puede cambiar a un medicamento preferido en el formulario del CCHP. Si no puede cambiarse a un medicamento preferido, entonces su médico deberá solicitarle al CCHP una excepción para cubrir un medicamento que ha estado tomando (conocido como continuación del tratamiento). Consulte la sección anterior titulada "¿Qué sucede si el medicamento que necesito no figura en el formulario del CCHP?" para obtener más información.

¿El CCHP cubre medicamentos genéricos y de marca?

El CCHP cubre medicamentos de marca y genéricos, pero cuando hay un medicamento genérico disponible, el CCHP requiere que se use. Todos los medicamentos que están disponibles genéricamente están sujetos a revisión por parte del comité de Farmacia y Terapéutica del CCHP.

Una persona que emite una receta puede solicitar un producto de marca en lugar de un genérico aprobado si determina que existe una necesidad médica documentada del equivalente de marca. Este tipo de solicitud de cobertura se puede realizar a través del proceso de autorización previa del CCHP descrito anteriormente en la sección titulada "¿Qué sucede si el medicamento que necesito no está indicado en el formulario del CCHP?"

¿Hay medicamentos que están excluidos de la cobertura?

El formulario de Medi-Cal del CCHP es muy similar a la Lista de Medicamentos con Contrato de Medi-Cal de California. Los siguientes tipos de medicamentos generalmente no son un beneficio cubierto para los miembros de Medi-Cal (tenga en cuenta que esta lista está sujeta a cambios):

- Medicamentos para la disfunción eréctil o sexual
- Medicamentos utilizados por razones estéticas o crecimiento del cabello
- Medicamentos que se consideran experimentales, o que se usan de manera experimental
- Medicamentos utilizados para tratar la infertilidad
- Medicamentos específicamente enumerados como "no cubiertos" en el formulario
- Medicamentos extranjeros o medicamentos no aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA)

Si se modifica la cobertura del CCHP para excluir un medicamento que hemos estado cubriendo y proporcionándole bajo su cobertura actual, continuaremos proporcionándole el medicamento si un médico del plan continúa recetándolo para la misma afección y para un uso aprobado por la Administración de Alimentos y Medicamentos.

Algunos medicamentos están excluidos por el Departamento de Servicios de Atención Médica. Esto significa que estos medicamentos están cubiertos por el programa de

pago por servicio de Medi-Cal para miembros de Medi-Cal, no por el CCHP. Los siguientes tipos de medicamentos están excluidos:

- Medicamentos antipsicóticos
- Medicamentos para el VIH/sida
- Medicamentos exclusivos para el tratamiento de desintoxicación y dependencia del alcohol y heroína
- Medicamentos exclusivos para tratar la hemofilia

¿Puedo ir a cualquier farmacia por mi medicamento?

No, los miembros deben usar una farmacia que esté en la red del CCHP. Para encontrar una farmacia de la red, visite el sitio web del CCHP o llame al plan de salud directamente para que uno de los miembros del personal de servicios para miembros o de farmacia le ayuden a ubicar una farmacia cercana (consulte la sección a continuación titulada "¿Cómo encuentro una farmacia?").

¿Cómo encuentro una farmacia?

Para encontrar una farmacia cercana, visite el sitio web del CCHP en https://cchealth.org/healthplan/. Una vez que haya navegado al sitio web del CCHP, siga las instrucciones a continuación:

(1) Desplácese hacia abajo y haga clic en el botón "Buscar médicos/clínicas/farmacias en mi área" (Search Doctors/Clinics/Pharmacies in My Area)
(2) Haga clic en el botón rojo "Comenzar aquí" (Begin Your Search Here) (se abrirá una nueva ventana)
(3) Haga clic en la pestaña "Instalaciones" (Facility) y elija "Farmacia" (Pharmacy) como tipo de instalación
(4) Elija cómo desea buscar (por código postal, distancia, etc.)
(5) Haga clic en "Buscar una instalación" (Find a Facility): los resultados aparecerán inmediatamente (como un mapa y una lista)

Asegúrese de mostrar su tarjeta de identificación de miembro del CCHP cuando surta sus recetas en la farmacia.

Nota: algunos medicamentos están sujetos a una distribución limitada por parte de la Administración de Alimentos y Medicamentos de EE. UU. Estos tipos de medicamentos se denominan "medicamentos de especialidad" porque requieren un manejo especial, coordinación de proveedores o instrucciones especiales que es posible que su farmacia local no le proporcione. El CCHP tiene un contrato con Walgreens para proporcionar este tipo de medicamentos. Si tiene preguntas específicas sobre este tipo de medicamentos, comuníquese directamente con la unidad de farmacia del CCHP.

¿Qué medicamentos están cubiertos por el CCHP?

Usted puede obtener los siguientes medicamentos y otros artículos cuando los haya recetado su médico y sean médicamente necesarios:

- Medicamentos recetados que figuran en el formulario del CCHP
- Medicamentos sin receta o medicamentos de venta libre (como jarabes para la tos/resfrío, pastillas para la tos o aspirina) mencionados en el formulario del CCHP
- Suministros para diabéticos del formulario: insulina, jeringas de insulina, tiras reactivas de glucosa, lancetas y dispositivos de punción de lancetas, sistemas de administración de plumas y monitores de glucosa en sangre
- Anticonceptivos aprobados por la FDA que figuran en el formulario del CCHP
- Anticoncepción de emergencia
- Epipens, medidores de flujo máximo y espaciadores

¿Los medicamentos intravenosos (IV) e inyectables están cubiertos por el CCHP?

Sí, el formulario del CCHP enumera ciertos productos inyectables que están cubiertos como un beneficio de farmacia. El CCHP también cubre la mayoría de los demás medicamentos intravenosos a través del beneficio médico. Los medicamentos que generalmente están cubiertos a través del beneficio médico son aquellos que se administran en el consultorio de un médico, clínica u hospital. Las solicitudes de cobertura de un medicamento a través del beneficio médico deben dirigirse al Departamento de Administración de Utilización del CCHP descargando el formulario de referencia médica en https://cchealth.org/healthplan/providers/ y enviando un fax al (925) 313-6058 para solicitudes de rutina o (925) 313-6458 para solicitudes urgentes.

La cobertura de medicamentos intravenosos e inyectables a través del beneficio de farmacia se detalla a continuación:

- Soluciones intravenosas simples: las soluciones intravenosas simples normalmente se usan para la terapia de hidratación. Se incluyen soluciones comercialmente disponibles (no compuestas) como solución salina normal, dextrosa (hasta 10% en agua) y solución de ringer lactato; las soluciones de cloruro de potasio preparadas comercialmente en tales soluciones también se incluyen en esta definición. Las soluciones intravenosas simples se deben facturar utilizando el número del Código Nacional de Medicamentos (National Drug Code, NDC) del producto.
- Soluciones de nutrición parenteral (TPN o hiperalimentación): restringidas para dispensar dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando se inició la terapia (IV) con el mismo producto antes del alta. Hay un suministro máximo para 10 días por dispensación dentro de este período de 10 días. (Las soluciones de nutrición parenteral son productos nutricionales administrados por vía intravenosa o intraarterial que suelen ser suspensiones o soluciones de aminoácidos o proteínas, dextrosa, lípidos, electrolitos, suplementos vitamínicos y/o minerales y oligoelementos). Los complementos a la nutrición parenteral son otros medicamentos que se mezclan físicamente con una solución de nutrición parenteral en cualquier momento antes de

la administración. Facture estos productos como parte de la facturación de nutrición parenteral. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.

- Lípidos intravenosos administrados por separado: restringidos para ser dispensados dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia (IV) con el mismo producto se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro de este período de 10 días. Las soluciones o suspensiones de lípidos intravenosos que se administran por separado de las soluciones de nutrición parenteral (es decir, no se mezclan físicamente en el recipiente de la solución de nutrición parenteral) deben facturarse utilizando el número NDC del producto.
- Soluciones intravenosas de antibióticos no incluidos en la lista: restringidas para ser dispensadas dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia IV con el mismo antibiótico se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro del período de 10 días. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.
- Soluciones intravenosas de otros medicamentos no indicados en la lista: restringidas para ser dispensadas dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia IV con el mismo medicamento se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro del período de 10 días. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.

¿Cuánto pagaré por mis medicamentos?

Los miembros de Medi-Cal del CCHP **no** tienen que pagar los servicios cubiertos; los medicamentos están disponibles sin copago.

Los miembros comerciales del CCHP (con planes como el plan comercial A, el plan B, IHSS, etc.) pueden tener que pagar pequeños copagos por sus medicamentos. Consulte los materiales de su plan para determinar si tiene un copago.

¿Los proveedores pueden hacer sugerencias al CCHP para mejorar el formulario?

Por supuesto que sí. El formulario es una herramienta para promover el uso rentable de medicamentos recetados. El CCHP ha hecho todo lo posible para crear un documento que satisfaga todas las necesidades terapéuticas; sin embargo, el arte de la medicina hace que esta sea una tarea formidable. El CCHP agradece la participación de médicos, farmacéuticos y proveedores de servicios médicos auxiliares en este proceso dinámico. Se alienta a los médicos y farmacéuticos a dirigir

cualquier sugerencia o comentario al CCHP por correo electrónico a: cchp_pharmacy_director@hsd.cccounty.us.

¿Qué puedo hacer si necesito más información?

Para obtener más información sobre sus beneficios de farmacia, revise los documentos de su Evidencia de cobertura o llame al CCHP directamente para hablar sobre ellos. El departamento de servicios para miembros del CCHP y el personal del departamento de farmacia están disponibles para responder preguntas de lunes a viernes de 8 a.m. a 5 p.m., hora del Pacífico, en los números de teléfono que se detallan a continuación:

Departamento de Servicios a Miembros del CCHP: **(877) 661-6230 x2**

Departamento de Farmacia del CCHP: **(877) 661-6230 x3**

Definiciones y abreviaturas:

En este documento, se usan varios términos que el Plan de Salud Contra Costa quiere asegurarse de que usted entienda. A continuación se presentan algunas definiciones y abreviaturas:

“**Medicamento de marca”** es un medicamento que se comercializa bajo un nombre patentado y protegido por marca registrada. El medicamento de marca aparece en todas las letras en MAYÚSCULAS.

“Coseguro” es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de que haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

“Copago” es un monto fijo en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

“Deducible” es el monto que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar la totalidad o parte del costo del beneficio de atención médica según los términos de la póliza.

“Nivel de medicamento” es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento para el afiliado.

“Afiliado” es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla del formulario también incluirán suscriptores como se define en esta sección a continuación.

“Solicitud de excepción” es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su persona designada o el proveedor de atención médica que emite la receta presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es médicamente necesario para tratar la afección del afiliado.

“Circunstancias exigentes” se producen cuando un afiliado sufre una afección de salud que puede poner en grave peligro la vida, la salud o la capacidad del afiliado de recuperar su función máxima, o cuando un afiliado se somete a un tratamiento actual con un medicamento que no figura en el formulario.

"Formulario" es la lista completa de medicamentos preferidos para su uso y elegibles para la cobertura de un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también se conoce como una lista de medicamentos recetados,

"Medicamento genérico" es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, cómo se toma, calidad, rendimiento y uso previsto. Un medicamento genérico aparece en ***letra minúscula negrita y*** cursiva***.***

"Medicamento que no figura en el formulario" es un medicamento recetado que no figura en el formulario del plan de salud.

"Costo de bolsillo" son copagos, coseguros y el deducible aplicable, más todos los costos por servicios de atención médica que no están cubiertos por el plan de salud.

"Proveedor que emite la receta" es un proveedor de atención médica autorizado para emitir una receta médica para tratar una afección médica de un afiliado al plan de salud.

"Receta" es una orden oral, escrita o electrónica de un proveedor que emite recetas para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que emite recetas si la receta es por escrito, y si la persona inscrita lo solicita, la afección médica o el propósito para el cual se receta el medicamento.

"Medicamento recetado" es un medicamento recetado por el proveedor del afiliado que emite recetas y requiere una receta en virtud de la ley aplicable.

"Autorización previa" es un requisito del plan de salud de que el afiliado o el proveedor del afiliado que emite recetas obtenga la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario que el afiliado obtenga el medicamento.

"Tratamiento escalonado" es un proceso que especifica la secuencia en la que se recetan diferentes medicamentos recetados para una afección médica determinada y médicamente apropiados para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la afección médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de tratamiento escalonado. Si el proveedor que emite recetas al afiliado presenta una solicitud de excepción de tratamiento

escalonado, los planes de salud harán excepciones al tratamiento escalonado cuando se cumplan los criterios.

“Suscriptor” es la persona responsable del pago de un plan o cuyo empleo u otra circunstancia, excepto la dependencia familiar, es la base para la elegibilidad para la membresía en el plan.

A continuación se explican abreviaturas y términos adicionales utilizados en el documento del formulario del CCHP:

Abreviatura	Término	Qué significa
AL	Límite de edad	Algunos medicamentos solo están cubiertos para ciertas edades.
NF	No figura en el formulario	Estos medicamentos no están cubiertos en la Lista de medicamentos. Si su médico considera que necesita un medicamento que no está cubierto, puede solicitarnos que hagamos una excepción.
PA	Autorización previa	Su médico debe solicitar la aprobación del CCHP antes de que se cubran algunos medicamentos.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para ciertas cantidades.
SCO	Exclusión estatal	Estos medicamentos están excluidos por el Departamento de Servicios de Atención Médica. Esto significa que estos medicamentos están cubiertos por el programa de tarifa por servicio de Medi-Cal y deben ser facturados al estado por la farmacia.
ST	Tratamiento escalonado	En algunos casos, primero debe probar ciertos medicamentos antes de que CalViva Health cubra otro medicamento para su afección médica. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección de salud, es posible que el CCHP no cubra el Medicamento B a menos que pruebe el Medicamento A primero.

El formulario del CCHP utiliza una estructura de 3 niveles; los niveles se explican a continuación:

Abreviatura	Término	Qué significa

T1	Nivel 1	Los medicamentos de nivel 1 se prefieren en el formulario del CCHP y están disponibles sin restricción o autorización previa.
T2	Nivel 2	Los medicamentos de nivel 2 se prefieren en el formulario del CCHP y están disponibles sin autorización previa, PERO pueden tener ciertas restricciones, como límites de cantidad, tratamiento escalonado, etc. (las restricciones específicas se enumeran en el formulario del CCHP).
T3	Nivel 3	Los medicamentos de nivel 3 no son preferidos. Estos medicamentos requieren autorización previa.

