Cigna Healthcare Legacy (Performance) 3-Tier Prescription Drug List

Coverage starting January 1, 2027

For the State of California
Exclusive Provider Organization (EPO), LocalPlus (LocalPlus IN/LocalPlus), Open Access Plus (OAPIN/OAP), Preferred Provider Organization (PPO), SureFit

View your drug list online: **Cigna.com/druglist**
24/7 Customer Service: **800.Cigna24 (800.244.6224)**
View your coverage info online: myCigna® app[1] or **myCigna.com®**

Last updated: 10/01/2026. This drug list is subject to change and all prior versions are no longer in effect.

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Check your medication coverage anytime.

This document was last updated on 10/01/2026.* Go online to see the most up-to-date list of covered medications.

- **Before your plan starts:** Go to Cigna.com/druglist. Select **Legacy Performance** from the dropdown menu, then search for a medication or view the full list.
- **After your plan starts:** Log in to myCigna app or myCigna.com and use the Price a Medication tool to check your coverage and costs.

Questions?

- **By phone:** Call the toll-free number on your Cigna Healthcare® ID card. We're here 24/7/365.
- **Online:** Log in to myCigna.com and use Click to Chat, Monday-Friday, 9:00 am-8:00 pm EST.

* **Last updated:** 10/01/2026, for changes starting 01/01/2027 | **Next planned update:** 04/01/2027, for changes starting 07/01/2027 | **Drug list originally created:** 01/01/2004

Information about this drug list

Your questions, answered.

Find answers to common questions about your drug list and prescription coverage.

Q. Why do you make changes to the drug list?
A. We regularly review and update your plan's drug list so it includes safe, effective, and lower-cost options. Changes can happen for many reasons – for example, when new medications become available, others are no longer available, or costs change. These changes may include:

- **Moving a medication to a lower cost tier.** This can happen any time during the year.
- **Moving a brand-name medication to a higher cost tier when a generic becomes available.** This can happen any time during the year.
- **Moving a medication to a higher cost tier or no longer covering it (excluding from coverage).** This usually happens twice a year – on January 1 and July 1.
- **Adding extra coverage requirements to a medication.** This usually happens twice a year – on January 1 and July 1.

If a change affects your medication – like if it will cost more, won't be covered, or will have a coverage requirement added – we'll let you know before it happens. This gives you time to talk with your doctor about your options and decide what's best for your care.

Q. Why doesn't my plan cover certain medications?
A. Some medications and products aren't covered for any reason because they're a benefit exclusion. This means they aren't on your drug list and can't be approved through the review process. For example, your plan doesn't cover medications that the U.S. Food and Drug Administration (FDA) hasn't approved.

Q. How do you decide which medications to cover?
A. The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market.

The Cigna Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Q. Why do certain medications need approval before my plan will cover them?
A. The review process helps make sure you're getting the right medication at the right cost and in the right amount.

Q. How do I know if a medication needs approval?
A. Check your drug list or log in to the myCigna app or myCigna.com and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, it needs approval before it can be covered
- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time
- **AGE** (Age Requirement) next to it, you may need approval depending on your age

If your medication needs approval, ask your doctor's office to contact us to start a coverage review.

Information about this drug list

Your questions, answered. *(cont.)*

Q. What types of medications usually need approval?

A. Medications that:

- May not be safe to take with certain other medications
- Have lower-cost options that work just as well
- Should only be used for certain health conditions
- Are sometimes taken in the wrong way or more often than they should be

Q. What types of medications usually have quantity limits?

A. Medications that are often:

- Taken in larger amounts or for longer than they should be
- Used more often than recommended or in ways they shouldn't be

Q. What types of medications are part of Step Therapy?

A. They're usually high-cost medications that treat conditions like:

- ADD/ADHD
- Allergies
- Bladder problems
- Breathing problems
- Depression
- High blood pressure
- High cholesterol
- Osteoporosis
- Pain
- Skin conditions
- Sleep disorders

Q. Why does my medication have an age requirement?

A. It's to help keep you safe. Some medications are only tested and proven safe and effective for certain age groups. Medications don't work the same for everyone – for example, what works for adults may be too strong for kids, and what works for younger adults may not work as well for older adults.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact us to start a coverage review – they'll take care of this for you. If they need a request form, they can get it from our provider portal at cignaforhcp.com.

We'll review the information your doctor sends and let you and your doctor know our decision and next steps. This can take up to five business days. You can check with your doctor's office for updates. If it's easier, log in to the myCigna app or myCigna.com to see where your medication is in the review process.

If it isn't approved, your plan won't cover it. You can still fill it without using your plan, but you'll pay the full price at the pharmacy. These costs won't count toward your deductible or out-of-pocket maximum.

If we don't get all the information we need, your doctor can send more and ask us to review it again. We're happy to take another look.

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency.

  If we don't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication.

Your questions, answered. *(cont.)*

Also, if you've already received approval for your plan to cover your medication, we can't limit or exclude coverage for that medication if your doctor continues to prescribe it to treat your condition (as long as the medication is appropriately prescribed and is safe and effective in treating your condition).

Q. My medication is part of the Step Therapy program. I don't want to try an alternative. How do I get approval (prior authorization) for my medication?

A. Your doctor can ask us to review whether your medication can be covered. Have your doctor's office contact us to start a coverage review. They'll take care of everything for you. If they need a request form, they can get it from our provider portal at cignaforhcp.com.

We'll review the information your doctor sends and let you and your doctor know our decision and next steps. This can take up to five business days. You can check with your doctor's office for updates. If it's easier, log in to the myCigna app or myCigna.com to see where your medication is in the review process.

If it isn't approved, your plan won't cover it. You can still fill it without using your plan, but you'll pay the full price at the pharmacy. These costs won't count toward your deductible or out-of-pocket maximum.

If we don't get all the information we need, your doctor can send more and ask us to review it again. We're happy to take another look.

- **For non-urgent requests**, we'll let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, we'll let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency.

  If we don't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication.

Your Step Therapy rights under California State law:

I. A carrier may impose prior authorization requirements on prescription drug benefits.

2. When there is more than one drug that is appropriate for the treatment of a medical condition, a carrier may require step therapy.

   a. In circumstances where an insured is changing policies, the new policy shall not require a repeat of step therapy when that insured is already being treated for a medical condition by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective. A new policy can impose a prior authorization requirement for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former policy. A new policy must also allow a prescribing provider to prescribe another drug covered by the new policy that is medically appropriate for the insured.

3. A carrier shall provide coverage for the medically necessary dosage and quantity of the drug prescribed for the treatment of a medical condition consistent with professionally recognized standards of practice.

Information about this drug list

Your questions, answered. *(cont.)*

Q. What happens if I try to fill a prescription that needs approval, but I don't get it ahead of time?
A. When your pharmacist processes your prescription, they'll see that it needs approval before it can be covered. You can still fill it without using your plan, but you'll pay the full price at the pharmacy. These costs won't count toward your deductible or out-of-pocket maximum. Instead, ask your doctor's office to contact us to start a coverage review.

Q. What happens if I try to fill a prescription that has a quantity limit?
A. Your pharmacist will only fill the amount your plan allows. If you need more than what's covered, your doctor's office can ask us to review whether more can be approved.

Q. Are all of the medications on this drug list approved by the FDA?
A. Yes.

Q. Does my plan cover medications that the FDA recently approved?
A. We review new medications, supplies, and devices to decide if they should be covered and how they'll be covered. This can take up to six months after the FDA approves them.

If your doctor wants you to use a newly approved medication, they can ask us to review whether it can be covered.

Q. What are preventive medications?
A. They help lower your risk of getting certain long-term health conditions and help you stay healthy. These include conditions like asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis (a disease that weakens bones), prenatal nutrient deficiency (when a pregnant person doesn't get enough nutrients), and stroke.

Q. Which medications are covered under the health care reform law?
A. Under the Patient Protection and Affordable Care Act (PPACA), also known as "health care reform," your plan covers certain preventive medications and over-the-counter (OTC) products at no cost to you – no copay, coinsurance, or deductible.

To see a list of $0 medications, go to Cigna.com/PDL. Click the dropdown next to "Drug Lists for Employer Plans." Under Preventive Drug Lists, select the *PPACA No Cost-Share Preventive Drug List [PDF]*.

Q. I see several medications on this drug list that can be used to treat my condition. Will my doctor write me a prescription for all of them?
A. No. The drug list includes different medications that treat the same condition. Your doctor will help you choose the option that works best for you.

Q. How can I find out how much my medication will cost?
A. When you and your doctor are choosing a medication, it helps to know what it will cost ahead of time. Log in to the myCigna app or myCigna.com and use the Price a Medication tool. You can see your costs at in-network pharmacies and check for lower-cost options.[2]

Q. What's a cost-share?
A. It's the amount you pay out of pocket for a covered prescription or health care service – like a copay, coinsurance, or deductible.

Information about this drug list

Your questions, answered. *(cont.)*

Q. How can I find out my cost-share for each tier of the drug list?
A. Covered medications are grouped into cost-share levels called tiers. In general, higher tiers cost more. You can find out how much you'll pay for a medication based on its tier, including the maximum cost-share amount allowed, in these ways:

1. Check your Cigna Healthcare ID card. It lists your cost-share for Tier I, Tier 2, and Tier 3 medications.
2. Log in to the myCigna app or myCigna.com. You can view your pharmacy coverage and use the Price a Medication tool to see what your medication may cost at in-network pharmacies.[2]
3. Review your Summary of Benefits. It explains your pharmacy cost-share by tier.

Q. How can I save money on my prescription medications?
A. You may be able to save money by switching to a lower-cost medication, like a generic, or by getting a 90-day supply (if your plan allows). Talk to your doctor about what may work best for you.

Q. What's a generic medication?
A. Generics work the same as brand-name medications and provide the same health benefits – usually at a lower cost.[3] They have the same active ingredient, strength, and form (like a tablet or capsule). Generics are usually sold under their chemical or scientific name instead of the brand name.

Q. Do generics work the same as brand-name medications?
A. Yes. Generics work the same as brand-name medications and provide the same health benefits.[3]

Q. What are the differences between generic and brand-name medications?
A. Generics and brand-name medications may:[3]

- Look different – they may come in a different shape, size, or color
- Come in different flavors
- Have different inactive ingredients or preservatives (ingredients that help keep the medication fresh)
- Come in different packaging or have different labeling

These small differences don't change how well the generic works.

Q. What is a "biosimilar" medication?
A. Biosimilars are medications that are very similar to a medication the FDA has already approved. They have no meaningful differences in safety, how well they work, or how they're given – and they usually cost less.[4]

Q. How do I know which pharmacies are in my plan's network?
A. Log in to the myCigna app or myCigna.com and use the Price a Medication tool to find an in-network pharmacy near you.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?
A. You'll usually pay less if you use a pharmacy in your network. If you go out of network, you may pay more – or your medication may not be covered at all. Log in to the myCigna app or myCigna.com to find pharmacies in your network.