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
acetylcysteine inhalation solution 10 %, 20 %	T1	
Alcohol Deterrents (91:02)		
acamprosate calcium oral tablet delayed release 333 mg	T1	
disulfiram oral tablet 250 mg, 500 mg	T1	
naltrexone hcl oral tablet 50 mg	T1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T1	
Antidote Therapeutics		
atropine sulfate ophthalmic solution 1 %	T1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T1	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	PA
glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml	T1	
gnp naloxone hcl nasal liquid 4 mg/0.1ml	T1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	T1	
hyoscyamine sulfate oral solution 0.125 mg/ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	T1	
hyosyne oral elixir 0.125 mg/5ml	T1	
hyosyne oral solution 0.125 mg/ml	T1	
iodine strong oral solution 5 %	T1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (***naloxone hcl***)	T1	QL (4 EA per 180 days)
magnesium sulfate injection solution 50 %	T1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	
naloxone hcl nasal liquid 4 mg/0.1ml	T1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (***hyoscyamine sulfate***)	T1	
oscimin oral tablet 0.125 mg	T1	
oscimin sublingual tablet sublingual 0.125 mg	T1	
penicillamine oral capsule 250 mg	T1	PA
penicillamine oral tablet 250 mg	T1	PA
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	T1	
phytonadione oral tablet 5 mg	T1	
REXTOVY NASAL LIQUID 4 MG/0.25ML (***naloxone hcl***)	T1	QL (4 EA per 180 days)
RIVIVE NASAL LIQUID 3 MG/0.1ML (***naloxone hcl***)	T1	QL (4 EA per 180 days)
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	T1	
Antidotes (91:04)		
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	
magnesium sulfate injection solution 50 %	T1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	
naltrexone hcl oral tablet 50 mg	T1	
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T1	
Chemotherapy Antidotes/Protectants		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (***leucovorin calcium***)	T1	
leucovorin calcium oral tablet 5 mg	T1	
Cyanide Antidotes		
EXODERM EXTERNAL LOTION 25-1 % (***sod thiosulfate-salicylic acd***)	T1	
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	T1	
Ethanolamine Derivatives		
carbinoxamine maleate oral solution 4 mg/5ml	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
diphenhydramine hcl oral capsule 25 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
First Generation Antihistamines		
carbinoxamine maleate oral solution 4 mg/5ml	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
diphenhydramine hcl oral capsule 25 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
meclizine hcl oral tablet chewable 25 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	PA
Other Antihistamines		
cimetidine hcl oral solution 300 mg/5ml	T1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T1	
famotidine oral suspension reconstituted 40 mg/5ml	T1	
famotidine oral tablet 20 mg, 40 mg	T1	
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
nizatidine oral capsule 300 mg	T1	PA
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	T1	
Phenothiazine Derivatives		
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
Propylamine Derivatives		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	PA
Second Generation Antihistamines		
desloratadine oral tablet 5 mg	T1	PA
desloratadine oral tablet dispersible 5 mg	T1	PA
epinastine hcl ophthalmic solution 0.05 %	T1	PA
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule 500 mg	T1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	T1	
cefadroxil oral tablet 1 gm	T1	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	
cephalexin oral tablet 250 mg, 500 mg	T1	PA
2Nd Generation Cephalosporin Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	T1	PA
cefaclor oral capsule 250 mg, 500 mg	T1	
cefaclor oral suspension reconstituted 250 mg/5ml	T1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	
cefprozil oral tablet 250 mg, 500 mg	T1	
cefuroxime axetil oral tablet 250 mg, 500 mg	T1	
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule 300 mg	T1	QL (60 EA per 30 days)
cefdinir oral suspension reconstituted 125 mg/5ml	T1	QL (9000 ML per 30 days)
cefdinir oral suspension reconstituted 250 mg/5ml	T1	QL (6000 ML per 30 days)
cefixime oral capsule 400 mg	T1	QL (2 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	T1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	T1	QL (112 EA per 180 days)
Adamantane Antivirals		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral solution 50 mg/5ml	T1	
amantadine hcl oral tablet 100 mg	T1	
rimantadine hcl oral tablet 100 mg	T1	
Allylamine Antifungals		
terbinafine hcl oral tablet 250 mg	T1	
Amebicides		
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
hydrocortisone-iodoquinol external cream 1-1 %	T1	
metronidazole external cream 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 1 %	T1	QL (60 GM per 30 days)
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal gel 0.75 %	T1	
NORITATE EXTERNAL CREAM 1 % (***metronidazole***)	T1	PA
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
Aminoglycoside Antibiotics		
gentamicin sulfate external cream 0.1 %	T1	
gentamicin sulfate external ointment 0.1 %	T1	
gentamicin sulfate ophthalmic solution 0.3 %	T1	
neomycin sulfate oral tablet 500 mg	T1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	T1	QL (1 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T1	
tobramycin inhalation nebulization solution 300 mg/5ml	T1	PA
tobramycin ophthalmic solution 0.3 %	T1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	T1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (***tobramycin***)	T1	
Aminopenicillin Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	T1	PA
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	T1	
amoxicillin oral tablet 500 mg, 875 mg	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	T1	
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	T1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T1	
ampicillin oral capsule 500 mg	T1	
ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	T1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	T1	
Anthelmintics		
albendazole oral tablet 200 mg	T1	PA
EMVERM ORAL TABLET CHEWABLE 100 MG (***mebendazole***)	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ivermectin oral tablet 3 mg	T1	QL (30 EA per 365 days)
praziquantel oral tablet 600 mg	T1	PA
Antifungals, Miscellaneous		
griseofulvin microsize oral suspension 125 mg/5ml	T1	
griseofulvin microsize oral tablet 500 mg	T1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T1	
iodine strong oral solution 5 %	T1	
Antileprosy Agents		
dapsone oral tablet 100 mg, 25 mg	T1	
Antimalarials		
atovaquone-proguanil hcl oral tablet 250-100 mg	T1	QL (180 EA per 365 days)
atovaquone-proguanil hcl oral tablet 62.5-25 mg	T1	QL (540 EA per 365 days)
avidoxy oral tablet 100 mg	T1	
chloroquine phosphate oral tablet 250 mg, 500 mg	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline hyclate oral tablet 20 mg	T1	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	T1	
mefloquine hcl oral tablet 250 mg	T1	
minocycline hcl oral capsule 100 mg	T1	QL (60 EA per 30 days)
minocycline hcl oral capsule 50 mg	T1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	
primaquine phosphate oral tablet 26.3 (15 base) mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pyrimethamine oral tablet 25 mg	T1	
quinidine gluconate er oral tablet extended release 324 mg	T1	
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
quinine sulfate oral capsule 324 mg	T1	PA
tetracycline hcl oral capsule 250 mg, 500 mg	T1	
Antimycobacterials, Miscellaneous		
dapsone oral tablet 100 mg, 25 mg	T1	
Antiprotozoals, Cryptosporidiosis		
nitazoxanide oral tablet 500 mg	T1	
Antiprotozoals, Miscellaneous		
atovaquone oral suspension 750 mg/5ml	T1	PA
dapsone oral tablet 100 mg, 25 mg	T1	
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
nitazoxanide oral tablet 500 mg	T1	
pentamidine isethionate inhalation solution reconstituted 300 mg	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
tinidazole oral tablet 250 mg, 500 mg	T1	
Antiprotozoals,Nitroimidazole-Derivative		
tinidazole oral tablet 250 mg, 500 mg	T1	
Antiretrovirals, Miscellaneous		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (***lenacapavir sodium***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T1	
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T1	
Antituberculosis Agents		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
clarithromycin er oral tablet extended release 24 hour 500 mg	T1	PA
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	
cycloserine oral capsule 250 mg	T1	
ethambutol hcl oral tablet 100 mg, 400 mg	T1	
isoniazid oral syrup 50 mg/5ml	T1	
isoniazid oral tablet 100 mg, 300 mg	T1	
levofloxacin oral solution 25 mg/ml	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	QL (30 EA per 30 days)
moxifloxacin hcl oral tablet 400 mg	T1	QL (21 EA per 21 days)
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T1	
pyrazinamide oral tablet 500 mg	T1	
rifabutin oral capsule 150 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	T1	QL (1 EA per 30 days)
Antivirals, Miscellaneous		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (20 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (11 EA per 180 days); AL (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (30 EA per 180 days); AL (Min 12 Years)
Azole Antifungals		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	T1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
itraconazole oral capsule 100 mg	T1	PA
itraconazole oral solution 10 mg/ml	T1	PA
ketoconazole external cream 2 %	T1	
ketoconazole external shampoo 2 %	T1	
posaconazole oral tablet delayed release 100 mg	T1	PA
voriconazole intravenous solution reconstituted 200 mg	T1	PA
voriconazole oral suspension reconstituted 40 mg/ml	T1	PA
voriconazole oral tablet 200 mg, 50 mg	T1	PA
Bacitracin Antibiotics		
bacitracin ophthalmic ointment 500 unit/gm	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
Coronavirus (Covid-19)		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (20 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (11 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (30 EA per 180 days); AL (Min 12 Years)
Erythromycin Antibiotics		
ery external pad 2 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin base oral capsule delayed release particles 250 mg	T1	
erythromycin base oral tablet 250 mg, 500 mg	T1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	T1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	T1	
erythromycin ethylsuccinate oral tablet 400 mg	T1	
erythromycin external gel 2 %	T1	
erythromycin external solution 2 %	T1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	T1	
Glycopeptide Antibiotics		
vancomycin hcl oral capsule 125 mg, 250 mg	T1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	T1	
Hcv Polymerase Inhibitor Antivirals		
sofosbuvir-velpatasvir oral tablet 400-100 mg	T1	PA
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	T1	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	T1	PA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	T1	PA
Hcv Replication Complex Inhibitors		
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	T1	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sofosbuvir-velpatasvir oral tablet 400-100 mg	T1	PA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	T1	PA
Hiv Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	T1	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (***lenacapavir sodium***)	T1	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T1	
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	T1	
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T1	
Hiv Entry And Fusion Inhibitors		
maraviroc oral tablet 150 mg, 300 mg	T1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (***fostemsavir tromethamine***)	T1	
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	T1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (***ibalizumab-uiyk***)	T1	
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (***cabotegravir***)	T1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	T1	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	T1	
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	T1	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elviteg-cobic-emtricit-tenofaf***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	T1	
ISENTRESS ORAL PACKET 100 MG (***raltegravir potassium***)	T1	
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	T1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	T1	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	T1	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	T1	
TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***)	T1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (***dolutegravir sodium***)	T1	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	T1	
triumeq pd oral tablet soluble 60-5-30 mg	T1	
VOCABRIA ORAL TABLET 30 MG (***cabotegravir sodium***)	T1	
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	T1	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	T1	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	T1	
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	T1	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (***rilpivirine hcl***)	T1	
efavirenz oral tablet 600 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	T1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	T1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	T1	
etravirine oral tablet 100 mg, 200 mg	T1	
INTELENCE ORAL TABLET 25 MG (***etravirine***)	T1	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	T1	
methocarbamol oral tablet 500 mg	T1	
nevirapine er oral tablet extended release 24 hour 400 mg	T1	
nevirapine oral suspension 50 mg/5ml	T1	
nevirapine oral tablet 200 mg	T1	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	T1	
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	T1	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution 20 mg/ml	T1	
abacavir sulfate oral tablet 300 mg	T1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	T1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	T1	
CIMDUO ORAL TABLET 300-300 MG (***lamivudine-tenofovir***)	T1	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	T1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine-tenofovir af***)	T1	
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	T1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	T1	
emtricitabine oral capsule 200 mg	T1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	T1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	T1	
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	T1	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elviteg-cobic-emtricit-tenofaf***)	T1	
lamivudine oral solution 10 mg/ml	T1	
lamivudine oral tablet 100 mg	T1	PA
lamivudine oral tablet 150 mg, 300 mg	T1	
lamivudine-zidovudine oral tablet 150-300 mg	T1	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	T1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	T1	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	T1	
tenofovir disoproxil fumarate oral tablet 300 mg	T1	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	T1	
triumeq pd oral tablet soluble 60-5-30 mg	T1	
VIREAD ORAL POWDER 40 MG/GM (***tenofovir disoproxil fumarate***)	T1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zidovudine oral capsule 100 mg	T1	
zidovudine oral syrup 50 mg/5ml	T1	
zidovudine oral tablet 300 mg	T1	
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	T1	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	T1	
darunavir oral tablet 600 mg, 800 mg	T1	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	T1	
fosamprenavir calcium oral tablet 700 mg	T1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	T1	
NORVIR ORAL PACKET 100 MG (***ritonavir***)	T1	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (***darunavir-cobicistat***)	T1	
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	T1	
PREZISTA ORAL TABLET 150 MG, 75 MG (***darunavir***)	T1	
REYATAZ ORAL PACKET 50 MG (***atazanavir sulfate***)	T1	
ritonavir oral tablet 100 mg	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	T1	
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	T1	
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T1	PA
Lincomycin Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate (Clindacin Etz External Swab 1 %)	T1	
clindamycin phosphate (Clindacin-P External Swab 1 %)	T1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	T1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	T1	PA
clindamycin phos (once-daily) external gel 1 %	T1	
clindamycin phos (twice-daily) external gel 1 %	T1	
clindamycin phos-benzoyl perox external gel 1-5 %	T1	PA
clindamycin phosphate external lotion 1 %	T1	
clindamycin phosphate external solution 1 %	T1	
clindamycin phosphate external swab 1 %	T1	
clindamycin phosphate vaginal cream 2 %	T1	
Natural Penicillin Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (***penicillin g benzathine & proc***)	T1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (***penicillin g benzathine & proc***)	T1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (***penicillin g benzathine***)	T1	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	T1	
penicillin g sodium injection solution reconstituted 5000000 unit	T1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	T1	
penicillin v potassium oral tablet 250 mg, 500 mg	T1	
penicillin g potassium (Pfizerpen Injection Solution Reconstituted 20000000 Unit, 5000000 Unit)	T1	
Neuraminidase Inhibitor Antivirals		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	T1	QL (10 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	T1	QL (120 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (***zanamivir***)	T1	QL (20 EA per 180 days)
Nitroimidazole Derivatives, Misc		
metronidazole external cream 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 1 %	T1	QL (60 GM per 30 days)
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal gel 0.75 %	T1	
NORITATE EXTERNAL CREAM 1 % (***metronidazole***)	T1	PA
Nucleoside And Nucleotide Antivirals		
acyclovir external cream 5 %	T1	PA
acyclovir external ointment 5 %	T1	PA
acyclovir oral capsule 200 mg	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet 400 mg, 800 mg	T1	
adefovir dipivoxil oral tablet 10 mg	T1	PA
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine-tenofovir af***)	T1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	T1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	T1	
entecavir oral tablet 0.5 mg, 1 mg	T1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	T1	PA
LAGEVRIO ORAL CAPSULE 200 MG (***molnupiravir***)	T1	QL (40 EA per 180 days); AL (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	T1	
ribavirin inhalation solution reconstituted 6 gm	T1	PA
ribavirin oral capsule 200 mg	T1	
ribavirin oral tablet 200 mg	T1	
valacyclovir hcl oral tablet 1 gm, 500 mg	T1	
valganciclovir hcl oral tablet 450 mg	T1	PA
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide fumarate***)	T1	PA
Other Macrolide Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	T1	PA
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er oral tablet extended release 24 hour 500 mg	T1	PA
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	
Other Macrolides (8:12.12.92)		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	T1	PA
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er oral tablet extended release 24 hour 500 mg	T1	PA
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	T1	PA
linezolid oral tablet 600 mg	T1	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium oral capsule 250 mg, 500 mg	T1	
nafcillin sodium injection solution reconstituted 1 gm	T1	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	T1	
Polyene Antifungals		
nystatin (Nyamyc External Powder 100000 Unit/Gm)	T1	
nystatin external cream 100000 unit/gm	T1	
nystatin external ointment 100000 unit/gm	T1	
nystatin external powder 100000 unit/gm	T1	
nystatin mouth/throat suspension 100000 unit/ml	T1	
nystatin oral tablet 500000 unit	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
nystatin (Nystop External Powder 100000 Unit/Gm)	T1	
Polymyxin Antibiotics		
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	T1	
Quinolone Antibiotics		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
levofloxacin oral solution 25 mg/ml	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	QL (30 EA per 30 days)
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	T1	PA
moxifloxacin hcl ophthalmic solution 0.5 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
moxifloxacin hcl oral tablet 400 mg	T1	QL (21 EA per 21 days)
ofloxacin ophthalmic solution 0.3 %	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	PA
ofloxacin otic solution 0.3 %	T1	
Rifamycin Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T1	
rifabutin oral capsule 150 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	T1	PA
Sulfonamide Antibiotics (Systemic)		
sulfadiazine oral tablet 500 mg	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
Tetracycline Antibiotics		
avidoxy oral tablet 100 mg	T1	
demeclocycline hcl oral tablet 150 mg, 300 mg	T1	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline hyclate oral tablet 20 mg	T1	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T1	
minocycline hcl oral capsule 100 mg	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
minocycline hcl oral capsule 50 mg	T1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	
tetracycline hcl oral capsule 250 mg, 500 mg	T1	
Urinary Anti-Infectives		
fosfomycin tromethamine oral packet 3 gm	T1	
methenamine hippurate oral tablet 1 gm	T1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	T1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	T1	
nitrofurantoin monohyd macro oral capsule 100 mg	T1	
nitrofurantoin oral suspension 25 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
trimethoprim oral tablet 100 mg	T1	
Antineoplastic Agents		
Antineoplastic Agents		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	T1	PA
anastrozole oral tablet 1 mg	T1	QL (30 EA per 30 days)
bexarotene oral capsule 75 mg	T1	PA
bicalutamide oral tablet 50 mg	T1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	T1	PA
capecitabine oral tablet 150 mg, 500 mg	T1	PA
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	T1	PA
cyclophosphamide oral tablet 50 mg	T1	
dasatinib oral tablet 100 mg, 20 mg, 50 mg, 70 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	T1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	T1	
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	T1	PA
etoposide oral capsule 50 mg	T1	
exemestane oral tablet 25 mg	T1	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	T1	QL (1 EA per 30 days)
fluorouracil external cream 5 %	T1	
fluorouracil external solution 2 %, 5 %	T1	
gefitinib oral tablet 250 mg	T1	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	T1	
hydroxyurea oral capsule 500 mg	T1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	T1	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	T1	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	T1	PA
imatinib mesylate oral tablet 100 mg, 400 mg	T1	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	T1	PA
lapatinib ditosylate oral tablet 250 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	T1	PA
letrozole oral tablet 2.5 mg	T1	QL (30 EA per 30 days)
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	T1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	T1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	T1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	T1	PA
LYSODREN ORAL TABLET 500 MG (***mitotane***)	T1	
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	T1	
megestrol acetate oral suspension 40 mg/ml	T1	
megestrol acetate oral tablet 20 mg, 40 mg	T1	
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	T1	
nilutamide oral tablet 150 mg	T1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T1	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG (***lenalidomide***)	T1	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG (***hydroxyurea***)	T1	PA