Q. How do I fill my prescription?
A. Your doctor will either send your prescription electronically to an in-network pharmacy or give you a paper prescription to take to the pharmacy.

Information about this drug list

Your questions, answered. *(cont.)*

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[5]

Home delivery with Express Scripts® Pharmacy
A simple, safe way to get medications you take regularly – without trips to the pharmacy. To learn more, go to Cigna.com/homedelivery.

With home delivery, you can:

- Order, manage, track, and pay for your medications online or on your phone
- Get standard shipping at no extra cost[6]
- Get up to a 90-day supply at one time
- Talk to a pharmacist 24/7
- Sign up for automatic refills or refill reminders[7]
- Use a payment plan, if needed

Accredo® Specialty Pharmacy
Accredo supports people who take specialty medications for rare or complex conditions. To learn more, go to Cigna.com/specialty.

With Accredo, you can:

- Talk to a specially trained pharmacist or nurse 24/7
- Learn how to manage side effects
- Find help paying for your medication, if needed
- Get fast shipping at no extra cost[6]
- Sign up for refills and reminders[7]
- Manage your medications and track orders online

Q. How do I get started using home delivery?
A. You can get started in two ways – choose what works best for you:

1. **Online.** Log in to the myCigna app or myCigna.com. Go to Prescriptions, select My Medications, and choose the option to move your prescription to home delivery.
2. **By phone.**
   - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery or
   - Call Express Scripts Pharmacy at **800.835.3784** and ask them to get your prescription from your doctor. Have your ID card, doctor's contact information, and medication name(s) ready when you call.

Q. How do I get started using Accredo?
A. Call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturday, 7:00 am–4:00 pm CST. They'll work with your doctor's office to get your prescription, review your coverage, and set up delivery.

Q. Do I have to use home delivery to fill my prescription?
A. It depends on your plan. Some plans require you to use home delivery for certain medications – for example, maintenance medications through Express Scripts Pharmacy or specialty medications through Accredo.

Log in to the myCigna app or myCigna.com, or check your plan details, to see how your medication's covered.

Information about this drug list

Your questions, answered. *(cont.)*

Q. I take a specialty medication to treat my multiple sclerosis. My plan requires me to fill my medication through Accredo. How do I get started?
A. To get started, call Accredo at **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

Call about two weeks before your next refill so Accredo has time to work with your doctor's office to get your prescription.

Q. I take a specialty medication that can only be filled at certain pharmacies in the United States. How do I fill my prescription?
A. Talk with your doctor. They can tell you which in-network pharmacies are able to fill your prescription and can send it to the right pharmacy for you. Depending on the medication, Accredo may also be able to fill it.[5]

Q. How can I get help with my specialty medication?
A. If your plan includes Accredo, their care team can help you manage your specialty medication. Accredo's specially trained pharmacists and nurses can answer questions, help with side effects, and deliver your medication to you.

Q. Where can I find more information about my pharmacy benefits?
A. Log in to the myCigna app or myCigna.com to learn more about your pharmacy coverage. You can check medication costs, find lower-cost options, see what's covered, find in-network pharmacies, ask a pharmacist questions, and view your claims. You can also manage your home delivery orders.[5]

Q. What's the difference between medications covered under the pharmacy benefit and medical benefit?
A. Medications can be covered under the pharmacy benefit, the medical benefit, or both – depending on how and where they're given.

- Medications you fill at a pharmacy and take yourself are usually covered under the **pharmacy benefit**.
- Medications given by injection or IV at a doctor's office, hospital, or sometimes at home are usually covered under the **medical benefit**.

This can affect your cost, whether approval (prior authorization or precertification) is needed, and where you fill your medication.

Q. I take an oral cancer medication. How much will it cost me to fill?
A. On January 1, 2015, California passed a law that limits cost share for certain oral chemotherapy medications. If you have **both your medical and pharmacy benefits through Cigna Healthcare**, coverage works as follows:

- **Copay plans:** Covered at 100%, or no cost-share ($0) to you.
- **High-deductible health plans (HDHPs)** that include a Health Savings Account (HSA) or qualified HDHPs: After you meet your deductible, medications are covered at 100%, or no cost-share ($0) to you. This is required under federal HSA rules.
- **Plans with a combined deductible** (including Health Reimbursements Accounts (HRAs) with a combined deductible): After you meet you deductible, medications are covered at 100%, or no cost-share ($0) to you.

Your questions, answered. *(cont.)*

- **Plans with a split deductible** (including Health Reimbursements Accounts (HRAs) with a split deductible): Covered at 100%, or no cost-share ($0) to you.

Q. How are medications, devices, and FDA-approved diabetic, contraceptive, and federally mandated products covered under the pharmacy benefit?

A. Coverage depends on the type of medication or product. Here's how these items are usually covered under the pharmacy benefit:

- **Preventive care medications and products covered under the Patient Protection and Affordable Care Act (PPACA)**, also known as health care reform:
  - **Contraceptives:** Covered at 100%, or no cost-share ($0) to you. Certain prescription contraceptives may have a cost-share.
  - **Tobacco cessation products:** Up to two (2) 90-day courses of treatment per plan year are covered at 100%, or no cost-share ($0) to you. Certain prescription tobacco cessation products may have a cost-share
  - **Certain vitamins:** Covered at 100%, or no cost-share ($0) to you. All other prescription vitamins may have a cost share and deductible, depending on your plan.
- **Certain over-the-counter (OTC) products:** Covered at 100%, or no cost-share ($0) to you if you have a prescription from your doctor. All other OTC products are excluded from coverage (not covered).
- **Oral fertility medications:** Cost-share is based on the tier they're listed in. For some plans, injectable fertility medications are covered under the medical benefit.
- **Generic preventive care medications:** Covered at 100%, or no cost-share ($0) to you before you meet your deductible. You'll pay your deductible and cost-share for preferred brand or non-preferred brand preventive medications.
- **Diabetic supplies:** Cost-share is based on the tier they're listed in.
- **Growth Hormones:** Need approval (prior authorization) before your plan will cover them. If approved, you'll pay the cost-share for the tier the medication is listed in.
- **Vaccines:** Covered under the pharmacy benefit. Coverage can vary by plan. Log in to the myCigna app or myCigna.com, or check your plan details, to see how your plan covers vaccines.
- **Compounded medications:** If the medication costs more than $200, approval (prior authorization) is needed before your plan will cover it. If approved, you'll pay the cost-share for the tier the medication is listed in.

Information about this drug list

Words you may need to know.

- **Brand name drug:** A drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- **Coinsurance:** A percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- **Copayment:** A fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- **Deductible:** The amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- **Drug tier:** A group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
- **Exception request:** A request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- **Exigent circumstances:** When you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- **Formulary or prescription drug list:** The list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
- **Generic drug:** A drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- **Medically Necessary:** Health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- **Non-formulary drug:** A prescription drug that is not listed on this formulary.
- **Out-of-pocket costs:** Your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- **Prescribing provider:** A health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Information about this drug list

Words you may need to know. *(cont.)*

- **Prescription:** An oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- **Prescription drug:** A drug that by law requires a prescription.
- **Prior Authorization:** A decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- **Step Therapy:** A specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

  If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.
- **Quantity Limits:** For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Quantity limits help to make sure you're receiving coverage for the right medication, in the right amount, and for the right situation. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna Healthcare.
- **Age Requirements:** For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

Information about this drug list

About this drug list

This document shows which generic and brand-name medications are covered on the Cigna Healthcare Legacy (Performance) 3-Tier Prescription Drug List starting **January 1, 2027**. This drug list is regularly updated, so this document may not include all of the medications your plan covers. Your plan may not cover all of the medications listed here. Log in to the myCigna app or myCigna.com, or check your plan details, to see what's covered

How to read this drug list

Medications are listed in alphabetical (A-Z) order by their generic and brand names within their therapeutic category and class.* You can also find your medication using the index at the end of this drug list.

- The generic version of a brand-name medication is listed in parentheses and all *lowercase italicized* letters next to the brand-name medication.
- If a generic equivalent for a brand-name medication is both available and covered, the generic will be listed separately from the brand-name medication in all *lowercase italicized* letters.
- If a generic equivalent for a brand-name medication isn't available on the market or isn't covered, the medication won't be listed separately by its generic version.
- If a generic medication is marketed under a proprietary, trademark-protected brand name, the brand-name medication will be listed after the generic version in parentheses and regular typeface with the first letter of each word capitalized. For example: *quinapril hcl* (Accupril).

Tiers

We group covered medications into levels called tiers. The higher the tier, the more the medication may cost you to fill.

Tier 1	**Generics.** ***These medications are covered at your plan's lowest cost-share.*** They work the same as brand-name medications and provide the same health benefits – often at a lower cost.[3]	**$**
Tier 2	**Preferred Brands.** These medications usually have a lower-cost generic option that treats the same condition.	**$$**
Tier 3	**Non-Preferred Brands.** ***These medications are covered at your plan's highest cost-share.*** They usually have lower-cost options that treat the same condition.	**$$$**

* Medications are listed in the therapeutic category and class provided by First Databank.

Information about this drug list

How to read this drug list. *(cont.)*

Letters in the "Coverage Requirements and Limits" column
Medications with extra coverage requirements have letters next to their names. Here's what they mean:

PA	**Prior Authorization*** – This medication needs approval from Cigna Healthcare before it can be covered. Your doctor's office will need to send us information showing you meet the coverage requirements.
QL	**Quantity Limit*** – Your plan will only cover a certain amount each time you fill your prescription. If you need more than what's covered, your doctor's office can ask us to review whether more can be approved.
ST	**Step Therapy*** – Your plan doesn't cover this medication until you try one or more lower-cost preferred options first. If you've already tried a preferred option, or your doctor wants you to keep using this medication, your doctor's office can ask us to review whether it can be covered.
AGE	**Age Requirement*** – Your plan will only cover this medication if you're within a certain age range. If you're not and your doctor still wants you to take it, your doctor's office can ask us to review whether it can be covered.
SP	This is a **specialty medication** used to treat rare or complex medical conditions. Some plans have extra coverage requirements – like limits on how much you can fill at one time or needing to use a certain pharmacy.
HD	**Home Delivery Medications** – Some plans only cover certain maintenance medications through home delivery with Express Scripts Pharmacy. Depending on your plan, you may be able to fill your medication one, two, or three times at an in-network retail pharmacy before switching to home delivery.
PPACA	Under the **Patient Protection and Affordable Care Act (PPACA)**, known as "health care reform," your plan covers this medication at no cost to you – no copay, coinsurance, or deductible.
CSL	**Oral Cancer Medications Subject to Cost-Share Limits** – State law in California limits the cost-share (or amount you pay out-of-pocket) for certain oral chemotherapy medications.

* **Not all plans include prior authorization, quantity limits, Step Therapy, or age limits for certain medications.** Log in to the myCigna app or myCigna.com to see if your plan includes these.