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sorafenib tosylate oral tablet 200 mg	T1	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg	T1	PA
TABLOID ORAL TABLET 40 MG (***thioguanine***)	T1	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	T1	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	T1	
TASIGNA ORAL CAPSULE 200 MG (***nilotinib hcl***)	T1	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	T1	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	T1	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	T1	
toremifene citrate oral tablet 60 mg	T1	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (***triptorelin pamoate***)	T1	QL (1 EA per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (***triptorelin pamoate***)	T1	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin oral capsule 10 mg	T1	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	T1	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	T1	PA
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	T1	PA
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	T1	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	T1	
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	T1	PA
Antitoxins,Immune Glob,Toxoids,Vaccines		
Antitoxins And Immune Globulins		
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (***rho d immune globulin***)	T1	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (***rho d immune globulin***)	T1	
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 FILL)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 FILL)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 FILL)
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (***tetanus-diphtheria toxoids td***)	T1	QL (0.5 ML per 1 FILL)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv-hib-hepatitis b recmb***)	T1	QL (0.5 ML per 1 Fill)
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (***rsv pre-fusion f a&b vac rcmb***)	T1	QL (0.5 ml per 1 Dose)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	T1	QL (1 ML per 1 Fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 FILL)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 FILL)
AFLURIA INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza virus vacc split pf***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (***rsvpref3 vac recomb adjuvanted***)	T1	QL (0.5 ml per 1 Dose); AL (Min 50 Years)
bcg vaccine injection solution reconstituted 50 mg	T1	PA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***meningococcal b recomb omv adj***)	T1	QL (0.5 ML per 1 Fill); AL (Max 25 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 FILL)
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (***pneumococcal 21-valent conjuga***)	T1	QL (0.5 dose per 1 lifetime); AL (Min 18 Years)
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (***covid-19 mrna virus vaccine***)	T1	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (***covid-19 mrna virus vaccine***)	T1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (***hepatitis b vac recombinant***)	T1	QL (2 ML per 1 Fill)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (***hepatitis b vac recombinant***)	T1	QL (2 ML per 1 Fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac a&b surf ant adj***)	T1	QL (1 ML per 270 days); AL (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza virus vacc split pf***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (***influenza vac recombinant ha***)	T1	QL (1 ML per 270 days); AL (Min 9 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION (***influenza vac tiss-cult subunt***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac tiss-cult subunt***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza virus vacc split pf***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
FLUMIST NASAL LIQUID (***influenza virus vaccine live***)	T1	QL (1 EA per 270 days); AL (Min 3 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split high-dose***)	T1	QL (1 ML per 270 days); AL (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza virus vacc split pf***)	T1	QL (1 ML per 270 days); AL (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (***hpv 9-valent recomb vaccine***)	T1	QL (0.5 ML per 1 Fill); AL (Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***hpv 9-valent recomb vaccine***)	T1	QL (0.5 ML per 1 Fill); AL (Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML (***hepatitis a vaccine***)	T1	QL (1 ML per 1 Fill)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (***hepatitis b vac recomb adj***)	T1	QL (0.5 ML per 1 Fill); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (***haemophilus b polysac conj vac***)	T1	QL (1 ML per 1 Fill)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (***rabies virus vaccine, hdc***)	T1	QL (1 ML per 1 Fill)
IPOL INJECTION SUSPENSION (***poliovirus vaccine inactivated***)	T1	QL (0.5 ML per 1 Fill)
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (***mening acy&w-135 tetanus conj***)	T1	QL (0.5 ML per 1 Fill)
MENVEO INTRAMUSCULAR SOLUTION (***meningococcal a c y&w-135 olig***)	T1	QL (0.5 ML per 1 Fill); AL (Max 55 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	T1	QL (1 ml per 1 Fill); AL (Max 55 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	T1	QL (1 EA per 1 Fill)
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (***covid-19 mrna virus vaccine***)	T1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***rsv mrna pre-f virus vaccine***)	T1	QL (0.5 ML per 1 lifetime); AL (Min 18 Years)
nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	T1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (***haemophilus b polysac conj vac***)	T1	QL (0.5 ML per 1 Fill)
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (***mening acyw(tet conj)-b(rcmb)***)	T1	QL (1 vial per 1 Fill); AL (Max 25 Years)
penmenvy intramuscular suspension reconstituted	T1	QL (1 vial per 1 Fill); AL (Min 10 Years and Max 25 Years)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (***pneumococcal vac polyvalent***)	T1	QL (0.5 ML per 1 Dose)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 20-val conj vacc***)	T1	QL (0.5 ML per 1 Fill)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles, mumps & rubella vac***)	T1	QL (1 EA per 1 Fill)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles-mumps-rubella-varicell***)	T1	QL (1 EA per 1 Fill)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	T1	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	T1	QL (1 ML per 1 Fill)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	T1	QL (1 ML per 1 Fill)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (***zoster vac recomb adjuvanted***)	T1	QL (1 ML per 1 Fill); AL (Min 18 Years)
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (***covid-19 mrna virus vaccine***)	T1	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***covid-19 mrna virus vaccine***)	T1	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	T1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***meningococcal b vac (recomb)***)	T1	QL (0.5 ML per 1 Fill); AL (Max 25 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (***hepatitis a-hep b recomb vac***)	T1	QL (1 ML per 1 Fill); AL (Min 18 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (***typhoid vi polysaccharide vacc***)	T1	QL (0.5 ML per 270 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML (***hepatitis a vaccine***)	T1	QL (0.5 ML per 1 Fill)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML (***hepatitis a vaccine***)	T1	QL (1 ML per 1 Fill)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML (***hepatitis a vaccine***)	T1	QL (0.5 ML per 1 Fill)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML (***hepatitis a vaccine***)	T1	QL (1 ML per 1 Fill)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (***varicella virus vaccine live***)	T1	QL (1 EA per 1 Dose)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv-hib-hepatitis b recmb***)	T1	QL (0.5 ML per 1 Fill)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 15-val conj vacc***)	T1	QL (0.5 ML per 1 Fill)
VIVOTIF ORAL CAPSULE DELAYED RELEASE (***typhoid vaccine***)	T1	QL (4 EA per 5 yearss)
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml	T1	
epinephrine injection solution 1 mg/ml	T1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	T1	QL (4 EA per 180 days)
epinephrine pf injection solution 1 mg/ml	T1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	T1	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	T1	
bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000)	T1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (***bupivacaine-epinephrine***)	T1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000 (***lidocaine-epinephrine***)	T1	
Alpha-Adrenergic Agonists (12:12)		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	T1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	T1	
Antimuscarinics/Antispasmodics		
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	
atropine sulfate ophthalmic solution 1 %	T1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T1	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T1	
dicyclomine hcl oral capsule 10 mg	T1	
dicyclomine hcl oral tablet 20 mg	T1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	T1	QL (45 ML per 30 days); AL (Min 18 Years)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	T1	QL (45 EA per 30 days); AL (Min 18 Years)
hydromet oral solution 5-1.5 mg/5ml	T1	QL (45 ML per 30 days); AL (Min 18 Years)
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	T1	
hyoscyamine sulfate oral solution 0.125 mg/ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	T1	
hyosyne oral elixir 0.125 mg/5ml	T1	
hyosyne oral solution 0.125 mg/ml	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (***umeclidinium bromide***)	T1	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
methscopolamine bromide oral tablet 2.5 mg	T1	PA
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin-atropine***)	T1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (***hyoscyamine sulfate***)	T1	
oscimin oral tablet 0.125 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oscimin sublingual tablet sublingual 0.125 mg	T1	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	T1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	T1	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	T1	
PHENOHYTRO ORAL TABLET 16.2 MG (***pb-hyoscy-atropine-scopolamine***)	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide***)	T1	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	T1	
tiotropium bromide inhalation capsule 18 mcg	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	T1	
Antiparkinsonian Agents		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (120 EA per 30 days)
diphenhydramine hcl oral capsule 25 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	T1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	T1	
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
cvs nicotine mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq nicotine mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (30 EA per 30 days)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (30 EA per 30 days)
gnp nicotine mini mouth/throat lozenge 2 mg	T1	
gnp nicotine mini mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
gnp nicotine mouth/throat gum 4 mg	T1	QL (340 EA per 30 days)
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
goodsense nicotine mouth/throat lozenge 2 mg	T1	
goodsense nicotine mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (***nicotine polacrilex***)	T1	QL (324 EA per 30 days)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (***nicotine polacrilex***)	T1	QL (324 EA per 30 days)
nicotine mini mouth/throat lozenge 2 mg	T1	
nicotine mini mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
nicotine polacrilex mini mouth/throat lozenge 2 mg	T1	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	T1	QL (30 EA per 30 days)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	T1	QL (30 EA per 30 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	T1	PA
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (30 EA per 30 days)
sm nicotine mouth/throat gum 4 mg	T1	QL (340 EA per 30 days)
sm nicotine mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	T1	QL (180 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	T1	QL (180 EA per 365 days)
Botulinum Toxins		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	T1	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T1	PA
Centrally Acting Skeletal Muscle Relaxnt		
chlorzoxazone oral tablet 250 mg, 500 mg	T1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	
metaxalone oral tablet 800 mg	T1	PA
methocarbamol oral tablet 500 mg, 750 mg	T1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	T1	PA
tizanidine hcl oral tablet 2 mg	T1	QL (540 EA per 30 days)
tizanidine hcl oral tablet 4 mg	T1	QL (270 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	T1	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
baclofen oral tablet 5 mg	T1	QL (90 EA per 30 days)
Indirect-Acting Skeletal Muscle Relaxant		
norgesic forte oral tablet 50-770-60 mg	T1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	T1	PA
orphenadrine citrate injection solution 30 mg/ml	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (***orphenadrine-aspirin-caffeine***)	T1	
Non-Sel. Beta-Adrenergic Blocking Agents		
BETIMOL OPHTHALMIC SOLUTION 0.5 % (***timolol hemihydrate***)	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	T1	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	T1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	T1	
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents		
dihydroergotamine mesylate injection solution 1 mg/ml	T1	PA
ergotamine-caffeine oral tablet 1-100 mg	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T1	
phenoxybenzamine hcl oral capsule 10 mg	T1	
Parasympathomimetic (Cholinergic Agents)		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	T1	
bethanechol chloride oral tablet 50 mg	T1	PA
cevimeline hcl oral capsule 30 mg	T1	
donepezil hcl oral tablet 10 mg, 5 mg	T1	
donepezil hcl oral tablet 23 mg	T1	PA
donepezil hcl oral tablet dispersible 10 mg, 5 mg	T1	
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	T1	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
pilocarpine hcl oral tablet 5 mg	T1	
pilocarpine hcl oral tablet 7.5 mg	T1	PA
pyridostigmine bromide er oral tablet extended release 180 mg	T1	
pyridostigmine bromide oral solution 60 mg/5ml	T1	
pyridostigmine bromide oral tablet 60 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	T1	
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
tamsulosin hcl oral capsule 0.4 mg	T1	
Selective Beta-2-Adrenergic Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (2 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml	T1	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	T1	PA
albuterol sulfate oral syrup 2 mg/5ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T1	PA
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	T1	QL (20.4 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (***salmeterol xinafoate***)	T1	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	T1	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	T1	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
betaxolol hcl ophthalmic solution 0.5 %	T1	PA
betaxolol hcl oral tablet 10 mg, 20 mg	T1	PA
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (***betaxolol hcl***)	T1	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
Skeletal Muscle Relaxants, Miscellaneous		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	T1	PA
norgesic forte oral tablet 50-770-60 mg	T1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	T1	PA
orphenadrine citrate injection solution 30 mg/ml	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (***orphenadrine-aspirin-caffeine***)	T1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T1	PA
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	T1	QL (60 EA per 30 days)
cvs nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
cvs nicotine mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
eq nicotine mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (30 EA per 30 days)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp nicotine mini mouth/throat lozenge 2 mg	T1	
gnp nicotine mini mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
gnp nicotine mouth/throat gum 4 mg	T1	QL (340 EA per 30 days)
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
goodsense nicotine mouth/throat lozenge 2 mg	T1	
goodsense nicotine mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (***nicotine polacrilex***)	T1	QL (324 EA per 30 days)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (***nicotine polacrilex***)	T1	QL (324 EA per 30 days)
naltrexone hcl oral tablet 50 mg	T1	
nicotine mini mouth/throat lozenge 2 mg	T1	
nicotine mini mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
nicotine polacrilex mini mouth/throat lozenge 2 mg	T1	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	T1	QL (30 EA per 30 days)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	T1	QL (30 EA per 30 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (30 EA per 30 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	T1	PA
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (30 EA per 30 days)
sm nicotine mouth/throat gum 4 mg	T1	QL (340 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm nicotine mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (***varenicline tartrate***)	T1	PA
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	T1	QL (180 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	T1	QL (180 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T1	
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	T1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	T1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa-epbx***)	T1	PA
Anticoagulants, Miscellaneous		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (***anticoagulant cit dext soln a***)	T1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	T1	
Antithrombotic Agents, Miscellaneous		
LODOCO ORAL TABLET 0.5 MG (***colchicine***)	T1	PA
Coumarin Derivatives		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T1	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (***apixaban***)	T1	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (***apixaban***)	T1	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (***apixaban***)	T1	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (***apixaban***)	T1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	T1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (***apixaban***)	T1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (***rivaroxaban***)	T1	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	T1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG (***rivaroxaban***)	T1	QL (42 EA per 21 days)
XARELTO ORAL TABLET 2.5 MG (***rivaroxaban***)	T1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (***rivaroxaban***)	T1	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	T1	QL (60 EA per 30 days)
Hematopoietic Agents		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	T1	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-jmdb***)	T1	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-pbbk***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***tbo-filgrastim***)	T1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim***)	T1	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim***)	T1	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim***)	T1	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim-aafi***)	T1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-aafi***)	T1	PA
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-txid***)	T1	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-apgf***)	T1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	T1	PA
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	T1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa-epbx***)	T1	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-fpgk***)	T1	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T1	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T1	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-sndz***)	T1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-bmez***)	T1	PA
Hemorrheologic Agents		
pentoxifylline er oral tablet extended release 400 mg	T1	
Hemostatics		
aminocaproic acid oral solution 0.25 gm/ml	T1	PA
aminocaproic acid oral tablet 1000 mg	T1	
aminocaproic acid oral tablet 500 mg	T1	PA
desmopressin ace spray refrig nasal solution 0.01 %	T1	PA
desmopressin acetate injection solution 4 mcg/ml	T1	PA
desmopressin acetate nasal solution 1.5 mg/ml	T1	PA
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	T1	
desmopressin acetate pf injection solution 4 mcg/ml	T1	PA
desmopressin acetate spray nasal solution 0.01 %	T1	PA
GELFILM OPHTHALMIC FILM (***gelatin adsorbable***)	T1	PA
Heparins		
enoxaparin sodium injection solution 300 mg/3ml	T1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	T1	QL (40 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	T1	QL (32 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	T1	QL (12 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	T1	QL (16 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	T1	QL (24 ML per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (***dalteparin sodium***)	T1	
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml	T1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	T1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	T1	
heparin sodium (porcine) pf injection solution 1000 unit/ml	T1	
Indirect Factor Xa Inhibitors		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	T1	
Iron Preparations		
classic prenatal oral tablet 28-0.8 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
ELITE-OB ORAL TABLET 50-1.25 MG (***prenatal vit-iron carbonyl-fa***)	T1	
eql prenatal formula oral tablet 28-0.8 mg	T1	
GERITOL TONIC ORAL LIQUID (***iron-vitamins***)	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
hematinic/folic acid oral tablet 324-1 mg	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***fe fum-vit c-vit b12-fa***)	T1	
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran***)	T1	
m-natal plus oral tablet 27-1 mg	T1	
multiple vitamins-iron oral tablet chewable 15 mg	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal one daily oral tablet 27-0.8 mg	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	
prenatal vitamins oral tablet 28-0.8 mg	T1	
prenatal/iron oral tablet , 28-0.8 mg	T1	
qc prenatal oral tablet 28-0.8 mg	T1	
thrivite rx oral tablet 29-1 mg	T1	
trigels-f forte oral capsule 460-60-0.01-1 mg	T1	
westab plus oral tablet 27-1 mg	T1	
Liver And Stomach Preparations		
cyanocobalamin injection solution 1000 mcg/ml	T1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	T1	
neurin-sl sublingual tablet sublingual 600-600 mcg	T1	
Platelet-Aggregation Inhibitors		
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	
aspirin ec adult low dose oral tablet delayed release 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin low dose oral tablet chewable 81 mg	T1	
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 81 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
childrens aspirin oral tablet chewable 81 mg	T1	
cilostazol oral tablet 100 mg, 50 mg	T1	
clopidogrel bisulfate oral tablet 300 mg	T1	QL (2 EA per 30 days)
clopidogrel bisulfate oral tablet 75 mg	T1	
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	
gnp aspirin low dose oral tablet delayed release 81 mg	T1	
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
mm aspirin oral tablet delayed release 81 mg	T1	
prasugrel hcl oral tablet 10 mg, 5 mg	T1	QL (30 EA per 30 days)
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	
ticagrelor oral tablet 60 mg, 90 mg	T1	QL (60 EA per 30 days)
Platelet-Reducing Agents		
anagrelide hcl oral capsule 0.5 mg	T1	
Thrombolytic Agents		
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	
aspirin ec adult low dose oral tablet delayed release 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	
aspirin low dose oral tablet chewable 81 mg	T1	
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 81 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
childrens aspirin oral tablet chewable 81 mg	T1	
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	
gnp aspirin low dose oral tablet delayed release 81 mg	T1	
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
mm aspirin oral tablet delayed release 81 mg	T1	
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Drugs		
Acl Inhibitors		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T1	PA
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T1	PA
Alpha-Adrenergic Blocking Agents (24:16)		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Angiotensin Ii Recep Antagonist/Neprolys		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	T1	QL (240 EA per 30 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	T1	QL (60 EA per 30 days)
Angiotensin Ii Receptor Antagon.(Hypotn)		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	PA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	T1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	T1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin Ii Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	PA
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg	T1	PA
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	T1	QL (240 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	T1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	T1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	T1	QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T1	PA
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	T1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T1	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Angiotensin-Converting Enzyme Inhibitors		
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	T1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T1	PA
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	T1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	T1	PA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T1	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Antiarrhythmics, Miscellaneous		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	T1	
digoxin oral solution 0.05 mg/ml	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (***digoxin***)	T1	
magnesium sulfate injection solution 50 %	T1	
Antilipemic Agents, Miscellaneous		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T1	PA
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T1	PA
niacin (antihyperlipidemic) oral tablet 500 mg	T1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	T1	PA
omega-3-acid ethyl esters oral capsule 1 gm	T1	ST
Beta-Adrenergic Blocking Agents (24:20)		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
betaxolol hcl oral tablet 10 mg, 20 mg	T1	PA
BETIMOL OPHTHALMIC SOLUTION 0.5 % (***timolol hemihydrate***)	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	T1	PA
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	T1	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	T1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	T1	
Bile Acid Sequestrants		
cholestyramine light oral packet 4 gm	T1	
cholestyramine light oral powder 4 gm/dose	T1	
cholestyramine oral packet 4 gm	T1	
cholestyramine oral powder 4 gm/dose	T1	
colestipol hcl oral granules 5 gm	T1	
colestipol hcl oral packet 5 gm	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
colestipol hcl oral tablet 1 gm	T1	
cholestyramine light (Prevalite Oral Packet 4 Gm)	T1	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	T1	
Calcium-Channel Block.Agt,Misc(Hypoten)		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Calcium-Channel Blocking Agents		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Calcium-Channel Blocking Agents, Misc.		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Carbonic Anhydrase Inhibitors (24:36)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
methazolamide oral tablet 25 mg, 50 mg	T1	PA
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
methazolamide oral tablet 25 mg, 50 mg	T1	PA
Cardiotonic Agents		
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	T1	
digoxin oral solution 0.05 mg/ml	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANOXIN ORAL TABLET 125 MCG, 250 MCG (***digoxin***)	T1	
Central Alpha-Agonists		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
betaxolol hcl oral tablet 10 mg, 20 mg	T1	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	T1	PA
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
Cgmp Synthesis Agent		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T1	PA
Cholesterol Absorption Inhibitors		
ezetimibe oral tablet 10 mg	T1	
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T1	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule 100 mg, 150 mg	T1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (***disopyramide phosphate***)	T1	
quinidine gluconate er oral tablet extended release 324 mg	T1	
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
Class Ib Antiarrhythmics		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (***phenytoin***)	T1	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (***phenytoin sodium extended***)	T1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	T1	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	T1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	T1	
phenytoin oral tablet chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	
Class Ic Antiarrhythmics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	T1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	T1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	T1	
Class Ii Antiarrhythmics		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
betaxolol hcl ophthalmic solution 0.5 %	T1	PA
betaxolol hcl oral tablet 10 mg, 20 mg	T1	PA
BETIMOL OPHTHALMIC SOLUTION 0.5 % (***timolol hemihydrate***)	T1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (***betaxolol hcl***)	T1	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate (once-daily) ophthalmic solution 0.5 %	T1	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	T1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	T1	
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	T1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	T1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	T1	PA
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
Class Iv Antiarrhythmics		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Dihydropyridines		
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	T1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T1	ST
nicardipine hcl oral capsule 20 mg, 30 mg	T1	PA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral capsule 10 mg, 20 mg	T1	
nimodipine oral capsule 30 mg	T1	PA
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T1	ST
nicardipine hcl oral capsule 20 mg, 30 mg	T1	PA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine oral capsule 10 mg, 20 mg	T1	
nimodipine oral capsule 30 mg	T1	PA
Direct Vasodilators		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil (vasodilator)***)	T1	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (***alprostadil (vasodilator)***)	T1	PA
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
minoxidil oral tablet 10 mg, 2.5 mg	T1	
Diuretics, Miscellaneous (Hypotensive)		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 43 mg	T1	PA
fenofibrate micronized oral capsule 134 mg	T1	
fenofibrate micronized oral capsule 200 mg, 67 mg	T1	QL (30 EA per 30 days)
fenofibrate oral capsule 134 mg	T1	
fenofibrate oral capsule 200 mg, 67 mg	T1	QL (30 EA per 30 days)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	
gemfibrozil oral tablet 600 mg	T1	
Hmg-Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	T1	PA
fluvastatin sodium oral capsule 20 mg, 40 mg	T1	PA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	T1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	T1	
Kallikrein Inhibitors (24:48:08)		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hcl***)	T1	PA
Loop Diuretics (24:36)		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
ethacrynic acid oral tablet 25 mg	T1	
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Loop Diuretics (Hypotensive Agents)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
ethacrynic acid oral tablet 25 mg	T1	
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Mineralocorticoid (Aldosterone) Antagnts		
eplerenone oral tablet 25 mg, 50 mg	T1	PA
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (***finerenone***)	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
Nitrates And Nitrites		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
betaxolol hcl oral tablet 10 mg, 20 mg	T1	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	T1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (***nitroglycerin***)	T1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	T1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	T1	
nitroglycerin translingual solution 0.4 mg/spray	T1	PA
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
Omega-3-Mediated Antilipemics		
omega-3-acid ethyl esters oral capsule 1 gm	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	T1	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (***evolocumab***)	T1	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***evolocumab***)	T1	PA
Phosphodiesterase Type 5 Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	
cilostazol oral tablet 100 mg, 50 mg	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	T1	QL (15 EA per 30 days)
sildenafil citrate oral tablet 20 mg	T1	PA
tadalafil (pah) oral tablet 20 mg	T1	PA
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	PA
Potassium-Sparing Diuretics (24:36)		
amiloride hcl oral tablet 5 mg	T1	
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
triamterene oral capsule 100 mg, 50 mg	T1	PA
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral tablet 5 mg	T1	
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
triamterene oral capsule 100 mg, 50 mg	T1	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	T1	QL (240 EA per 30 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	T1	QL (60 EA per 30 days)
Steroidal Mineralocorticoid Receptor Ant		
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
Thiazide Diuretics (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (***chlorothiazide***)	T1	
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	
Thiazide Diuretics(Hypotensive Agents)		
DIURIL ORAL SUSPENSION 250 MG/5ML (***chlorothiazide***)	T1	
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	
Thiazide-Like Diuretics (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	T1	
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	T1	
Vasodilating Agents, Misc (24:08)		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenoxybenzamine hcl oral capsule 10 mg	T1	
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	T1	PA
Vasodilating Agents, Miscellaneous		
ambrisentan oral tablet 10 mg, 5 mg	T1	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
bosentan oral tablet 125 mg, 62.5 mg	T1	PA
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil (vasodilator)***)	T1	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (***alprostadil (vasodilator)***)	T1	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
nicardipine hcl oral capsule 20 mg, 30 mg	T1	PA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine oral capsule 10 mg, 20 mg	T1	
nimodipine oral capsule 30 mg	T1	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T1	PA
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T1	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T1	PA
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral solution 50 mg/5ml	T1	
amantadine hcl oral tablet 100 mg	T1	
Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	T1	PA
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	T1	PA
methamphetamine hcl oral tablet 5 mg	T1	PA
Amyotrophic Lateral Sclerosis(Als) Agent		
riluzole oral tablet 50 mg	T1	
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	T1	QL (5000 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	QL (400 EA per 30 days)
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	T1	QL (360 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)	T1	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	PA
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (***ziconotide acetate***)	T1	
tramadol-acetaminophen oral tablet 37.5-325 mg	T1	QL (240 EA per 30 days)
Anorexigenic Agents		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (***naltrexone-bupropion hcl***)	T1	PA
Anorexigenic Agents, Miscellaneous		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (***naltrexone-bupropion hcl***)	T1	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (***liraglutide***)	T1	ST; QL (9 ML per 28 days)
Anticholinergic Agents (Cns)		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (120 EA per 30 days)
diphenhydramine hcl oral capsule 25 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	T1	PA
orphenadrine citrate injection solution 30 mg/ml	T1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	T1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	T1	
Anticonvulsants, Miscellaneous		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	T1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral suspension 100 mg/5ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet chewable 100 mg, 200 mg	T1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine***)	T1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol***)	T1	PA
felbamate oral suspension 600 mg/5ml	T1	PA
felbamate oral tablet 400 mg, 600 mg	T1	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet chewable 25 mg, 5 mg	T1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	T1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	T1	
magnesium sulfate injection solution 50 %	T1	
oxcarbazepine oral suspension 300 mg/5ml	T1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T1	ST
rufinamide oral tablet 200 mg, 400 mg	T1	PA
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGRETOL ORAL SUSPENSION 100 MG/5ML (***carbamazepine***)	T1	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	T1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (***carbamazepine***)	T1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T1	
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	T1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T1	
Antidepressants, Miscellaneous		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	T1	QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	T1	
bupropion hcl oral tablet 100 mg, 75 mg	T1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	T1	
mirtazapine oral tablet dispersible 15 mg, 30 mg	T1	
mirtazapine oral tablet dispersible 45 mg	T1	PA
Antimanic Agents		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	T1	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral suspension 100 mg/5ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet chewable 100 mg, 200 mg	T1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine***)	T1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet chewable 25 mg, 5 mg	T1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	T1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	T1	
lithium carbonate oral tablet 300 mg	T1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (***lithium carbonate***)	T1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet dispersible 0.25 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	T1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (***carbamazepine***)	T1	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	T1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (***carbamazepine***)	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	T1	PA
Antimigraine Agents, Miscellaneous		
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin ec adult low dose oral tablet delayed release 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	
aspirin low dose oral tablet chewable 81 mg	T1	
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 81 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
childrens aspirin oral tablet chewable 81 mg	T1	
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	T1	
dihydroergotamine mesylate injection solution 1 mg/ml	T1	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
ec-naproxen oral tablet delayed release 500 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	
ergotamine-caffeine oral tablet 1-100 mg	T1	
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	
gnp aspirin low dose oral tablet delayed release 81 mg	T1	
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
ketoprofen er oral capsule extended release 24 hour 200 mg	T1	
ketoprofen oral capsule 50 mg	T1	PA
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T1	
mm aspirin oral tablet delayed release 81 mg	T1	
naproxen oral suspension 125 mg/5ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet delayed release 375 mg, 500 mg	T1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	T1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
Antipsychotics, Miscellaneous		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T1	
pimozide oral tablet 1 mg, 2 mg	T1	
Anxiolytics,Sedatives,And Hypnotics,Misc		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	T1	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	T1	PA
diphenhydramine hcl oral capsule 25 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
meprobamate oral tablet 200 mg, 400 mg	T1	PA
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
zaleplon oral capsule 10 mg	T1	QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	T1	QL (30 EA per 30 days)
Atypical Antipsychotics		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	T1	PA
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet dispersible 0.25 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	T1	PA
Barbiturates (Anticonvulsants)		
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	T1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	T1	
primidone oral tablet 250 mg, 50 mg	T1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	T1	QL (360 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	T1	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	T1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	T1	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	T1	
PHENOHYTRO ORAL TABLET 16.2 MG (***pb-hyoscy-atropine-scopolamine***)	T1	
Benzodiazepines (Anticonvulsants)		
clobazam oral tablet 10 mg, 20 mg	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral concentrate 5 mg/ml	T1	
diazepam oral solution 5 mg/5ml	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	T1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	T1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	T1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	T1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	T1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
clobazam oral tablet 10 mg, 20 mg	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral concentrate 5 mg/ml	T1	
diazepam oral solution 5 mg/5ml	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
estazolam oral tablet 1 mg, 2 mg	T1	
flurazepam hcl oral capsule 15 mg, 30 mg	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	T1	PA
quazepam oral tablet 15 mg	T1	PA
temazepam oral capsule 15 mg, 30 mg	T1	
temazepam oral capsule 22.5 mg, 7.5 mg	T1	PA
triazolam oral tablet 0.125 mg, 0.25 mg	T1	
Butyrophenones		
haloperidol decanoate intramuscular solution 50 mg/ml	T1	
haloperidol lactate oral concentrate 2 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	T1	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	T1	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (***fremanezumab-vfrm***)	T1	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (***fremanezumab-vfrm***)	T1	PA
NURTEC ORAL TABLET DISPERSIBLE 75 MG (***rimegepant sulfate***)	T1	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	T1	PA
Catechol-O-Methyltransferase(Comt)Inhib.		
entacapone oral tablet 200 mg	T1	
tolcapone oral tablet 100 mg	T1	
Central Nervous System Agents, Misc.		
acamprosate calcium oral tablet delayed release 333 mg	T1	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 80 mg	T1	
atomoxetine hcl oral capsule 60 mg	T1	PA
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	T1	
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	T1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	T1	PA
riluzole oral tablet 50 mg	T1	
Cyclooxygenase-2 (Cox-2) Inhibitors		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
celecoxib oral capsule 100 mg, 200 mg	T1	
celecoxib oral capsule 400 mg, 50 mg	T1	PA
Dibenzoxapines		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T1	
Diphenylbutylperidines		
pimozide oral tablet 1 mg, 2 mg	T1	
Dopamine Precursors		
carbidopa oral tablet 25 mg	T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	T1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	T1	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (***foscarbidopa-foslevodopa***)	T1	PA
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral capsule 5 mg	T1	
bromocriptine mesylate oral tablet 2.5 mg	T1	
cabergoline oral tablet 0.5 mg	T1	
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	T1	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	T1	QL (60 EA per 30 days)
Gaba-Mediated Anticonvulsants		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T1	ST
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
Hydantoins		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (***phenytoin***)	T1	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (***phenytoin sodium extended***)	T1	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	T1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	T1	
phenytoin oral tablet chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ion Channel Inhibition Agents		
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
oxcarbazepine oral suspension 300 mg/5ml	T1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
rufinamide oral tablet 200 mg, 400 mg	T1	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T1	
Monoamine Oxidase B Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	T1	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
Monoamine Oxidase Inhibitors		
phenelzine sulfate oral tablet 15 mg	T1	PA
rasagiline mesylate oral tablet 0.5 mg, 1 mg	T1	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
tranylcypromine sulfate oral tablet 10 mg	T1	PA
Non-Benzodiazepine Anxiolytics		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
meprobamate oral tablet 200 mg, 400 mg	T1	PA
Non-Benzodiazepine Hypnotics		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T1	
zaleplon oral capsule 10 mg	T1	QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	T1	QL (30 EA per 30 days)
Nonergot-Deriv.Dopamine Receptor Agonist		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	T1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	T1	
Non-Opioid Analgesics		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	T1	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	QL (400 EA per 30 days)
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	T1	QL (360 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)	T1	PA
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	PA
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (***ziconotide acetate***)	T1	
tramadol-acetaminophen oral tablet 37.5-325 mg	T1	QL (240 EA per 30 days)
Nonsteroidal Anti-Inflamm. Agents, Misc		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac epolamine external patch 1.3 %	T1	PA
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	T1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	T1	
diflunisal oral tablet 500 mg	T1	
ec-naproxen oral tablet delayed release 500 mg	T1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	T1	
etodolac oral capsule 200 mg, 300 mg	T1	
etodolac oral tablet 400 mg, 500 mg	T1	
flurbiprofen oral tablet 100 mg	T1	PA
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	T1	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin er oral capsule extended release 75 mg	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral suspension 25 mg/5ml	T1	
ketoprofen er oral capsule extended release 24 hour 200 mg	T1	
ketoprofen oral capsule 50 mg	T1	PA
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1	
ketorolac tromethamine oral tablet 10 mg	T1	PA
meclofenamate sodium oral capsule 100 mg, 50 mg	T1	PA
mefenamic acid oral capsule 250 mg	T1	PA
meloxicam oral tablet 15 mg, 7.5 mg	T1	
nabumetone oral tablet 500 mg, 750 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral suspension 125 mg/5ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet delayed release 375 mg, 500 mg	T1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
oxaprozin oral tablet 600 mg	T1	QL (90 EA per 30 days)
piroxicam oral capsule 10 mg, 20 mg	T1	
sulindac oral tablet 150 mg, 200 mg	T1	
Opioid Agonists (28:08)		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	T1	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	QL (400 EA per 30 days)
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	T1	
DISKETS ORAL TABLET SOLUBLE 40 MG (***methadone hcl***)	T1	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)	T1	PA
fentanyl cit-ropivacaine-nacl epidural solution 0.2-0.2-0.9 mg/100ml-%, 0.5-0.2-0.9 mg/250ml-%	T1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl-bupivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%, 0.2-0.125-0.9 mg/100ml-%, 0.5-0.1-0.9 mg/250ml-%, 0.5-0.125-0.9 mg/250ml-%	T1	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	T1	
hydromorphone hcl oral liquid 1 mg/ml	T1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	T1	
hydromorphone hcl rectal suppository 3 mg	T1	
levorphanol tartrate oral tablet 2 mg	T1	PA
meperidine hcl oral solution 50 mg/5ml	T1	PA
meperidine hcl oral tablet 50 mg	T1	PA
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	T1	
methadone hcl oral concentrate 10 mg/ml	T1	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	T1	
methadone hcl oral tablet 10 mg, 5 mg	T1	
methadone hcl oral tablet soluble 40 mg	T1	
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	T1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 60 mg, 90 mg	T1	PA
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	T1	PA
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	T1	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	T1	
morphine sulfate oral tablet 15 mg, 30 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	T1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	T1	PA
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***)	T1	PA
opium oral tincture 10 mg/ml (1%)	T1	PA
oxycodone hcl oral concentrate 100 mg/5ml	T1	PA
oxycodone hcl oral solution 5 mg/5ml	T1	PA
oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg	T1	PA
oxycodone hcl oral tablet 5 mg	T1	
oxycodone hcl oral tablet abuse-deterrent 15 mg, 5 mg	T1	PA
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	PA
tramadol hcl oral tablet 50 mg	T1	
tramadol-acetaminophen oral tablet 37.5-325 mg	T1	QL (240 EA per 30 days)
Opioid Antagonists (28:10)		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	T1	
gnp naloxone hcl nasal liquid 4 mg/0.1ml	T1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (***naloxone hcl***)	T1	QL (4 EA per 180 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naloxone hcl nasal liquid 4 mg/0.1ml	T1	
naltrexone hcl oral tablet 50 mg	T1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	T1	PA
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T1	PA
REXTOVY NASAL LIQUID 4 MG/0.25ML (***naloxone hcl***)	T1	QL (4 EA per 180 days)
RIVIVE NASAL LIQUID 3 MG/0.1ML (***naloxone hcl***)	T1	QL (4 EA per 180 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T1	
Opioid Partial Agonists		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	T1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	T1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	T1	PA
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (***buprenorphine***)	T1	
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	T1	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	T1	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	T1	PA
Phenothiazines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorpromazine hcl oral concentrate 100 mg/ml	T1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T1	
prochlorperazine (Compro Rectal Suppository 25 Mg)	T1	
fluphenazine hcl oral concentrate 5 mg/ml	T1	
fluphenazine hcl oral elixir 2.5 mg/5ml	T1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	T1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	T1	
Respiratory And Cns Stimulants		
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 80 mg	T1	
atomoxetine hcl oral capsule 60 mg	T1	PA
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	T1	QL (360 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 20 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
ergotamine-caffeine oral tablet 1-100 mg	T1	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	T1	QL (90 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral solution 10 mg/5ml	T1	QL (450 ML per 30 days); AL (Max 18 Years)
methylphenidate hcl oral solution 5 mg/5ml	T1	QL (900 ML per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	T1	QL (90 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T1	
norgesic forte oral tablet 50-770-60 mg	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (***orphenadrine-aspirin-caffeine***)	T1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	T1	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Reversible Cox-1/Cox-2 Inhibitors		
diclofenac sodium external gel 3 %	T1	PA
diflunisal oral tablet 500 mg	T1	
ec-naproxen oral tablet delayed release 500 mg	T1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	T1	
etodolac oral capsule 200 mg, 300 mg	T1	
etodolac oral tablet 400 mg, 500 mg	T1	
flurbiprofen oral tablet 100 mg	T1	PA
flurbiprofen sodium ophthalmic solution 0.03 %	T1	
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	T1	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin er oral capsule extended release 75 mg	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral suspension 25 mg/5ml	T1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	T1	
ketorolac tromethamine oral tablet 10 mg	T1	PA
meclofenamate sodium oral capsule 100 mg, 50 mg	T1	PA
mefenamic acid oral capsule 250 mg	T1	PA
meloxicam oral tablet 15 mg, 7.5 mg	T1	
nabumetone oral tablet 500 mg, 750 mg	T1	
naproxen oral suspension 125 mg/5ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet delayed release 375 mg, 500 mg	T1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
oxaprozin oral tablet 600 mg	T1	QL (90 EA per 30 days)
piroxicam oral capsule 10 mg, 20 mg	T1	
sulindac oral tablet 150 mg, 200 mg	T1	
Salicylates		
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	
aspirin ec adult low dose oral tablet delayed release 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin low dose oral tablet chewable 81 mg	T1	
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 81 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
childrens aspirin oral tablet chewable 81 mg	T1	
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp aspirin low dose oral tablet delayed release 81 mg	T1	
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
mm aspirin oral tablet delayed release 81 mg	T1	
norgesic forte oral tablet 50-770-60 mg	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (***orphenadrine-aspirin-caffeine***)	T1	
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	
salsalate oral tablet 500 mg, 750 mg	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	T1	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	T1	QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	T1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T1	
Selective Serotonin Agonists		
naratriptan hcl oral tablet 1 mg, 2.5 mg	T1	ST; QL (12 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	T1	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	T1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 50 mg	T1	QL (18 EA per 30 days)
sumatriptan succinate oral tablet 25 mg	T1	QL (12 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1	PA
Selective-Serotonin Reuptake Inhibitors		
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	T1	QL (900 ML per 30 days)
citalopram hydrobromide oral tablet 10 mg, 20 mg	T1	QL (90 EA per 30 days)
citalopram hydrobromide oral tablet 40 mg	T1	QL (45 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	T1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T1	
fluoxetine hcl (pmdd) oral tablet 10 mg	T1	PA
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	T1	
fluoxetine hcl oral capsule delayed release 90 mg	T1	PA
fluoxetine hcl oral solution 20 mg/5ml	T1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	T1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	T1	PA
paroxetine hcl oral suspension 10 mg/5ml	T1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T1	
sertraline hcl oral concentrate 20 mg/ml	T1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	T1	
Serotonin Modulators		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	T1	
mirtazapine oral tablet dispersible 15 mg, 30 mg	T1	
mirtazapine oral tablet dispersible 45 mg	T1	PA
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	T1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	T1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hbr***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Succinimides		
ethosuximide oral capsule 250 mg	T1	
ethosuximide oral solution 250 mg/5ml	T1	
Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	T1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	T1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	T1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl external cream 5 %	T1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral concentrate 10 mg/ml	T1	
doxepin hcl oral tablet 3 mg, 6 mg	T1	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	T1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	T1	
nortriptyline hcl oral solution 10 mg/5ml	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
protriptyline hcl oral tablet 10 mg, 5 mg	T1	PA
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	T1	PA
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***)	T1	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (***deutetrabenazine***)	T1	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T1	PA
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T1	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	T1	PA
Wakefulness-Promoting Agents		
diclofenac sodium oral tablet delayed release 75 mg	T1	
modafinil oral tablet 100 mg, 200 mg	T1	PA
Dental Agents		
Dental Agents		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***sodium fluoride***)	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
PREVIDENT DENTAL GEL 1.1 % (***sodium fluoride***)	T1	
sf 5000 plus dental cream 1.1 %	T1	
sf dental gel 1.1 %	T1	
sodium fluoride 5000 plus dental cream 1.1 %	T1	
sodium fluoride dental cream 1.1 %	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride mouth/throat solution 0.2 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
Nutritional Supplements		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***sodium fluoride***)	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
PREVIDENT DENTAL GEL 1.1 % (***sodium fluoride***)	T1	
sf 5000 plus dental cream 1.1 %	T1	
sf dental gel 1.1 %	T1	
sodium fluoride 5000 plus dental cream 1.1 %	T1	
sodium fluoride dental cream 1.1 %	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride mouth/throat solution 0.2 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
Devices		
Devices		
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	T1	
ACE AEROSOL CLOUD ENHANCER (***respiratory therapy supplies***)	T1	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
AQUALANCE LANCETS 30G (***lancets***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD DISP NEEDLE 23G X 1" (***needle (disp)***)	T1	
BD DISP NEEDLES 18G X 1-1/2" , 25G X 5/8" (***needle (disp)***)	T1	
BD INSULIN SYRINGE 29G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T1	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T1	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML (***syringe/needle (disp)***)	T1	
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 3 ML, 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML (***syringe/needle (disp)***)	T1	
BD PEN NEEDLE MINI U/F 31G X 5 MM (***insulin pen needle***)	T1	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (***insulin pen needle***)	T1	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (***insulin pen needle***)	T1	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (***insulin pen needle***)	T1	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (***insulin pen needle***)	T1	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (***insulin pen needle***)	T1	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML (***syringe/needle (disp)***)	T1	
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML (***syringe/needle (disp)***)	T1	
BD TB SYRINGE 27G X 1/2" 1 ML (***tuberculin-allergy syringes***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (***insulin syringe-needle u-100***)	T1	
COMFORT EZ PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	T1	
COMPACT SPACE CHAMBER DEVICE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T1	
DROPLET MICRON 34G X 3.5 MM (***insulin pen needle***)	T1	
DROPLET PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (***insulin pen needle***)	T1	
EASIVENT (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
easy comfort lancets	T1	
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T1	
EASY TOUCH PEN NEEDLES 31G X 5 MM , 31G X 8 MM (***insulin pen needle***)	T1	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (***insulin pen needle***)	T1	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (***insulin syringe-needle u-100***)	T1	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T1	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T1	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (***insulin pen needle***)	T1	
EMBECTA PEN NEEDLE NANO 32G X 4 MM (***insulin pen needle***)	T1	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (***insulin pen needle***)	T1	
EMBRACE LANCETS ULTRA THIN 30G (***lancets***)	T1	
eq space chamber anti-static device	T1	QL (2 EA per 365 days)
FREESTYLE LANCETS (***lancets***)	T1	
FREESTYLE LIBRE 14 DAY READER DEVICE (***continuous glucose receiver***)	T1	PA
FREESTYLE LIBRE 14 DAY SENSOR (***continuous glucose sensor***)	T1	PA
FREESTYLE LIBRE 2 PLUS SENSOR (***continuous glucose sensor***)	T1	PA
FREESTYLE LIBRE 2 READER DEVICE (***continuous glucose receiver***)	T1	PA
FREESTYLE LIBRE 2 SENSOR (***continuous glucose sensor***)	T1	PA
FREESTYLE LIBRE 3 PLUS SENSOR (***continuous glucose sensor***)	T1	PA
FREESTYLE LIBRE 3 READER DEVICE (***continuous glucose receiver***)	T1	PA
FREESTYLE LIBRE 3 SENSOR (***continuous glucose sensor***)	T1	PA
insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 1 ml	T1	
lancets 28g thin	T1	
lancets micro thin 33g	T1	
lancets super thin 28g	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lancets ultra thin 30g	T1	
lancing device	T1	
MICROCHAMBER (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
MICROLET LANCETS (***lancets***)	T1	
NOVOFINE PEN NEEDLE 32G X 6 MM (***insulin pen needle***)	T1	
ONETOUCH DELICA PLUS LANCET30G (***lancets***)	T1	
ONETOUCH DELICA PLUS LANCET33G (***lancets***)	T1	
OPTICHAMBER DIAMOND (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
prochamber vhc device	T1	QL (2 EA per 365 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (***blood glucose monitoring suppl***)	T1	QL (100 EA per 90 days)
sure comfort insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	T1	
sure comfort lancets 30g	T1	
sure comfort pen needles 31g x 8 mm	T1	
techlite insulin syringe 31g x 5/16" 0.3 ml	T1	
TECHLITE PEN NEEDLES 31G X 8 MM (***insulin pen needle***)	T1	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (***blood glucose monitoring suppl***)	T1	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX METER KIT W/DEVICE (***blood glucose monitoring suppl***)	T1	QL (1 EA per 365 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	T1	
TRUEPLUS LANCETS 28G (***lancets***)	T1	
TRUEPLUS LANCETS 30G (***lancets***)	T1	
TRUEPLUS LANCETS 33G (***lancets***)	T1	
TRUEPLUS SAFETY LANCETS 28G (***lancets***)	T1	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (***blood glucose monitoring suppl***)	T1	QL (1 EA per 365 days)
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	T1	
UNIFINE PENTIPS PLUS 31G X 8 MM (***insulin pen needle***)	T1	
VORTEX VALVED HOLDING CHAMBER DEVICE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
Diagnostic Agents		
Adrenocortical Insufficiency		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (***corticotropin***)	T1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (***corticotropin***)	T1	PA
Cardiac Function		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
Diabetes Mellitus		
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)
TRUETRACK TEST IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)
Diagnostic Agents		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
CARESTART COVID-19 HOME TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
ellume covid-19 home test in vitro kit	T1	QL (8 EA per 30 days)
fastep covid-19 antigen test in vitro kit	T1	QL (8 EA per 30 days)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
Myasthenia Gravis		
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	T1	PA
Pheochromocytoma		
metyrosine oral capsule 250 mg	T1	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***pot & sod ac phosphates***)	T1	
Alkalinizing Agents		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORACIT ORAL SOLUTION 490-640 MG/5ML (***sod citrate-citric acid***)	T1	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	T1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	T1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	T1	
sod citrate-citric acid oral solution 500-334 mg/5ml	T1	
tricitrates oral solution 550-500-334 mg/5ml	T1	
Ammonia Detoxicants		
constulose oral solution 10 gm/15ml	T1	
enulose oral solution 10 gm/15ml	T1	
generlac oral solution 10 gm/15ml	T1	
lactulose encephalopathy oral solution 10 gm/15ml	T1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	T1	
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	T1	PA
sodium phenylbutyrate oral powder 3 gm/tsp	T1	
sodium phenylbutyrate oral tablet 500 mg	T1	
Caloric Agents		
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	T1	
bupivacaine spinal intrathecal solution 0.75-8.25 %	T1	
ELLIOTTS B INTRATHECAL SOLUTION (***intrathecal elec-dextrose***)	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
Carbonic Anhydrase Inhibitors (40:28)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Irrigating Solutions		
acetic acid glacial solution 99 %	T1	
acetic acid irrigation solution 0.25 %	T1	
acetic acid solution 5 %	T1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (***sodium chloride (gu irrigant)***)	T1	
glycine irrigation solution 1.5 %	T1	
glycine urologic irrigation solution 1.5 %	T1	
lactated ringers irrigation solution	T1	
irrigation solns physiological (Physiolyte Irrigation Solution)	T1	
irrigation solns physiological (Physiosol Irrigation Irrigation Solution)	T1	
ringers irrigation irrigation solution	T1	
sodium chloride irrigation solution 0.9 %	T1	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	T1	
sterile water for irrigation irrigation solution	T1	
water for irrigation, sterile irrigation solution	T1	
Loop Diuretics (40:28)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
ethacrynic acid oral tablet 25 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Phosphate-Removing Agents		
calcium acetate (phos binder) oral capsule 667 mg	T1	
calcium acetate (phos binder) oral tablet 667 mg	T1	
calcium acetate oral tablet 667 mg	T1	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	T1	PA
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
Potassium-Removing Agents		
LOKELMA ORAL PACKET 10 GM, 5 GM (***sodium zirconium cyclosilicate***)	T1	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 1 GM (***patiromer sorbitex calcium***)	T1	ST; QL (60 EA per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (***patiromer sorbitex calcium***)	T1	ST; QL (30 EA per 30 days)
Potassium-Sparing Diuretics (40:28)		
amiloride hcl oral tablet 5 mg	T1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
triamterene oral capsule 100 mg, 50 mg	T1	PA
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	T1	
Replacement Preparations		
actical oral capsule	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupivacaine hcl-nacl epidural solution 0.125-0.9 %	T1	
calcium acetate (phos binder) oral capsule 667 mg	T1	
calcium acetate (phos binder) oral tablet 667 mg	T1	
calcium acetate oral tablet 667 mg	T1	
centravites 50 plus oral tablet	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
cvs one daily essential oral tablet	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (***potassium bicarbonate***)	T1	
ELLIOTTS B INTRATHECAL SOLUTION (***intrathecal elec-dextrose***)	T1	
essential one daily multivit oral tablet	T1	
fentanyl cit-ropivacaine-nacl epidural solution 0.2-0.2-0.9 mg/100ml-%, 0.5-0.2-0.9 mg/250ml-%	T1	
fentanyl-bupivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%, 0.2-0.125-0.9 mg/100ml-%, 0.5-0.1-0.9 mg/250ml-%, 0.5-0.125-0.9 mg/250ml-%	T1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (***zinc acetate (oral)***)	T1	PA
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (***calfactant in nacl***)	T1	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	T1	
potassium chloride (Klor-Con Oral Packet 20 Meq)	T1	PA
K-PHOS ORAL TABLET 500 MG (***potassium phosphate monobasic***)	T1	
magnesium chloride injection solution 200 mg/ml	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (***k phos mono-sod phos di & mono***)	T1	
phosphorous oral tablet 155-852-130 mg	T1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (***potassium phosphate monobasic***)	T1	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	T1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	T1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	T1	
potassium chloride oral packet 20 meq	T1	PA
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	T1	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal/iron oral tablet	T1	
ropivacaine hcl-nacl injection solution 0.2-0.9 %	T1	
saline bacteriostatic injection solution 0.9 %	T1	
sodium chloride (pf) injection solution 0.9 %	T1	
sodium chloride bacteriostatic injection solution 0.9 %	T1	
sodium chloride injection solution 2.5 meq/ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
support oral liquid	T1	
SUPPORT-500 ORAL CAPSULE (***multiple vitamins-minerals***)	T1	
v-c forte oral capsule	T1	
VIC-FORTE ORAL CAPSULE (***multiple vitamins-minerals***)	T1	
VITALETS CHILDRENS ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
wes-phos 250 neutral oral tablet 155-852-130 mg	T1	
Salt And Sugar Substitutes		
aspartame (for compounding) powder	T1	
Thiazide Diuretics (40:28)		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg	T1	PA
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T1	PA
DIURIL ORAL SUSPENSION 250 MG/5ML (***chlorothiazide***)	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T1	PA
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	T1	PA
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	T1	PA
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T1	PA
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Thiazide-Like Diuretics (40:28)		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	T1	
Uricosuric Agents		
colchicine-probenecid oral tablet 0.5-500 mg	T1	
probenecid oral tablet 500 mg	T1	
Enzymes		
Enzyme Inhibitors		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Enzymes		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase bovine***)	T1	
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)***)	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	T1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T1	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (***sacrosidase***)	T1	
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)***)	T1	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (52:40)		
apraclonidine hcl ophthalmic solution 0.5 %	T1	
brimonidine tartrate ophthalmic solution 0.15 %	T1	PA
brimonidine tartrate ophthalmic solution 0.2 %	T1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	T1	PA
IOPIDINE OPHTHALMIC SOLUTION 1 % (***apraclonidine hcl***)	T1	
Antiallergic Agents		
ALOCRIL OPHTHALMIC SOLUTION 2 % (***nedocromil sodium***)	T1	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic solution 0.05 %	T1	QL (6 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
epinastine hcl ophthalmic solution 0.05 %	T1	PA
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	T1	
Antibacterials (52:04)		
bacitracin ophthalmic ointment 500 unit/gm	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (***ciprofloxacin hcl***)	T1	
ciprofloxacin hcl ophthalmic solution 0.3 %	T1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	T1	
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	T1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin-colist-hc-thonzonium***)	T1	
ery external pad 2 %	T1	
erythromycin external gel 2 %	T1	
erythromycin external solution 2 %	T1	
erythromycin ophthalmic ointment 5 mg/gm	T1	
gentamicin sulfate external cream 0.1 %	T1	
gentamicin sulfate external ointment 0.1 %	T1	
gentamicin sulfate ophthalmic solution 0.3 %	T1	
minocycline hcl oral capsule 100 mg	T1	QL (60 EA per 30 days)
minocycline hcl oral capsule 50 mg	T1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
moxifloxacin hcl ophthalmic solution 0.5 %	T1	
neomycin sulfate oral tablet 500 mg	T1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	T1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	T1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	T1	
ofloxacin ophthalmic solution 0.3 %	T1	
ofloxacin otic solution 0.3 %	T1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	T1	
sulfacetamide sodium ophthalmic solution 10 %	T1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	T1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T1	
tobramycin inhalation nebulization solution 300 mg/5ml	T1	PA
tobramycin ophthalmic solution 0.3 %	T1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	T1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (***tobramycin***)	T1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	T1	