Information about this drug list

How to read this drug list. *(cont.)*

Use the table below to understand how medications are covered.*

ANALGESICS (Pain Relief and Inflammatory Disease)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT		
butalbital/acetaminophen	T1	
ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.		
butalb-aspirin-caffe 50-325-40	T1	QL (6 tabs/day)
butalbital-asa-caffeine cap (Fiorinal)	T1	QL (6 caps/day)
FIORINAL (*butalbital-aspirin-caffeine*)	T3	QL (6 caps/day)
ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB.		
butalb/acetaminophen/caffeine	T3	
butalb/acetaminophen/caffeine (Esgic)	T3	QL (6 caps/day)
butalb-acetamin-caff 50-300-40 (Fioricet)	T1	QL (6 caps/day)
butalb-acetamin-caff 50-325-40 (Esgic)	T1	QL (6 tabs/day)
ESGIC 50-325-40 MG TABLET (*butalbital-acetaminophen-caffe*)	T3	QL (6 tabs/day)
ESGIC CAPSULE (*zebutal*)	T3	QL (6 caps/day)
FIORICET (*phrenilin forte*)	T1	QL (6 caps/day)
ANALGESIC/ANTIPYRETICS, SALICYLATES		
choline salicyl/mag salicylate	T1	HD
diflunisal	T1	HD
ANTI-MIGRAINE PREPARATIONS		
AIMOVIG AUTOINJECTOR	T2	PA
AJOVY AUTOINJECTOR	T2	PA
AJOVY SYRINGE	T2	PA
almotriptan malate	T1	QL (12 tabs/30 days)
CAFERGOT (*ergotamine-caffeine*)	T3	QL (40 tabs/28 days)
dihydroergotamine 1 mg/ml amp	T1	QL (10 amps/30 days)
eletriptan hydrobromide	T1	QL (6 tabs/30 days)
EMGALITY PEN	T2	PA
EMGALITY SYRINGE	T2	PA
ergotamine tartrate/caffeine	T1	
ergotamine tartrate/caffeine (Cafergot)	T1	QL (40 tabs/28 days)

Medications are grouped by therapeutic drug category and class, which means they're listed by the **condition** they treat

Medications with extra coverage requirements have letters listed under **Coverage Requirements and Limits**

Drug tier (cost-share level) shows how much you may pay for a medication

Prescription drug name is the name of the medication

Medications are listed in **alphabetical (A-Z) order**

Brand-name medications are in **ALL CAPITAL** letters

Generic medications are in ***lowercase italics***

* This is just an example and may not show current coverage for these medications.

Information about this drug list

How to find your medication

Find the condition (therapeutic category and class) your medication is used to treat – or the type of medication – in the table below. They're listed in alphabetical (A–Z) order. Then go to the page listed next to it to see how your medication is covered.

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How to find your medication *(cont.)*

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How to find your medication *(cont.)*

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List of Prescription Medications

ANALGESICS (Pain Relief and Inflammatory Disease)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT		
BUPAP (*butalbital/acetaminophen*)	T3	PA
butalbital/acetaminophen	T1	
butalbital-acetaminophn 50-300	T1	
butalbital-acetaminophn 50-300 (Bupap)	T1	PA
butalbital-acetaminophn 50-325	T1	
ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.		
butalbital-aspirin-caffeine cp	T1	QL(6 CAPS/DAY)
butalbital-aspirin-caffeine tb	T1	QL(6 TABS/DAY)
ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB.		
butal-ace-caf 50-325-40mg/15ml	T1	PA QL(90 MLS/DAY)
butalb/acetaminophen/caffeine (Esgic)	T1	QL(6 CAPS/DAY)
butalb-acetamin-caff 50-300-40 (Fioricet)	T1	QL(6 CAPS/DAY)
butalb-acetamin-caff 50-325-40	T1	QL(6 TABS/DAY)
butalb-acetamin-caff 50-325-40 (Esgic)	T1	QL(6 CAPS/DAY)
ESGIC (*butalb/acetaminophen/caffeine*)	T3	PA QL(6 CAPS/DAY)
FIORICET (*butalb/acetaminophen/caffeine*)	T3	PA QL(6 CAPS/DAY)
ANALGESIC/ANTIPYRETICS, SALICYLATES		
diflunisal	T1	HD
DOLOBID	T3	PA
ANALGESIC/ANTIPYRETICS, NON-SALICYLATE		
acetaminophen 1,000mg/100ml vl	T1	
acetaminophen 1000mg/100ml bag	T1	
ACETAMINOPHEN 1000MG/100ML BAG	T3	
acetaminophen 500 mg/50 ml bag	T1	
ACETAMINOPHEN 500 MG/50 ML BAG	T3	
acetaminophen 650 mg/65 ml bag	T1	
ANALGESICS, NEURONAL-TYPE CALCIUM CHANNEL BLOCKERS		
PRIALT	T3	SP
ANALGESICS, NON-OPIOID		
clonidine 1,000 mcg/10 ml vial (Duraclon)	T1	
clonidine 5,000 mcg/10 ml vial	T1	
DURACLON (*clonidine hcl/pf*)	T3	
JOURNAVX	T3	QL(30 TABS/90 DAYS)

T1 – Typically Generics
T2 – Typically Preferred Brands
T3 – Typically Non-Preferred Brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty Medication
HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication
CSL – Oral cancer medication subject to cost-share limits

List of Prescription Medications

ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-MIGRAINE PREPARATIONS		
AIMOVIG AUTOINJECTOR	T2	PA
AJOVY AUTOINJECTOR	T2	PA
AJOVY AUTOINJECTOR (3 PACK)	T2	PA
AJOVY SYRINGE	T2	PA
almotriptan malate	T1	QL(12 TABS/30 DAYS)
BREKIYA	T3	PA QL(24 MLS/28 DAYS) SP
CAMBIA (*diclofenac potassium*)	T3	PA
CAFERGOT (*ergotamine tartrate/caffeine*)	T3	PA QL(40 TABS/28 DAYS)
*diclofenac pot 50 mg powdr pkt (*Cambia*)*	T1	PA
dihydroergotamine 1 mg/ml amp	T1	QL(10 MLS/30 DAYS)
*dihydroergotamine 4 mg/ml spry (*Migranal*)*	T1	PA QL(8 MLS/30 DAYS)
*eletriptan hydrobromide (*Relpax*)*	T1	QL(6 TABS/30 DAYS)
ELYXYB	T3	PA QL(43 MLS/30 DAYS)
EMGALITY PEN	T2	PA
EMGALITY SYRINGE	T2	PA
ERGOMAR	T3	PA
ergotamine tartrate/caffeine	T1	
*ergotamine tartrate/caffeine (*Cafergot*)*	T1	QL(40 TABS/28 DAYS)
FROVA *(frovatriptan succinate)*	T3	PA QL(18 TABS/30 DAYS)
frovatriptan succinate (Frova)	T1	QL(18 TABS/30 DAYS)
IMITREX 100 MG TABLET (*sumatriptan succinate*)	T3	PA QL(9 TABS/30 DAYS)
IMITREX 25 MG TABLET (*sumatriptan succinate*)	T3	PA QL(9 TABS/30 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES (*sumatriptan succinate*)	T3	PA QL(4 MLS/30 DAYS)
IMITREX 4 MG/0.5 ML PEN INJECT (*sumatriptan succinate*)	T3	PA QL(4 MLS/30 DAYS)
IMITREX 50 MG TABLET (*sumatriptan succinate*)	T3	PA QL(9 TABS/30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES (*sumatriptan succinate*)	T3	PA QL(4 MLS/30 DAYS)
IMITREX 6 MG/0.5 ML PEN INJECT (*sumatriptan succinate*)	T3	PA QL(4 MLS/30 DAYS)
MAXALT (*rizatriptan benzoate*)	T3	PA QL(12 TABS/30 DAYS)
MAXALT MLT (*rizatriptan benzoate*)	T3	PA QL(12 TABS/30 DAYS)
MIGRANAL (*dihydroergotamine mesylate*)	T3	PA QL(8 MLS/30 DAYS)
naratriptan hcl	T1	QL(9 TABS/30 DAYS)
NURTEC ODT	T2	PA QL(16 TABS/30 DAYS)
ONZETRA XSAIL	T3	PA QL(16 INHALERS/30 DAYS)

T1 – Typically Generics
T2 – Typically Preferred Brands
T3 – Typically Non-Preferred Brands

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HD – May require home delivery pharmacy

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CSL – Oral cancer medication subject to cost-share limits

List of Prescription Medications

ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-MIGRAINE PREPARATIONS *(cont.)*		
QULIPTA	T2	PA QL(1 TAB/DAY)
RELPAX *(eletriptan hydrobromide)*	T3	PA QL(6 TABS/30 DAYS)
REYVOW	T3	PA QL(8 TABS/30 DAYS)
rizatriptan benzoate	T1	QL(12 TABS/30 DAYS)
rizatriptan benzoate (Maxalt Mlt)	T1	QL(12 TABS/30 DAYS)
rizatriptan benzoate(Maxalt)	T1	QL(12 TABS/30 DAYS)
sumatriptan	T1	QL(12 UNITS/30 DAYS)
sumatriptan 4 mg/0.5 ml inject (Imitrex)	T1	QL(4 MLS/30 DAYS)
sumatriptan 6 mg/0.5 ml vial	T1	QL(5 MLS/30 DAYS)
sumatriptan 6 mg/0.5ml autoinj (Imitrex)	T1	QL(4 MLS/30 DAYS)
sumatriptan succ 100 mg tablet (Imitrex)	T1	QL(9 TABS/30 DAYS)
sumatriptan succ 25 mg tablet (Imitrex)	T1	QL(9 TABS/30 DAYS)
sumatriptan succ 50 mg tablet (Imitrex)	T1	QL(9 TABS/30 DAYS)
sumatriptan succ/naproxen sod (Treximet)	T1	QL(18 TABS/30 DAYS)
SYMBRAVO	T3	PA QL(9 TABS/28 DAYS)
TOSYMRA	T3	PA QL(12 UNITS/30 DAYS)
TREXIMET (*sumatriptan succ/naproxen sod*)	T3	PA QL(18 TABS/30 DAYS)
TRUDHESA	T3	PA QL(8 MLS/30 DAYS)
UBRELVY	T2	PA QL(0.67 TABS/DAY)
VYEPTI	T2	PA SP
ZAVZPRET	T2	PA QL(6 UNITS/30 DAYS)
ZEMBRACE SYMTOUCH	T3	PA QL(8 MLS/30 DAYS)
zolmitriptan	T1	QL(6 TABS/30 DAYS)
zolmitriptan 2.5 mg tablet (Zomig)	T1	QL(6 TABS/30 DAYS)
ZOLMITRIPTAN 2.5MG NASAL SPRAY	T3	PA QL(12 UNITS/30 DAYS)
zolmitriptan 5 mg nasal spray (Zomig)	T1	PA QL(12 UNITS/30 DAYS)
zolmitriptan 5 mg tablet (Zomig)	T1	QL(6 TABS/30 DAYS)
ZOMIG 2.5 MG NASAL SPRAY	T3	PA QL(12 UNITS/30 DAYS)
ZOMIG 2.5 MG TABLET (*zolmitriptan*)	T3	PA QL(6 TABS/30 DAYS)
ZOMIG 5 MG NASAL SPRAY (*zolmitriptan*)	T3	PA QL(12 UNITS/30 DAYS)
ZOMIG 5 MG TABLET (*zolmitriptan*)	T3	PA QL(6 TABS/30 DAYS)
NASAL NSAIDS, COX NON-SELECTIVE,SYSTEMIC ANALGESIC		
SPRIX	T3	PA QL(5 UNITS/30 DAYS)