Antifungals (Eent)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATACYN OPHTHALMIC SUSPENSION 5 % (***natamycin***)	T1	
Antiglaucoma Agents, Miscellaneous		
epinephrine (anaphylaxis) injection solution 30 mg/30ml	T1	
epinephrine injection solution 1 mg/ml	T1	
epinephrine pf injection solution 1 mg/ml	T1	
Anti-Infectives, Miscellaneous (52:04)		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (***povidone-iodine***)	T1	
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
silver nitrate external solution 0.5 %	T1	
Anti-Inflammatory Agents (Eent)		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	T1	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine ophthalmic emulsion 0.05 %	T1	PA
cyclosporine oral capsule 100 mg, 25 mg	T1	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	
XIIDRA OPHTHALMIC SOLUTION 5 % (***lifitegrast***)	T1	PA
Antivirals (Eent)		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trifluridine ophthalmic solution 1 %	T1	
Astringents (52:04)		
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
Beta-Adrenergic Blocking Agents (52:40)		
betaxolol hcl ophthalmic solution 0.5 %	T1	PA
BETIMOL OPHTHALMIC SOLUTION 0.5 % (***timolol hemihydrate***)	T1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (***betaxolol hcl***)	T1	PA
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	T1	PA
carteolol hcl ophthalmic solution 1 %	T1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	T1	
levobunolol hcl ophthalmic solution 0.5 %	T1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	T1	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	T1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	T1	
Carbonic Anhydrase Inhibitors (52:40)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
brinzolamide ophthalmic suspension 1 %	T1	PA
dorzolamide hcl ophthalmic solution 2 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	T1	
methazolamide oral tablet 25 mg, 50 mg	T1	PA
Corticosteroids (Eent)		
ALA SCALP EXTERNAL LOTION 2 % (***hydrocortisone***)	T1	PA
ala-cort external cream 1 %	T1	
ALREX OPHTHALMIC SUSPENSION 0.2 % (***loteprednol etabonate***)	T1	
anucort-hc rectal suppository 25 mg	T1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (***hydrocortisone***)	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	T1	
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	T1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	T1	PA
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin-colist-hc-thonzonium***)	T1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (***dexamethasone***)	T1	
dexamethasone oral elixir 0.5 mg/5ml	T1	
dexamethasone oral solution 0.5 mg/5ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet therapy pack 1.5 mg (51)	T1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	T1	
difluprednate ophthalmic emulsion 0.05 %	T1	ST; QL (5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAREX OPHTHALMIC SUSPENSION 0.1 % (***fluorometholone acetate***)	T1	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	PA
fluocinolone acetonide body external oil 0.01 %	T1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	T1	
fluocinolone acetonide external ointment 0.025 %	T1	
fluocinolone acetonide external solution 0.01 %	T1	
fluocinolone acetonide scalp external oil 0.01 %	T1	
fluorometholone ophthalmic suspension 0.1 %	T1	
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	T1	
fluticasone propionate nasal suspension 50 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (***fluorometholone***)	T1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	T1	
hydrocortisone butyrate external cream 0.1 %	T1	PA
hydrocortisone butyrate external ointment 0.1 %	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyrate external solution 0.1 %	T1	PA
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
hydrocortisone rectal enema 100 mg/60ml	T1	
hydrocortisone valerate external cream 0.2 %	T1	PA
hydrocortisone valerate external ointment 0.2 %	T1	PA
hydrocortisone-acetic acid otic solution 1-2 %	T1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	T1	
loteprednol etabonate ophthalmic suspension 0.5 %	T1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (***dexamethasone***)	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate external solution 0.1 %	T1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	T1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	T1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	T1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	T1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (***prednisolone acetate***)	T1	
prednisolone acetate ophthalmic suspension 1 %	T1	
prednisolone oral solution 15 mg/5ml	T1	
prednisolone oral tablet 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone sodium phosphate ophthalmic solution 1 %	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T1	PA
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	T1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	T1	
TEXACORT EXTERNAL SOLUTION 2.5 % (***hydrocortisone***)	T1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	T1	
Eent Anti-Inflammatory Agents, Misc.		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	T1	PA
cyclosporine ophthalmic emulsion 0.05 %	T1	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (***lifitegrast***)	T1	PA
Eent Drugs, Miscellaneous		
acetic acid otic solution 2 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML (***sodium hyaluronate***)	T1	
apraclonidine hcl ophthalmic solution 0.5 %	T1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (***sulfuric acid-sulf phenolics***)	T1	
hydrocortisone-acetic acid otic solution 1-2 %	T1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (***apraclonidine hcl***)	T1	
polysorbate 80 oral liquid	T1	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (***varenicline tartrate***)	T1	PA
Eent Nonsteroidal Anti-Inflam. Agents		
diclofenac sodium ophthalmic solution 0.1 %	T1	
flurbiprofen oral tablet 100 mg	T1	PA
flurbiprofen sodium ophthalmic solution 0.03 %	T1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	T1	
ketorolac tromethamine oral tablet 10 mg	T1	PA
Local Anesthetics (Eent)		
lidocaine viscous hcl mouth/throat solution 2 %	T1	
proparacaine hcl ophthalmic solution 0.5 %	T1	
tetracaine hcl ophthalmic solution 0.5 %	T1	
Miotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG (***acetylcholine chloride***)	T1	PA
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (***carbachol***)	T1	PA
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (***echothiophate iodide***)	T1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
pilocarpine hcl oral tablet 5 mg	T1	
pilocarpine hcl oral tablet 7.5 mg	T1	PA
Mydriatics		
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	
atropine sulfate ophthalmic solution 1 %	T1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (***cyclopentolate-phenylephrine***)	T1	
cyclopentolate hcl ophthalmic solution 1 %	T1	
epinephrine (anaphylaxis) injection solution 30 mg/30ml	T1	
epinephrine injection solution 1 mg/ml	T1	
epinephrine pf injection solution 1 mg/ml	T1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (***homatropine hbr***)	T1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1	
tropicamide ophthalmic solution 0.5 %, 1 %	T1	
Prostaglandin Analogs		
bimatoprost ophthalmic solution 0.03 %	T1	PA
latanoprost ophthalmic solution 0.005 %	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (***bimatoprost***)	T1	PA
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (***netarsudil-latanoprost***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
travoprost (bak free) ophthalmic solution 0.004 %	T1	PA
Rho Kinase Inhibitors		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (***netarsudil-latanoprost***)	T1	PA
Vasoconstrictors		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (***cyclopentolate-phenylephrine***)	T1	
epinephrine (anaphylaxis) injection solution 30 mg/30ml	T1	
epinephrine injection solution 1 mg/ml	T1	
epinephrine pf injection solution 1 mg/ml	T1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL CAPSULE 300-0.5 MG (***netupitant-palonosetron***)	T1	PA
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	T1	PA
granisetron hcl oral tablet 1 mg	T1	ST; QL (12 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml	T1	
ondansetron hcl oral tablet 4 mg, 8 mg	T1	
ondansetron oral tablet dispersible 4 mg, 8 mg	T1	
Antacids And Adsorbents		
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	T1	
Antidiarrhea Agents		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
loperamide hcl oral capsule 2 mg	T1	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin-atropine***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
opium oral tincture 10 mg/ml (1%)	T1	PA
Antiemetics, Miscellaneous		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
Antihistamines (Gi Drugs)		
prochlorperazine (Compro Rectal Suppository 25 Mg)	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
meclizine hcl oral tablet chewable 25 mg	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide hcl***)	T1	
trimethobenzamide hcl oral capsule 300 mg	T1	
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl oral tablet 0.5 mg, 1 mg	T1	PA
balsalazide disodium oral capsule 750 mg	T1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	T1	
mesalamine oral capsule delayed release 400 mg	T1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	T1	
mesalamine rectal enema 4 gm	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine rectal suppository 1000 mg	T1	
SFROWASA RECTAL ENEMA 4 GM/60ML (***mesalamine***)	T1	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
Antiulcer Agents And Acid Suppressants		
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	T1	
amoxicillin oral tablet 500 mg, 875 mg	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
clarithromycin er oral tablet extended release 24 hour 500 mg	T1	PA
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
tetracycline hcl oral capsule 250 mg, 500 mg	T1	
Cathartics And Laxatives		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (***peg 3350-kcl-nabcb-nacl-nasulf***)	T1	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	T1	
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	T1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	T1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg-3350/electrolytes oral solution reconstituted 236 gm	T1	
PLURONIC F127 POWDER (***poloxamer***)	T1	
sorbitol solution 70 %	T1	
SUTAB ORAL TABLET 1479-225-188 MG (***sodium sulfate-mag sulfate-kcl***)	T1	
Chloride Channel Activators		
lubiprostone oral capsule 24 mcg, 8 mcg	T1	PA
Cholelitholytic Agents		
ursodiol oral capsule 300 mg	T1	
ursodiol oral tablet 250 mg, 500 mg	T1	
Digestants		
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)***)	T1	
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)***)	T1	
Dopamine Receptor Antagonists		
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
Gi Drugs, Miscellaneous		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (4 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T1	QL (2 EA per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T1	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T1	QL (4 EA per 28 days)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T1	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	T1	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T1	PA
lubiprostone oral capsule 24 mcg, 8 mcg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T1	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T1	
prucalopride succinate oral tablet 1 mg, 2 mg	T1	PA
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T1	PA
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T1	PA
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T1	PA
Histamine H2-Antagonists		
cimetidine hcl oral solution 300 mg/5ml	T1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T1	
famotidine oral suspension reconstituted 40 mg/5ml	T1	
famotidine oral tablet 20 mg, 40 mg	T1	
nizatidine oral capsule 300 mg	T1	PA
Immunomodulatory Agents (56:44)		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T1	PA
Lipotropic Agents		
b complex formula 1 (lipotrop) oral tablet	T1	
balance b-100 oral tablet	T1	
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL CAPSULE 300-0.5 MG (***netupitant-palonosetron***)	T1	PA
aprepitant oral capsule 125 mg, 80 & 125 mg, 80 mg	T1	QL (30 EA per 30 days)
aprepitant oral capsule 40 mg	T1	QL (1 EA per 30 days)
Opioid Antagonists (56:18)		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T1	PA
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T1	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prokinetic Agents		
metoclopramide hcl +rfid injection solution 5 mg/ml	T1	
metoclopramide hcl injection solution 5 mg/ml	T1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet 10 mg, 5 mg	T1	
Prostaglandins		
misoprostol oral tablet 100 mcg, 200 mcg	T1	
Protectants		
sucralfate oral suspension 1 gm/10ml	T1	
sucralfate oral tablet 1 gm	T1	
Proton-Pump Inhibitors		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	T1	PA
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	T1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	T1	
lansoprazole oral tablet delayed release dispersible 15 mg	T1	
lansoprazole oral tablet delayed release dispersible 30 mg	T1	QL (30 EA per 30 days)
omeprazole oral capsule delayed release 10 mg, 20 mg	T1	
omeprazole oral capsule delayed release 40 mg	T1	QL (60 EA per 30 days)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	T1	
pantoprazole sodium intravenous solution reconstituted 40 mg	T1	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	T1	
rabeprazole sodium oral tablet delayed release 20 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T1	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	T1	PA
deferiprone oral tablet 1000 mg, 500 mg	T1	PA
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	T1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (***deferiprone***)	T1	PA
penicillamine oral capsule 250 mg	T1	PA
penicillamine oral tablet 250 mg	T1	PA
pentetate calcium trisodium combination solution 200 mg/ml	T1	
pentetate zinc trisodium combination solution 200 mg/ml	T1	
trientine hcl oral capsule 250 mg	T1	PA
Hormones And Synthetic Substitutes		
Adrenals		
ALA SCALP EXTERNAL LOTION 2 % (***hydrocortisone***)	T1	PA
ala-cort external cream 1 %	T1	
anucort-hc rectal suppository 25 mg	T1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (***hydrocortisone***)	T1	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	T1	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (***mometasone furoate***)	T1	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	T1	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***mometasone furoate***)	T1	
betamethasone dipropionate aug external cream 0.05 %	T1	
betamethasone dipropionate aug external gel 0.05 %	T1	
betamethasone dipropionate aug external lotion 0.05 %	T1	PA
betamethasone dipropionate aug external ointment 0.05 %	T1	PA
betamethasone dipropionate external cream 0.05 %	T1	
betamethasone dipropionate external lotion 0.05 %	T1	
betamethasone dipropionate external ointment 0.05 %	T1	
betamethasone valerate external cream 0.1 %	T1	
betamethasone valerate external foam 0.12 %	T1	PA
betamethasone valerate external lotion 0.1 %	T1	
betamethasone valerate external ointment 0.1 %	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T1	PA
budesonide er oral tablet extended release 24 hour 9 mg	T1	PA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)
budesonide oral capsule delayed release particles 3 mg	T1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	T1	QL (20.4 GM per 30 days)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	T1	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (***dexamethasone***)	T1	
dexamethasone oral elixir 0.5 mg/5ml	T1	
dexamethasone oral solution 0.5 mg/5ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet therapy pack 1.5 mg (51)	T1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	T1	
fludrocortisone acetate oral tablet 0.1 mg	T1	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	PA
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	
fluticasone propionate external cream 0.05 %	T1	
fluticasone propionate external ointment 0.005 %	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	T1	
fluticasone propionate nasal suspension 50 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	T1	
hydrocortisone butyrate external cream 0.1 %	T1	PA
hydrocortisone butyrate external ointment 0.1 %	T1	PA
hydrocortisone butyrate external solution 0.1 %	T1	PA
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
hydrocortisone rectal enema 100 mg/60ml	T1	
hydrocortisone valerate external cream 0.2 %	T1	PA
hydrocortisone valerate external ointment 0.2 %	T1	PA
hydrocortisone-acetic acid otic solution 1-2 %	T1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	T1	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	T1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
methylprednisolone oral tablet therapy pack 4 mg	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate external solution 0.1 %	T1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (***prednisolone acetate***)	T1	
prednisolone acetate ophthalmic suspension 1 %	T1	
prednisolone oral solution 15 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone oral tablet 5 mg	T1	
prednisolone sodium phosphate ophthalmic solution 1 %	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	T1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	T1	
prednisone oral solution 5 mg/5ml	T1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T1	PA
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (***budesonide***)	T1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T1	
TEXACORT EXTERNAL SOLUTION 2.5 % (***hydrocortisone***)	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
triamcinolone acetonide external aerosol solution 0.147 mg/gm	T1	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide external lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide external ointment 0.05 %	T1	PA
triamcinolone in absorbase external ointment 0.05 %	T1	PA
triamcinolone acetonide (Triderm External Cream 0.5 %)	T1	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	
Alpha-Glucosidase Inhibitors		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	T1	ST
Androgens		
COVARYX HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
COVARYX ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
danazol oral capsule 100 mg, 200 mg, 50 mg	T1	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
EEMT ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	T1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	T1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T1	
methyltestosterone oral capsule 10 mg	T1	PA
testosterone cypionate injection solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (4 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone enanthate intramuscular solution 200 mg/ml	T1	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T1	PA
Antiestrogens		
anastrozole oral tablet 1 mg	T1	QL (30 EA per 30 days)
exemestane oral tablet 25 mg	T1	
letrozole oral tablet 2.5 mg	T1	QL (30 EA per 30 days)
Antigonadtropins		
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
AFTERPILL ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
cetrorelix acetate subcutaneous kit 0.25 mg	T1	PA
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	T1	QL (1 EA per 30 days)
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	T1	PA
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T1	
levonorgestrel oral tablet 1.5 mg	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	T1	PA
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
REACT ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T1	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T1	
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
testosterone cypionate injection solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone enanthate intramuscular solution 200 mg/ml	T1	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T1	PA
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral suspension 50 mg/ml	T1	PA
Antiparathyroid Agents		
calcitonin (salmon) nasal solution 200 unit/act	T1	
Antithyroid Agents		
iodine strong oral solution 5 %	T1	
methimazole oral tablet 10 mg, 5 mg	T1	
propylthiouracil oral tablet 50 mg	T1	
Biguanides		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	T1	ST
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	T1	
glyburide-metformin oral tablet 1.25-250 mg	T1	PA
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T1	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T1	ST
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	T1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	T1	QL (30 EA per 30 days)
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***)	T1	QL (30 EA per 30 days)
Contraceptives		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
AFTERPILL ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethin-eth estrad triphasic***)	T1	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	T1	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
norethindrone (Camila Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	T1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (***medroxyprogesterone acetate***)	T1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	T1	PA
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T1	
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T1	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone (Errin Oral Tablet 0.35 Mg)	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	T1	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
norethindrone (Heather Oral Tablet 0.35 Mg)	T1	
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Incassia Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	T1	
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	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel oral tablet 1.5 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T1	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	T1	
norethindrone (Lyza Oral Tablet 0.35 Mg)	T1	
marlissa oral tablet 0.15-30 mg-mcg	T1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	T1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	T1	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T1	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T1	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T1	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T1	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethindrone oral tablet 0.35 mg	T1	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	T1	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
REACT ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Rosyrah Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T1	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T1	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T1	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T1	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	T1	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	T1	ST
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	T1	ST
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T1	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T1	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	T1	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin-sitagliptin***)	T1	ST
Estrogen Agonist-Antagonists		
clomiphene citrate oral tablet 50 mg	T1	PA
raloxifene hcl oral tablet 60 mg	T1	
tamoxifen citrate oral tablet 10 mg, 20 mg	T1	
toremifene citrate oral tablet 60 mg	T1	
Estrogens		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethin-eth estrad triphasic***)	T1	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	T1	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (***estradiol-levonorgestrel***)	T1	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	T1	ST
COVARYX HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
COVARYX ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	T1	PA
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	T1	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
EEMT HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
EEMT ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	T1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	T1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	T1	
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	T1	QL (8 EA per 28 days)
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	T1	
estradiol vaginal cream 0.01 %	T1	
estradiol vaginal tablet 10 mcg	T1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	T1	PA
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1	PA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	T1	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (***estradiol acetate***)	T1	PA
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethindrone-eth estradiol (Fyavolv Oral Tablet 1-5 Mg-Mcg)	T1	PA
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	T1	PA
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	T1	
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	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T1	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
marlissa oral tablet 0.15-30 mg-mcg	T1	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	T1	PA
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T1	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T1	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	T1	PA
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens conjugated***)	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	T1	
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T1	
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***)	T1	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Rosyrah Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T1	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T1	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	T1	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T1	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Glycogenolytic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml	T1	
Gonadotropins		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	T1	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	T1	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (***follitropin beta***)	T1	PA
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (***follitropin alfa***)	T1	PA
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (***follitropin alfa***)	T1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	T1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	T1	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (***leuprolide acetate***)	T1	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (***leuprolide acetate (3 month)***)	T1	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	T1	PA
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (***menotropins***)	T1	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (***chorionic gonadotropin***)	T1	PA
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (***choriogonadotropin alfa***)	T1	PA
SYNAREL NASAL SOLUTION 2 MG/ML (***nafarelin acetate***)	T1	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (***triptorelin pamoate***)	T1	QL (1 EA per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (***triptorelin pamoate***)	T1	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	T1	
Incretin Mimetics		
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***)	T1	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (***semaglutide***)	T1	ST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (***semaglutide***)	T1	ST; QL (3 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (***semaglutide***)	T1	ST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	T1	ST; QL (30 EA 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***)	T1	ST; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (***liraglutide***)	T1	ST; QL (9 ML per 28 days)
Intermediate-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (30 ML per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (30 ML per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (30 ML per 30 days)
Long-Acting Insulins		
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T1	QL (30 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	T1	QL (30 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	T1	QL (30 ML per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine-aglr***)	T1	QL (30 ML per 30 days)
Meglitinides		
nateglinide oral tablet 120 mg, 60 mg	T1	PA
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	T1	PA
Parathyroid Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T1	PA
Pituitary		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (***corticotropin***)	T1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (***corticotropin***)	T1	PA
desmopressin ace spray refrig nasal solution 0.01 %	T1	PA
desmopressin acetate injection solution 4 mcg/ml	T1	PA
desmopressin acetate nasal solution 1.5 mg/ml	T1	PA
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	T1	
desmopressin acetate pf injection solution 4 mcg/ml	T1	PA
desmopressin acetate spray nasal solution 0.01 %	T1	PA
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***)	T1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (***somatropin***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (***somatropin***)	T1	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	T1	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (***somatropin***)	T1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (***somatropin***)	T1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (***somatropin (non-refrigerated)***)	T1	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (***somatropin***)	T1	PA
Progestins		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
AFTERPILL ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethin-eth estrad triphasic***)	T1	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	T1	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
norethindrone (Camila Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (***estradiol-levonorgestrel***)	T1	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	T1	ST
CRINONE VAGINAL GEL 4 %, 8 % (***progesterone***)	T1	PA
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	T1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	T1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (***medroxyprogesterone acetate***)	T1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	T1	PA
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T1	
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T1	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone (Errin Oral Tablet 0.35 Mg)	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1	PA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethindrone-eth estradiol (Fyavolv Oral Tablet 1-5 Mg-Mcg)	T1	PA
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
norethindrone (Heather Oral Tablet 0.35 Mg)	T1	
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Incassia Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	T1	PA
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T1	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	T1	
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	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel oral tablet 1.5 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T1	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	T1	
norethindrone (Lyza Oral Tablet 0.35 Mg)	T1	
marlissa oral tablet 0.15-30 mg-mcg	T1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	T1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	T1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
megestrol acetate oral suspension 40 mg/ml	T1	
megestrol acetate oral tablet 20 mg, 40 mg	T1	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	T1	PA
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T1	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T1	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T1	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acetate oral tablet 5 mg	T1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethindrone oral tablet 0.35 mg	T1	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	T1	PA
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	T1	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T1	
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***)	T1	
progesterone oral capsule 100 mg, 200 mg	T1	QL (30 EA per 30 days)
REACT ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Rosyrah Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T1	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T1	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T1	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T1	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	T1	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T1	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Rapid-Acting Insulins		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APIDRA INJECTION SOLUTION 100 UNIT/ML (***insulin glulisine***)	T1	QL (30 ML per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glulisine***)	T1	QL (30 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	T1	QL (30 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin lispro***)	T1	QL (30 ML per 30 days)
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart injection solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro injection solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	T1	QL (30 ML per 30 days)
Short-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (30 ML per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin regular human***)	T1	QL (30 ML per 30 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	T1	QL (120 ML per 30 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	T1	QL (30 ML per 30 days)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	T1	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	T1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	T1	QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin-sitagliptin***)	T1	ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	T1	QL (30 EA per 30 days)
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***)	T1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Somatostatin Agonists		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T1	
Somatotropin Agonists		
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***)	T1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (***somatropin***)	T1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (***somatropin***)	T1	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	T1	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (***somatropin***)	T1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (***somatropin***)	T1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (***somatropin (non-refrigerated)***)	T1	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (***somatropin***)	T1	PA
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (***pegvisomant***)	T1	
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
glipizide oral tablet 10 mg, 5 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	T1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	T1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	T1	
glyburide-metformin oral tablet 1.25-250 mg	T1	PA
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	
Thiazolidinediones		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T1	ST
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	T1	
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid***)	T1	
levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	T1	
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	T1	
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)	T1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	T1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	T1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid***)	T1	
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***)	T1	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	T1	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	T1	
Antimetabolites, Immunosupp Therapy Misc		
azathioprine oral tablet 50 mg	T1	
azathioprine sodium injection solution reconstituted 100 mg	T1	PA
mycophenolate mofetil oral capsule 250 mg	T1	
Calcineurin Inhibitors, Misc (90:28)		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	T1	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine ophthalmic emulsion 0.05 %	T1	PA
cyclosporine oral capsule 100 mg, 25 mg	T1	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	T1	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tacrolimus external ointment 0.03 %, 0.1 %	T1	QL (30 GM per 30 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T1	PA
Disease-Modifying Antirheumatic Drugs		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
hydroxychloroquine sulfate oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
Fumarates		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	T1	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunomodulatory Agents (90:00)		
cyclophosphamide oral tablet 50 mg	T1	
mercaptopurine oral tablet 50 mg	T1	
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	T1	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	T1	
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	T1	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (***interferon beta-1a***)	T1	
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	T1	PA
Interleukin-Mediated Agents, Misc		
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab-srlf***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T1	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***sarilumab***)	T1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T1	PA
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab-aauz***)	T1	PA
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab-aauz***)	T1	PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab-aekn***)	T1	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab-aazg***)	T1	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab-aazg***)	T1	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab-kfce***)	T1	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab-kfce***)	T1	PA
Janus Kinase Inhibitors, Miscellaneous		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	T1	PA
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***tofacitinib citrate***)	T1	PA
Monocarboxylic Acid Amide Agents		
leflunomide oral tablet 10 mg, 20 mg	T1	
Mtor Inhibitors, Miscellaneous		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sirolimus oral solution 1 mg/ml	T1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	T1	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (***apremilast***)	T1	PA
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (***apremilast***)	T1	PA
Sphingosine 1-Phosphate (S1p) Agents		
fingolimod hcl oral capsule 0.5 mg	T1	PA
Tumor Necrosis Factor Inhibitors, Misc		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (4 EA per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T1	QL (2 EA per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T1	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T1	QL (4 EA per 28 days)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T1	PA

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T1	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab-ryvk***)	T1	QL (2 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Local Anesthetics		
Local Anesthetics		
bupivacaine fisiopharma injection solution 0.5 %, 2.5 mg/ml	T1	
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	T1	
bupivacaine hcl injection solution 0.25 %, 0.5 %	T1	
bupivacaine hcl-nacl epidural solution 0.125-0.9 %	T1	
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	T1	
bupivacaine spinal intrathecal solution 0.75-8.25 %	T1	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
chloroprocaine hcl (pf) injection solution 2 %	T1	
chloroprocaine hcl (pf) injection solution 3 %	T1	PA
fentanyl cit-ropivacaine-nacl epidural solution 0.2-0.2-0.9 mg/100ml-%, 0.5-0.2-0.9 mg/250ml-%	T1	
fentanyl-bupivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%, 0.2-0.125-0.9 mg/100ml-%, 0.5-0.1-0.9 mg/250ml-%, 0.5-0.125-0.9 mg/250ml-%	T1	
lidocaine hcl (pf) injection solution 0.5 %	T1	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	T1	
lidocaine hcl injection solution prefilled syringe 200 mg/10ml	T1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	T1	
POLOCAINE INJECTION SOLUTION 1 %, 2 % (***mepivacaine hcl***)	T1	
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 % (***mepivacaine hcl***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	T1	
ropivacaine hcl-nacl injection solution 0.2-0.9 %	T1	
bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	T1	
bupivacaine hcl (Sensorcaine-Mpf Injection Solution 0.75 %)	T1	
bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000)	T1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (***bupivacaine-epinephrine***)	T1	
tetracaine hcl ophthalmic solution 0.5 %	T1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000 (***lidocaine-epinephrine***)	T1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
finasteride oral tablet 5 mg	T1	
5-Alpha-Reductase Inhibitors (92:04)		
disulfiram oral tablet 250 mg, 500 mg	T1	
finasteride oral tablet 5 mg	T1	
naltrexone hcl oral tablet 50 mg	T1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T1	
Antidotes (92:12)		
acetylcysteine inhalation solution 10 %, 20 %	T1	
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T1	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	PA
glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml	T1	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	T1	PA
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (***leucovorin calcium***)	T1	
leucovorin calcium oral tablet 5 mg	T1	
magnesium sulfate injection solution 50 %	T1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	
naltrexone hcl oral tablet 50 mg	T1	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	T1	
phytonadione oral tablet 5 mg	T1	
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	T1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	T1	
colchicine oral capsule 0.6 mg	T1	PA
colchicine oral tablet 0.6 mg	T1	QL (30 EA per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ec-naproxen oral tablet delayed release 500 mg	T1	
indomethacin er oral capsule extended release 75 mg	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral suspension 25 mg/5ml	T1	
naproxen oral suspension 125 mg/5ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet delayed release 375 mg, 500 mg	T1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
probenecid oral tablet 500 mg	T1	
Bone Anabolic Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T1	PA
Bone Resorption Inhibitors		
alendronate sodium oral solution 70 mg/75ml	T1	QL (75 ML per 30 days)
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	T1	
calcitonin (salmon) nasal solution 200 unit/act	T1	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	T1	PA
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	T1	
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	T1	QL (8 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	T1	
estradiol vaginal cream 0.01 %	T1	
estradiol vaginal tablet 10 mcg	T1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	T1	PA
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (***estradiol acetate***)	T1	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT (***alendronate-cholecalciferol***)	T1	PA
ibandronate sodium oral tablet 150 mg	T1	QL (1 EA per 28 days)
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens conjugated***)	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	T1	
raloxifene hcl oral tablet 60 mg	T1	
risedronate sodium oral tablet 150 mg	T1	QL (1 EA per 30 days)
risedronate sodium oral tablet 35 mg	T1	QL (4 EA per 30 days)
risedronate sodium oral tablet 5 mg	T1	QL (30 EA per 30 days)
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	
Cariostatic Agents		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***sodium fluoride***)	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
PREVIDENT DENTAL GEL 1.1 % (***sodium fluoride***)	T1	
sf 5000 plus dental cream 1.1 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sf dental gel 1.1 %	T1	
sodium fluoride 5000 plus dental cream 1.1 %	T1	
sodium fluoride dental cream 1.1 %	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride mouth/throat solution 0.2 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
Complement Inhibitors		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (***c1 esterase inhibitor (human)***)	T1	PA
Complement Inhibitors (92:32)		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (***c1 esterase inhibitor (human)***)	T1	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hcl***)	T1	PA
Disease-Modifying Antirheumatic Agents		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (4 EA per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T1	QL (2 EA per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T1	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T1	QL (4 EA per 28 days)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
azathioprine oral tablet 50 mg	T1	
azathioprine sodium injection solution reconstituted 100 mg	T1	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T1	PA
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
hydroxychloroquine sulfate oral tablet 200 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T1	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***sarilumab***)	T1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T1	PA
leflunomide oral tablet 10 mg, 20 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	T1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T1	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	T1	PA
penicillamine oral capsule 250 mg	T1	PA
penicillamine oral tablet 250 mg	T1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***tofacitinib citrate***)	T1	PA
Immunomodulatory Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (***interferon gamma-1b***)	T1	
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (4 EA per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T1	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T1	QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T1	QL (2 EA per 28 days)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T1	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T1	QL (4 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	T1	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	T1	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
azathioprine oral tablet 50 mg	T1	
azathioprine sodium injection solution reconstituted 100 mg	T1	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	T1	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T1	PA
fingolimod hcl oral capsule 0.5 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	T1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
hydroxychloroquine sulfate oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T1	PA
leflunomide oral tablet 10 mg, 20 mg	T1	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	T1	PA
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	T1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T1	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	T1	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (***interferon beta-1a***)	T1	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG (***lenalidomide***)	T1	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T1	QL (4 EA per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	T1	PA
Immunosuppressive Agents		
azathioprine oral tablet 50 mg	T1	
azathioprine sodium injection solution reconstituted 100 mg	T1	PA
cyclophosphamide oral tablet 50 mg	T1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
leflunomide oral tablet 10 mg, 20 mg	T1	
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
mycophenolate mofetil oral capsule 250 mg	T1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate mofetil oral tablet 500 mg	T1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	
pimecrolimus external cream 1 %	T1	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	T1	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	
sirolimus oral solution 1 mg/ml	T1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	
tacrolimus external ointment 0.03 %, 0.1 %	T1	QL (30 GM per 30 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	
Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hcl***)	T1	PA
Other Miscellaneous Therapeutic Agents		
betaine oral powder	T1	
bp vit 3 oral capsule 1 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	T1	
dalfampridine er oral tablet extended release 12 hour 10 mg	T1	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	T1	PA
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	T1	
levocarnitine oral tablet 330 mg	T1	
levocarnitine sf oral solution 1 gm/10ml	T1	
LODOCO ORAL TABLET 0.5 MG (***colchicine***)	T1	PA
metyrosine oral capsule 250 mg	T1	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	T1	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (***darunavir-cobicistat***)	T1	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	T1	
tiopronin oral tablet 100 mg	T1	PA
TYBOST ORAL TABLET 150 MG (***cobicistat***)	T1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T1	PA
Protective Agents		
adapalene external gel 0.1 %	T1	
adapalene external pad 0.1 %	T1	
adapalene external solution 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	QL (45 GM per 30 days); AL (Max 30 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dalfampridine er oral tablet extended release 12 hour 10 mg	T1	PA
mesna oral tablet 400 mg	T1	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
aimsco lubricated	T1	
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	T1	
condoms	T1	
DUREX EXTRA SENSITIVE THIN DEVICE (***condoms latex lubricated***)	T1	
DUREX REALFEEL DEVICE (***condoms non-latex lubricated***)	T1	
ENCARE VAGINAL SUPPOSITORY 100 MG (***nonoxynol-9***)	T1	
FANTASY LUBRICATED (***condoms latex lubricated***)	T1	
FANTASY LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	T1	
FC2 FEMALE CONDOM (***condoms - female***)	T1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical caps***)	T1	
KAMELEON LUBRICATED (***condoms latex lubricated***)	T1	
kimono	T1	
KIMONO COLORS DEVICE (***condoms latex lubricated***)	T1	
KIMONO MAXX-LARGE FLARE (***condoms latex lubricated***)	T1	
kimono micro thin	T1	
kimono micro thin plus	T1	
kimono plus	T1	
kimono ps	T1	
kimono ps plus	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kimono sensation	T1	
kimono sensation plus	T1	
KIMONO SPECIAL DEVICE (***condoms latex lubricated***)	T1	
maxx	T1	
maxx plus	T1	
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	T1	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (***diaphragms***)	T1	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (***nonoxynol-9***)	T1	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	T1	
REALITY LATEX CONDOMS (***condoms latex lubricated***)	T1	
REALITY LATEX/ULTRA TEXTURED DEVICE (***condoms latex lubricated***)	T1	
REALITY LATEX/ULTRA THIN DEVICE (***condoms latex lubricated***)	T1	
TODAY SPONGE VAGINAL 1000 MG (***nonoxynol-9***)	T1	
TRUSTEX COLOR CONDOMS + LUBE (***condoms latex lubricated***)	T1	
TRUSTEX LUB/RIBBED/STUDDED (***condoms latex lubricated***)	T1	
TRUSTEX LUB/SPERMICIDE EX ST (***condoms latex lubricated***)	T1	
TRUSTEX LUB/SPERMICIDE XL (***condoms latex lubricated***)	T1	
TRUSTEX LUBRICATED (***condoms latex lubricated***)	T1	
TRUSTEX LUBRICATED EX LARGE (***condoms latex lubricated***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LUBRICATED EXTRA ST (***condoms latex lubricated***)	T1	
TRUSTEX LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	T1	
TRUSTEX NATURAL CONDOMS + LUBE (***condoms latex lubricated***)	T1	
TRUSTEX NON-LUBRICATED (***condoms latex non-lubricated***)	T1	
TRUSTEX RIA LUB/SPERMICIDE (***condoms latex lubricated***)	T1	
TRUSTEX RIA LUBRICATED (***condoms latex lubricated***)	T1	
TRUSTEX RIA NON-LUBRICATED (***condoms latex non-lubricated***)	T1	
TRUSTEX-NONOXYNOL-9/RIB/STUD (***condoms latex lubricated***)	T1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (***nonoxynol-9***)	T1	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (***nonoxynol-9***)	T1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
Oxytocics		
Oxytocics		
methylergonovine maleate injection solution 0.2 mg/ml	T1	
methylergonovine maleate oral tablet 0.2 mg	T1	QL (28 EA per 7 days)
mifepristone oral tablet 200 mg	T1	
oxytocin injection solution 10 unit/ml	T1	
Pharmaceutical Aids		
Pharmaceutical Aids		
bacteriostatic water(benz alc) injection solution	T1	
emollient base external cream	T1	
sterile water for injection injection solution	T1	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml	T1	
epinephrine injection solution 1 mg/ml	T1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	T1	QL (4 EA per 180 days)
epinephrine pf injection solution 1 mg/ml	T1	
Anticholinergic Agents (Respir.Tract)		
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	
atropine sulfate ophthalmic solution 1 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	T1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	T1	
hyoscyamine sulfate oral solution 0.125 mg/ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	T1	
hyosyne oral elixir 0.125 mg/5ml	T1	
hyosyne oral solution 0.125 mg/ml	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (***umeclidinium bromide***)	T1	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (***hyoscyamine sulfate***)	T1	
oscimin oral tablet 0.125 mg	T1	
oscimin sublingual tablet sublingual 0.125 mg	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide***)	T1	QL (4 GM per 30 days)
tiotropium bromide inhalation capsule 18 mcg	T1	
Antifibrotic Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	T1	PA

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	T1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***mepolizumab***)	T1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (***mepolizumab***)	T1	PA
Antitussives		
benzonatate oral capsule 100 mg, 200 mg	T1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	T1	
diphenhydramine hcl oral capsule 25 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	T1	QL (45 ML per 30 days); AL (Min 18 Years)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	T1	QL (45 EA per 30 days); AL (Min 18 Years)
hydromet oral solution 5-1.5 mg/5ml	T1	QL (45 ML per 30 days); AL (Min 18 Years)
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	PA
Corticosteroids (Respiratory Tract)		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flunisolide nasal solution 25 mcg/act (0.025%)	T1	PA
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	T1	
fluticasone propionate nasal suspension 50 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate external solution 0.1 %	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (***budesonide***)	T1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	
Endothelin Receptor Antagonists (48:48)		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ambrisentan oral tablet 10 mg, 5 mg	T1	PA
bosentan oral tablet 125 mg, 62.5 mg	T1	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T1	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T1	PA
Expectorants		
iodine strong oral solution 5 %	T1	
potassium iodide (expectorant) oral solution 1 gm/ml	T1	
First Generation Antihist.(Respir Tract)		
carbinoxamine maleate oral solution 4 mg/5ml	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
diphenhydramine hcl oral capsule 25 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	T1	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (***benralizumab***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML (***benralizumab***)	T1	PA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (***tezepelumab-ekko***)	T1	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (***tezepelumab-ekko***)	T1	PA
Leukotriene Modifiers		
montelukast sodium oral packet 4 mg	T1	PA
montelukast sodium oral tablet 10 mg	T1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	T1	
zafirlukast oral tablet 10 mg, 20 mg	T1	PA
Mast-Cell Stabilizers		
ALOCRIL OPHTHALMIC SOLUTION 2 % (***nedocromil sodium***)	T1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
Mucolytic Agents		
acetylcysteine inhalation solution 10 %, 20 %	T1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (***sodium chloride***)	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	T1	PA
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	T1	
Nasal Preparations (Steroids)		
flunisolide nasal solution 25 mcg/act (0.025%)	T1	PA
fluticasone propionate nasal suspension 50 mcg/act	T1	
Orally Inhaled Preparations (Steroids)		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (***budesonide***)	T1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T1	
Phosphodiesterase-5 Inhibitors (Respir)		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	T1	QL (15 EA per 30 days)
sildenafil citrate oral tablet 20 mg	T1	PA
tadalafil (pah) oral tablet 20 mg	T1	PA
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	PA
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T1	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
Pulmonary Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (***poractant alfa***)	T1	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (***calfactant in nacl***)	T1	
Respiratory Tract Agents, Miscellaneous		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (***tezepelumab-ekko***)	T1	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (***tezepelumab-ekko***)	T1	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	T1	PA
Second Generation Antihist(Respir Tract)		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic solution 0.05 %	T1	QL (6 ML per 30 days)
desloratadine oral tablet 5 mg	T1	PA
desloratadine oral tablet dispersible 5 mg	T1	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (2 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml	T1	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
albuterol sulfate oral syrup 2 mg/5ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (***salmeterol xinafoate***)	T1	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	T1	
Vasodilating Agents (Respiratory Tract)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T1	PA
ambrisentan oral tablet 10 mg, 5 mg	T1	PA
bosentan oral tablet 125 mg, 62.5 mg	T1	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T1	PA
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	T1	QL (15 EA per 30 days)
sildenafil citrate oral tablet 20 mg	T1	PA
tadalafil (pah) oral tablet 20 mg	T1	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T1	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	T1	PA
Vasodilating Agents, Misc (48:48)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	T1	PA
Xanthine Derivatives		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
brimonidine tartrate ophthalmic solution 0.15 %	T1	PA
brimonidine tartrate ophthalmic solution 0.2 %	T1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	T1	PA
Allylamines (Skin And Mucous Membrane)		
naftifine hcl external cream 1 %	T1	
Antibacterials (84:04)		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (***sulfacetamide sodium-sulfur***)	T1	
avidoxy oral tablet 100 mg	T1	
azelaic acid external gel 15 %	T1	PA
AZELEX EXTERNAL CREAM 20 % (***azelaic acid***)	T1	
bacitracin ophthalmic ointment 500 unit/gm	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	T1	ST
clindamycin phosphate (Clindacin Etz External Swab 1 %)	T1	
clindamycin phosphate (Clindacin-P External Swab 1 %)	T1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	T1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	T1	PA
clindamycin phos (once-daily) external gel 1 %	T1	
clindamycin phos (twice-daily) external gel 1 %	T1	
clindamycin phos-benzoyl perox external gel 1-5 %	T1	PA
clindamycin phosphate external lotion 1 %	T1	
clindamycin phosphate external solution 1 %	T1	
clindamycin phosphate external swab 1 %	T1	
clindamycin phosphate vaginal cream 2 %	T1	
dapsone oral tablet 100 mg, 25 mg	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline hyclate oral tablet 20 mg	T1	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T1	
ery external pad 2 %	T1	
erythromycin external gel 2 %	T1	
erythromycin external solution 2 %	T1	
FINACEA EXTERNAL FOAM 15 % (***azelaic acid***)	T1	PA
gentamicin sulfate external cream 0.1 %	T1	
gentamicin sulfate external ointment 0.1 %	T1	
gentamicin sulfate ophthalmic solution 0.3 %	T1	
levofloxacin oral solution 25 mg/ml	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	QL (30 EA per 30 days)
metronidazole external cream 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 1 %	T1	QL (60 GM per 30 days)
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal gel 0.75 %	T1	
minocycline hcl oral capsule 100 mg	T1	QL (60 EA per 30 days)
minocycline hcl oral capsule 50 mg	T1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	
moxifloxacin hcl oral tablet 400 mg	T1	QL (21 EA per 21 days)
mupirocin external ointment 2 %	T1	
neomycin sulfate oral tablet 500 mg	T1	
NORITATE EXTERNAL CREAM 1 % (***metronidazole***)	T1	PA
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium sulfacetamide external shampoo 10 %	T1	
sss 10-5 external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external lotion 10-5 %	T1	
sulfacetamide sodium-sulfur external suspension 10-5 %	T1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	T1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (***mafenide acetate***)	T1	PA
tetracycline hcl oral capsule 250 mg, 500 mg	T1	
Antifulgals (Skin, Mucous Membrane),Misc		
EXODERM EXTERNAL LOTION 25-1 % (***sod thiosulfate-salicylic acd***)	T1	
Antiproliferants		
bexarotene oral capsule 75 mg	T1	PA
fluorouracil external cream 5 %	T1	
fluorouracil external solution 2 %, 5 %	T1	
imiquimod external cream 5 %	T1	
Antipruritics And Local Anesthetics		
CETACAINE EXTERNAL AEROSOL 2-2-14 % (***butamben-tetracaine-benzocaine***)	T1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
CRYODOSE TA EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	T1	
doxepin hcl external cream 5 %	T1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral concentrate 10 mg/ml	T1	
doxepin hcl oral tablet 3 mg, 6 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIFOAM EXTERNAL FOAM 1-1 % (***pramoxine-hc***)	T1	PA
ethyl chloride external aerosol	T1	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	T1	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	T1	
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	T1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	T1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	T1	
lidocaine external ointment 5 %	T1	QL (60 GM per 30 days)
lidocaine external patch 5 %	T1	PA
lidocaine hcl external cream 3 %	T1	
lidocaine hcl external solution 4 %	T1	PA
lidocaine hcl urethral/mucosal external gel 2 %	T1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	T1	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	T1	
lidocaine-hydrocortisone ace rectal kit 3-0.5 %	T1	
lidocaine-prilocaine external cream 2.5-2.5 %	T1	QL (60 GM per 30 days)
LIDOCORT EXTERNAL CREAM 3-0.5 % (***lidocaine-hydrocortisone ace***)	T1	
lidopin external cream 3 %	T1	QL (85 GM per 30 days)
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1	
PRAMOSONE EXTERNAL CREAM 1-1 % (***pramoxine-hc***)	T1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (***pramoxine-hc***)	T1	PA
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (***pramoxine-hc***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T1	PA
REGENECARE EXTERNAL GEL 2 % (***lidocaine-collagen-aloe vera***)	T1	
zionodil external lotion 3 %	T1	
Antivirals (Skin And Mucous Membrane)		
acyclovir external cream 5 %	T1	PA
acyclovir external ointment 5 %	T1	PA
acyclovir oral capsule 200 mg	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet 400 mg, 800 mg	T1	
Astringents (84:12)		
DRYSOL EXTERNAL SOLUTION 20 % (***aluminum chloride***)	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
XERAC AC EXTERNAL SOLUTION 6.25 % (***aluminum chloride in alcohol***)	T1	
Astringents, Anti-Infective		
benzalkonium chloride external solution , 50 %	T1	
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
hydrocortisone-iodoquinol external cream 1-1 %	T1	
iodine strong oral solution 5 %	T1	
IODOFLEX EXTERNAL PAD 0.9 % (***cadexomer iodine***)	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
selenium sulfide external lotion 2.5 %	T1	
selenium sulfide external shampoo 2.25 %	T1	
silver sulfadiazine external cream 1 %	T1	
Azoles (Skin And Mucous Membrane)		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clotrimazole external cream 1 %	T1	
clotrimazole external solution 1 %	T1	
clotrimazole mouth/throat troche 10 mg	T1	
clotrimazole-betamethasone external cream 1-0.05 %	T1	
clotrimazole-betamethasone external lotion 1-0.05 %	T1	
econazole nitrate external cream 1 %	T1	
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate (1 dose)***)	T1	
ketoconazole external cream 2 %	T1	
ketoconazole external shampoo 2 %	T1	
miconazole 3 vaginal suppository 200 mg	T1	
miconazole nitrate external cream 2 %	T1	
terconazole vaginal cream 0.4 %, 0.8 %	T1	
terconazole vaginal suppository 80 mg	T1	PA
Basic Ointments And Protectants		
calcipotriene external cream 0.005 %	T1	PA
calcipotriene external foam 0.005 %	T1	PA
calcipotriene external ointment 0.005 %	T1	PA
calcipotriene external solution 0.005 %	T1	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	T1	PA
hydrocortisone external cream 1 %	T1	
REGENECARE EXTERNAL GEL 2 % (***lidocaine-collagen-aloe vera***)	T1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T1	
Cell Stimulants And Proliferants		
finasteride oral tablet 5 mg	T1	
minoxidil oral tablet 10 mg, 2.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin oral capsule 10 mg	T1	PA
Corticosteroids (Skin, Mucous Membrane)		
ALA SCALP EXTERNAL LOTION 2 % (***hydrocortisone***)	T1	PA
ala-cort external cream 1 %	T1	
alclometasone dipropionate external cream 0.05 %	T1	PA
alclometasone dipropionate external ointment 0.05 %	T1	PA
amcinonide external cream 0.1 %	T1	PA
anucort-hc rectal suppository 25 mg	T1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (***hydrocortisone***)	T1	
benzoyl perox-hydrocortisone external lotion 5-0.5 %	T1	
betamethasone dipropionate aug external cream 0.05 %	T1	
betamethasone dipropionate aug external gel 0.05 %	T1	
betamethasone dipropionate aug external lotion 0.05 %	T1	PA
betamethasone dipropionate aug external ointment 0.05 %	T1	PA
betamethasone dipropionate external cream 0.05 %	T1	
betamethasone dipropionate external lotion 0.05 %	T1	
betamethasone dipropionate external ointment 0.05 %	T1	
betamethasone valerate external cream 0.1 %	T1	
betamethasone valerate external foam 0.12 %	T1	PA
betamethasone valerate external lotion 0.1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone valerate external ointment 0.1 %	T1	
budesonide rectal foam 2 mg	T1	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	T1	PA
clobetasol prop emollient base external cream 0.05 %	T1	
clobetasol propionate e external cream 0.05 %	T1	
clobetasol propionate external cream 0.05 %	T1	
clobetasol propionate external foam 0.05 %	T1	
clobetasol propionate external gel 0.05 %	T1	
clobetasol propionate external lotion 0.05 %	T1	
clobetasol propionate external ointment 0.05 %	T1	
clobetasol propionate external shampoo 0.05 %	T1	PA
clobetasol propionate external solution 0.05 %	T1	
clocortolone pivalate external cream 0.1 %	T1	PA
clobetasol propionate (Clodan External Shampoo 0.05 %)	T1	PA
clotrimazole-betamethasone external cream 1-0.05 %	T1	
clotrimazole-betamethasone external lotion 1-0.05 %	T1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (***flurandrenolide***)	T1	PA
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	T1	PA
desonide external cream 0.05 %	T1	
desonide external lotion 0.05 %	T1	PA
desonide external ointment 0.05 %	T1	
desoximetasone external cream 0.05 %, 0.25 %	T1	PA
desoximetasone external gel 0.05 %	T1	PA
desoximetasone external ointment 0.25 %	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diflorasone diacetate external cream 0.05 %	T1	PA
diflorasone diacetate external ointment 0.05 %	T1	PA
EPIFOAM EXTERNAL FOAM 1-1 % (***pramoxine-hc***)	T1	PA
fluocinolone acetonide body external oil 0.01 %	T1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	T1	
fluocinolone acetonide external ointment 0.025 %	T1	
fluocinolone acetonide external solution 0.01 %	T1	
fluocinolone acetonide scalp external oil 0.01 %	T1	
fluocinonide emulsified base external cream 0.05 %	T1	
fluocinonide external cream 0.05 %, 0.1 %	T1	
fluocinonide external gel 0.05 %	T1	
fluocinonide external ointment 0.05 %	T1	
fluocinonide external solution 0.05 %	T1	
flurandrenolide external lotion 0.05 %	T1	PA
fluticasone propionate external cream 0.05 %	T1	
fluticasone propionate external ointment 0.005 %	T1	
halcinonide external cream 0.1 %	T1	PA
halobetasol propionate external cream 0.05 %	T1	
halobetasol propionate external ointment 0.05 %	T1	
HALOG EXTERNAL SOLUTION 0.1 % (***halcinonide***)	T1	PA
hydrocortisone (perianal) external cream 1 %, 2.5 %	T1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	T1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	T1	
hydrocortisone butyrate external cream 0.1 %	T1	PA
hydrocortisone butyrate external ointment 0.1 %	T1	PA
hydrocortisone butyrate external solution 0.1 %	T1	PA
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
hydrocortisone rectal enema 100 mg/60ml	T1	
hydrocortisone valerate external cream 0.2 %	T1	PA
hydrocortisone valerate external ointment 0.2 %	T1	PA
hydrocortisone-acetic acid otic solution 1-2 %	T1	
hydrocortisone-iodoquinol external cream 1-1 %	T1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	T1	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	T1	
lidocaine-hydrocortisone ace rectal kit 3-0.5 %	T1	
LIDOCORT EXTERNAL CREAM 3-0.5 % (***lidocaine-hydrocortisone ace***)	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate external solution 0.1 %	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	T1	
PRAMOSONE EXTERNAL CREAM 1-1 % (***pramoxine-hc***)	T1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (***pramoxine-hc***)	T1	PA
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (***pramoxine-hc***)	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T1	PA
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	T1	
TEXACORT EXTERNAL SOLUTION 2.5 % (***hydrocortisone***)	T1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	T1	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide external ointment 0.05 %	T1	PA
triamcinolone acetonide mouth/throat paste 0.1 %	T1	
triamcinolone in absorbase external ointment 0.05 %	T1	PA
triamcinolone acetonide (Triderm External Cream 0.5 %)	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox (Ciclodan External Solution 8 %)	T1	
ciclopirox external gel 0.77 %	T1	
ciclopirox external shampoo 1 %	T1	
ciclopirox external solution 8 %	T1	
ciclopirox olamine external cream 0.77 %	T1	
ciclopirox olamine external suspension 0.77 %	T1	
Immunomodulatory Agents (84:06)		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (***dupilumab***)	T1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (***dupilumab***)	T1	PA
pimecrolimus external cream 1 %	T1	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	T1	

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (***brodalumab***)	T1	PA
sirolimus oral solution 1 mg/ml	T1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	
tacrolimus external ointment 0.03 %, 0.1 %	T1	QL (30 GM per 30 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	
Janus Kinase Inhibitors (84:06)		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	T1	PA
Keratolytic Agents		
isotretinoin (Accutane Oral Capsule 40 Mg)	T1	PA
acitretin oral capsule 10 mg, 25 mg	T1	
adapalene external gel 0.1 %	T1	
adapalene external pad 0.1 %	T1	
adapalene external solution 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	QL (45 GM per 30 days); AL (Max 30 Years)
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (***sulfacetamide sodium-sulfur***)	T1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX EXTERNAL GEL 0.5 % (***podofilox***)	T1	QL (7 GM per 365 days)
EXODERM EXTERNAL LOTION 25-1 % (***sod thiosulfate-salicylic acd***)	T1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	PA
podofilox external solution 0.5 %	T1	
salicylic acid external shampoo 6 %	T1	
salimez external cream 6 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Formulary Medication	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
selenium sulfide external shampoo 2.25 %	T1	
sss 10-5 external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external lotion 10-5 %	T1	
sulfacetamide sodium-sulfur external suspension 10-5 %	T1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	T1	
tazarotene external cream 0.05 %, 0.1 %	T1	
tazarotene external gel 0.05 %, 0.1 %	T1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
Keratoplastic Agents		
coal tar external solution 20 %	T1	
coal tar solution , 20 %	T1	
Local Anti-Infectives, Miscellaneous		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	QL (45 GM per 30 days); AL (Max 30 Years)
benzalkonium chloride external solution , 50 %	T1	
benzoyl perox-hydrocortisone external lotion 5-0.5 %	T1	
benzoyl peroxide external gel 10 %	T1	
benzoyl peroxide wash external liquid 10 %	T1	
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
clindamycin phos-benzoyl perox external gel 1-5 %	T1	PA
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (***sulfuric acid-sulf phenolics***)	T1	
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid-oxyquinoline***)	T1	
hydrocortisone-iodoquinol external cream 1-1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrogen peroxide solution 30 %	T1	
IODOFLEX EXTERNAL PAD 0.9 % (***cadexomer iodine***)	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
selenium sulfide external lotion 2.5 %	T1	
selenium sulfide external shampoo 2.25 %	T1	
silver sulfadiazine external cream 1 %	T1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (***mafenide acetate***)	T1	PA
Nonsteroidal Anti-Inflammat.Agents(Skin)		
diclofenac sodium external gel 1 %	T1	
diclofenac sodium external gel 3 %	T1	PA
Pigmenting Agents		
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (***methoxsalen (photopheresis)***)	T1	
Polyenes (Skin And Mucous Membrane)		
nystatin (Nyamyc External Powder 100000 Unit/Gm)	T1	
nystatin external cream 100000 unit/gm	T1	
nystatin external ointment 100000 unit/gm	T1	
nystatin external powder 100000 unit/gm	T1	
nystatin mouth/throat suspension 100000 unit/ml	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
nystatin (Nystop External Powder 100000 Unit/Gm)	T1	
Scabicides And Pediculicides		
malathion external lotion 0.5 %	T1	PA
permethrin external cream 5 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
spinosad external suspension 0.9 %	T1	PA
Skin And Mucous Membrane Agents, Misc.		
isotretinoin (Accutane Oral Capsule 40 Mg)	T1	PA
acitretin oral capsule 10 mg, 25 mg	T1	
adapalene external gel 0.1 %	T1	
adapalene external pad 0.1 %	T1	
adapalene external solution 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	QL (45 GM per 30 days); AL (Max 30 Years)
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
azelaic acid external gel 15 %	T1	PA
AZELEX EXTERNAL CREAM 20 % (***azelaic acid***)	T1	
calcipotriene external cream 0.005 %	T1	PA
calcipotriene external foam 0.005 %	T1	PA
calcipotriene external ointment 0.005 %	T1	PA
calcipotriene external solution 0.005 %	T1	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	T1	PA
calcitriol external ointment 3 mcg/gm	T1	PA
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX EXTERNAL GEL 0.5 % (***podofilox***)	T1	QL (7 GM per 365 days)
dapsone oral tablet 100 mg, 25 mg	T1	
diclofenac sodium external gel 1 %	T1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (***dupilumab***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	T1	PA
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid-oxyquinoline***)	T1	
FINACEA EXTERNAL FOAM 15 % (***azelaic acid***)	T1	PA
fluorouracil external cream 5 %	T1	
fluorouracil external solution 2 %, 5 %	T1	
GELCLAIR MOUTH/THROAT GEL (***povidone-nahyaluron-glycyrrhet***)	T1	
imiquimod external cream 5 %	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	PA
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (***oral wound care products***)	T1	
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	T1	PA
pimecrolimus external cream 1 %	T1	PA
podofilox external solution 0.5 %	T1	
RADIAPLEXRX EXTERNAL GEL (***wound dressings***)	T1	
REGENECARE EXTERNAL GEL 2 % (***lidocaine-collagen-aloe vera***)	T1	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (***brodalumab***)	T1	PA
tacrolimus external ointment 0.03 %, 0.1 %	T1	QL (30 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tazarotene external cream 0.05 %, 0.1 %	T1	
tazarotene external gel 0.05 %, 0.1 %	T1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
Smooth Muscle Relaxants		
Antimuscarinics		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	T1	PA
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	T1	PA
flavoxate hcl oral tablet 100 mg	T1	PA
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	T1	
oxybutynin chloride oral solution 5 mg/5ml	T1	
oxybutynin chloride oral tablet 5 mg	T1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (***oxybutynin***)	T1	PA
solifenacin succinate oral tablet 10 mg, 5 mg	T1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	T1	QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	T1	
trospium chloride er oral capsule extended release 24 hour 60 mg	T1	PA
trospium chloride oral tablet 20 mg	T1	PA
Respiratory Smooth Muscle Relaxants		
sildenafil citrate oral tablet 20 mg	T1	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Selective Beta-3-Adrenergic Agonists		
GEMTESA ORAL TABLET 75 MG (***vibegron***)	T1	PA
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	T1	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (***mirabegron***)	T1	PA
Vitamins		
Multivitamin Preparations		
actical oral capsule	T1	
b complex formula 1 (lipotrop) oral tablet	T1	
b complex-c oral tablet	T1	
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
b complex-c-folic acid oral tablet	T1	
balance b-100 oral tablet	T1	
balance b-50 oral tablet	T1	
b-complex (folic acid) oral tablet	T1	
b-complex/vitamin c oral tablet	T1	
b-complex-c oral tablet	T1	
centravites 50 plus oral tablet	T1	
childrens chew multivitamin oral tablet chewable	T1	
childrens chewable vitamins oral tablet chewable	T1	
classic prenatal oral tablet 28-0.8 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
cvs b complex plus c oral tablet	T1	
cvs one daily essential oral tablet	T1	
cvs super b complex/c oral tablet	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
daily value multivitamin oral tablet	T1	
daily vite oral tablet	T1	
daily vites oral tablet	T1	
daily-vite multivitamin oral tablet	T1	
daily-vite oral tablet	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
ELITE-OB ORAL TABLET 50-1.25 MG (***prenatal vit-iron carbonyl-fa***)	T1	
eql prenatal formula oral tablet 28-0.8 mg	T1	
essential one daily multivit oral tablet	T1	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (***pediatric multiple vitamins***)	T1	
folbee plus oral tablet	T1	
full spectrum b/vitamin c oral tablet 0.8 mg	T1	
GERITOL TONIC ORAL LIQUID (***iron-vitamins***)	T1	
gnp essential one daily oral tablet	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
hylavite oral tablet	T1	
kobee oral tablet	T1	
m-natal plus oral tablet 27-1 mg	T1	
multiple vitamins oral tablet	T1	
multiple vitamins-iron oral tablet chewable 15 mg	T1	
multivitamin adult oral tablet	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
multivitamin childrens (w/ fa) oral tablet chewable	T1	
multivitamin childrens oral tablet chewable	T1	
multivitamin oral tablet	T1	
multi-vitamin oral tablet	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
nephro vitamins oral tablet 0.8 mg	T1	
NEPHRO-VITE ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
one-daily multi-vitamin oral tablet	T1	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal one daily oral tablet 27-0.8 mg	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	
prenatal vitamins oral tablet 28-0.8 mg	T1	
prenatal/iron oral tablet , 28-0.8 mg	T1	
qc prenatal oral tablet 28-0.8 mg	T1	
quintabs oral tablet	T1	
RENAL ORAL CAPSULE 1 MG (***b complex-c-folic acid***)	T1	
renal vitamin oral tablet 0.8 mg	T1	
rena-vite oral tablet	T1	
rena-vite rx oral tablet 1 mg	T1	
reno caps oral capsule 1 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
stress formula oral tablet	T1	
super b complex/fa/vit c oral tablet	T1	
super b/c oral capsule	T1	
super b-complex + vitamin c oral tablet	T1	
super b-complex/vit c/fa oral tablet	T1	
support oral liquid	T1	
SUPPORT-500 ORAL CAPSULE (***multiple vitamins-minerals***)	T1	
TAB-A-VITE ORAL TABLET (***multiple vitamin***)	T1	
THERA ORAL TABLET (***multiple vitamin***)	T1	
thrivite rx oral tablet 29-1 mg	T1	
triphrocaps oral capsule 1 mg	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
v-c forte oral capsule	T1	
VIC-FORTE ORAL CAPSULE (***multiple vitamins-minerals***)	T1	
VITALETS CHILDRENS ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
wescaps oral capsule 1 mg	T1	
westab plus oral tablet 27-1 mg	T1	
Vitamin A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (***vitamin a***)	T1	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
Vitamin B Complex		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
b complex-c oral tablet	T1	
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
b complex-c-folic acid oral tablet	T1	
balance b-50 oral tablet	T1	
b-complex (folic acid) oral tablet	T1	
b-complex/b-12 oral tablet	T1	PA
b-complex/vitamin c oral tablet	T1	
b-complex-c oral tablet	T1	
bp vit 3 oral capsule 1 mg	T1	
childrens chew multivitamin oral tablet chewable	T1	
childrens chewable vitamins oral tablet chewable	T1	
classic prenatal oral tablet 28-0.8 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
cvs b complex plus c oral tablet	T1	
cvs super b complex/c oral tablet	T1	
cyanocobalamin injection solution 1000 mcg/ml	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
ELITE-OB ORAL TABLET 50-1.25 MG (***prenatal vit-iron carbonyl-fa***)	T1	
eql prenatal formula oral tablet 28-0.8 mg	T1	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (***pediatric multiple vitamins***)	T1	
folbee plus oral tablet	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
folic acid injection solution 5 mg/ml	T1	
folic acid oral tablet 1 mg, 400 mcg	T1	
folplex 2.2 oral tablet 2.2-25-0.5 mg	T1	
full spectrum b/vitamin c oral tablet 0.8 mg	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
hematinic/folic acid oral tablet 324-1 mg	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***fe fum-vit c-vit b12-fa***)	T1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	T1	
hylavite oral tablet	T1	
kobee oral tablet	T1	
kp folic acid oral tablet 1 mg	T1	
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (***leucovorin calcium***)	T1	
leucovorin calcium oral tablet 5 mg	T1	
METAFOLBIC ORAL TABLET 6-1-50-5 MG (***l-methylfolate-b12-b6-b2***)	T1	
m-natal plus oral tablet 27-1 mg	T1	
multivitamin childrens (w/ fa) oral tablet chewable	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
nephro vitamins oral tablet 0.8 mg	T1	
NEPHRO-VITE ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
neurin-sl sublingual tablet sublingual 600-600 mcg	T1	
niacin (antihyperlipidemic) oral tablet 500 mg	T1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	T1	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal one daily oral tablet 27-0.8 mg	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	
prenatal vitamins oral tablet 28-0.8 mg	T1	
prenatal/iron oral tablet , 28-0.8 mg	T1	
pyridoxine hcl injection solution 100 mg/ml	T1	
qc prenatal oral tablet 28-0.8 mg	T1	
RENAL ORAL CAPSULE 1 MG (***b complex-c-folic acid***)	T1	
renal vitamin oral tablet 0.8 mg	T1	
rena-vite oral tablet	T1	
rena-vite rx oral tablet 1 mg	T1	
reno caps oral capsule 1 mg	T1	
super b complex/fa/vit c oral tablet	T1	
super b/c oral capsule	T1	
super b-complex + vitamin c oral tablet	T1	
super b-complex/vit c/fa oral tablet	T1	
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	T1	
thrivite rx oral tablet 29-1 mg	T1	
trigels-f forte oral capsule 460-60-0.01-1 mg	T1	
triphrocaps oral capsule 1 mg	T1	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vitamin b complex oral tablet	T1	PA
wescaps oral capsule 1 mg	T1	
westab plus oral tablet 27-1 mg	T1	
Vitamin C		
ascorbic acid injection solution 500 mg/ml	T1	
b complex-c oral tablet	T1	
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
b complex-c-folic acid oral tablet	T1	
b-complex/vitamin c oral tablet	T1	
b-complex-c oral tablet	T1	
childrens chew multivitamin oral tablet chewable	T1	
childrens chewable vitamins oral tablet chewable	T1	
cvs b complex plus c oral tablet	T1	
cvs super b complex/c oral tablet	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (***pediatric multiple vitamins***)	T1	
folbee plus oral tablet	T1	
full spectrum b/vitamin c oral tablet 0.8 mg	T1	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***fe fum-vit c-vit b12-fa***)	T1	
hylavite oral tablet	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
multivitamin childrens (w/ fa) oral tablet chewable	T1	
nephro vitamins oral tablet 0.8 mg	T1	
NEPHRO-VITE ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
RENAL ORAL CAPSULE 1 MG (***b complex-c-folic acid***)	T1	
renal vitamin oral tablet 0.8 mg	T1	
rena-vite oral tablet	T1	
rena-vite rx oral tablet 1 mg	T1	
reno caps oral capsule 1 mg	T1	
super b complex/fa/vit c oral tablet	T1	
super b/c oral capsule	T1	
super b-complex + vitamin c oral tablet	T1	
super b-complex/vit c/fa oral tablet	T1	
trigels-f forte oral capsule 460-60-0.01-1 mg	T1	
triphrocaps oral capsule 1 mg	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
VITALETS CHILDRENS ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
wescaps oral capsule 1 mg	T1	
Vitamin D		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T1	
calcitriol oral solution 1 mcg/ml	T1	
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	T1	
ergocalciferol oral capsule 1.25 mg (50000 ut)	T1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT (***alendronate-cholecalciferol***)	T1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	
Vitamin E		
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
Vitamin K Activity		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	T1	
phytonadione oral tablet 5 mg	T1	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	T1	

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