T1 – Typically Generics
T2 – Typically Preferred Brands
T3 – Typically Non-Preferred Brands

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SP – Specialty Medication
HD – May require home delivery pharmacy

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CSL – Oral cancer medication subject to cost-share limits

List of Prescription Medications

ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE ANALGESICS		
diclofenac pot 25 mg tablet	T1	PA HD
diclofenac pot 50 mg tablet	T1	HD
diclofenac potassium	T1	PA HD
diclofenac potassium 25 mg cap (Zipsor)	T1	PA HD
ketorolac 10 mg tablet	T1	QL(20 TABS/30 DAYS)
ketorolac 15 mg/ml syringe	T1	QL(8 MLS/DAY)
ketorolac 15 mg/ml vial	T1	QL(8 MLS/DAY)
ketorolac 30 mg/ml syringe	T1	QL(4 MLS/DAY)
ketorolac 30 mg/ml vial	T1	QL(4 MLS/DAY)
ketorolac 300 mg/10 ml vial	T1	
ketorolac 60 mg/2 ml syringe	T1	QL(4 MLS/DAY)
ketorolac 60 mg/2 ml vial	T1	QL(4 MLS/DAY)
mefenamic acid	T1	PA HD
ZIPSOR *(diclofenac potassium)*	T3	PA HD
OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS		
acetamin-codein 300-30 mg/12.5	T1	
acetaminop-codeine 120-12 mg/5	T1	
acetaminophen-cod #2 tablet	T1	PA
acetaminophen-cod #3 tablet	T1	PA
acetaminophen-cod #4 tablet	T1	PA
hydrocodone/acetaminophen	T1	PA
HYDROCODONE-ACETAMINOPHEN	T1	PA
NALOCET	T1	PA
oxycodone hcl/acetaminophen	T1	PA
oxycodone hcl/acetaminophen (Percocet)	T1	PA
PERCOCET (*oxycodone hcl/acetaminophen*)	T3	PA
PRIMLEV	T1	PA
PROLATE 10 MG-300 MG/5 ML SOLN	T3	PA
prolate 10-300 mg tablet	T1	PA
prolate 5-300 mg tablet	T1	PA
prolate 7.5-300 mg tablet	T1	PA
tramadol hcl/acetaminophen	T1	
OPIOID ANALGESIC AND NSAID COMBINATION		
hydrocodone/ibuprofen	T1	PA

T1 – Typically Generics
T2 – Typically Preferred Brands
T3 – Typically Non-Preferred Brands

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List of Prescription Medications

ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESIC AND NON-SALICYLATE XANTHINE COMB		
fentanyl 1,000 mcg/20 ml vial	T1	
fentanyl 100 mcg/2 ml ampul	T1	
fentanyl 100 mcg/2 ml syringe	T1	
fentanyl 100 mcg/2 ml vial	T1	
fentanyl 2,500 mcg/50 ml bag	T1	
fentanyl 2,500 mcg/50 ml vial	T1	
FENTANYL 25 MCG/0.5 ML SYRINGE	T3	
fentanyl 250 mcg/5 ml ampul	T1	
FENTANYL 250 MCG/5 ML SYRINGE	T1	
fentanyl 250 mcg/5 ml vial	T1	
fentanyl 5,000 mcg/100 ml bag	T1	
fentanyl 50 mcg/ml syringe	T1	
fentanyl 50 mcg/ml vial	T1	
fentanyl 500 mcg/10 ml vial	T1	
fentanyl citrate/pf	T1	
remifentanil hcl (Ultiva)	T1	PA
sufentanil citrate	T1	PA
ULTIVA (*remifentanil hcl*)	T3	PA
OPIOID ANALGESIC AND NON-SALICYLATE XANTHINE COMB		
acetaminophen/caff/dihydrocod	T1	PA
TREZIX	T3	PA
OPIOID ANALGESICS		
ACTIQ (*fentanyl citrate*)	T3	PA
BELBUCA	T2	QL(2 FILMS/DAY)
buprenorphine (Butrans)	T1	QL(4 PATCHES/28 DAYS)
buprenorphine hcl	T1	
butorphanol 1 mg/ml vial	T1	
butorphanol 10 mg/ml spray	T1	PA QL(6 BOTTLES/30 DAYS)
butorphanol 2 mg/ml vial	T1	
butorphanol 4 mg/2 ml vial	T1	
BUTRANS (buprenorphine)	T3	QL(4 PATCHES/28 DAYS)
codeine sulfate	T1	PA
CONZIP	T3	PA QL(1 CAP/DAY)
DEMEROL	T3	PA

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List of Prescription Medications

ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
DILAUDID 0.2 MG/ML SYRINGE	T3	PA
DILAUDID 0.5 MG/0.5 ML SYRINGE	T3	PA
DILAUDID 1 MG/ML SYRINGE	T3	PA
DILAUDID 2 MG TABLET (*hydromorphone hcl*)	T3	PA
DILAUDID 2 MG/ML SYRINGE	T3	PA
DILAUDID 4 MG TABLET (*hydromorphone hcl*)	T3	PA
DILAUDID 4 MG/ML SYRINGE	T3	
DILAUDID 5 MG/5 ML ORAL LIQUID (*hydromorphone hcl*)	T3	PA
DILAUDID 8 MG TABLET (*hydromorphone hcl*)	T3	PA
fentanyl	T1	PA
fentanyl 1 mg/100 ml-0.9% nacl	T1	
FENTANYL 1 MG/100 ML-0.9% NACL	T1	
FENTANYL 1,000 MCG/100 ML-NS	T3	
fentanyl 1,000mcg/100-0.9%nacl	T1	
FENTANYL 1,000MCG/100-0.9%NACL	T1	
fentanyl 1,000mcg/50-0.9% nacl	T1	
fentanyl 1,250mcg/250-0.9%nacl	T1	
fentanyl 10 mcg/ml-0.9% nacl	T1	
fentanyl 100 mcg/2 ml carpujct	T1	
FENTANYL 100 MCG/2 ML CARPUJCT	T1	
fentanyl 100 mcg/2 ml syringe	T1	
fentanyl 2 mcg-bup 0.0625%-ns	T1	
FENTANYL 2 MCG-BUP 0.0625%-NS	T1	
FENTANYL 2 MCG-BUPIV 0.1%-NS	T1	
fentanyl 2 mcg-bupiv 0.125%-ns	T1	
FENTANYL 2 MCG-BUPIV 0.125%-NS	T1	
FENTANYL 2 MCG-BUPIV 0.125%-NS	T3	
FENTANYL 2 MCG-BUPIVAC 0.1%-NS	T1	
fentanyl 2,000mcg/100-0.9%nacl	T1	
FENTANYL 2,500 MCG/50 ML SYRNG	T1	
fentanyl 2,500 mcg/50 ml-ns	T1	
FENTANYL 2,500MCG/250-0.9%NACL	T1	
fentanyl 2.5mg/250ml-0.9% nacl	T1	

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List of Prescription Medications

ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
FENTANYL 2.5MG/250ML-0.9% NACL	T1	
FENTANYL 250 MCG/5 ML SYRINGE	T1	
FENTANYL 4 MCG-BUPIV 0.125%-NS	T1	
fentanyl 5,000mcg/250-0.9%nacl	T1	
FENTANYL 500 MCG/50ML-0.9%NACL	T1	
FENTANYL 550 MCG/55ML-0.9%NACL	T1	
FENTANYL CITRATE-STERILE WATER	T1	
fentanyl/ropivacaine/ns/pf	T1	
FENTANYL-ROPIVACAINE-0.9% NACL	T1	
hydromorphone hcl	T1	PA
hydromorphone hcl (Dilaudid)	T1	PA
hydromorphone 0.2 mg/ml syring	T1	PA
HYDROMORPHONE 0.25 MG/0.5 ML	T3	PA
HYDROMORPHONE 0.5 MG/0.5 ML	T3	PA
hydromorphone 0.5 mg/0.5ml syr	T1	PA
hydromorphone 1 mg/ml carpujct	T1	PA
hydromorphone 1 mg/ml solution (Dilaudid)	T1	PA
hydromorphone 1 mg/ml syringe	T1	PA
HYDROMORPHONE 1 MG/ML VIAL	T3	PA
HYDROMORPHONE 1 MG/ML-NS SYRNG (*hydromorphone hcl/0.9% nacl/pf*)	T3	PA
hydromorphone 10 mg/50 ml-ns	T1	PA
HYDROMORPHONE 10 MG/50 ML-NS	T3	PA
HYDROMORPHONE 10 MG/50 ML-NS (*hydromorphone hcl/0.9% nacl/pf*)	T3	PA
hydromorphone 10 mg/50 ml-ns (Hydromorphone Hcl-0.9% Nacl)	T1	PA
hydromorphone 10 mg/ml vial	T1	PA
hydromorphone 15 mg/30 ml-ns	T1	
hydromorphone 2 mg tablet (Dilaudid)	T1	PA
hydromorphone 2 mg/ml carpujct	T1	PA
hydromorphone 2 mg/ml syringe	T1	PA
hydromorphone 2 mg/ml vial	T1	PA
HYDROMORPHONE 2 MG/ML-NS SYRNG	T3	PA
HYDROMORPHONE 20 MG/100 ML-NS	T3	PA
HYDROMORPHONE 25 MG/50 ML-NS	T3	PA
hydromorphone 3 mg suppos	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
hydromorphone 30 mg/30 ml-ns	T1	
HYDROMORPHONE 30 MG/30 ML-NS	T3	
hydromorphone 4 mg tablet (Dilaudid)	T1	PA
hydromorphone 4 mg/ml carpujct	T1	PA
HYDROMORPHONE 4 MG/ML VIAL	T3	PA
hydromorphone 40 mg/20 ml vial	T1	PA
hydromorphone 5 mg/5 ml soln (Dilaudid)	T1	PA
hydromorphone 50 mg/5 ml vial	T1	PA
HYDROMORPHONE 50 MG/50 ML-NS	T3	PA
hydromorphone 500 mg/50 ml vl	T1	PA
HYDROMORPHONE 55 MG/55 ML-NS	T3	PA
HYDROMORPHONE 6 MG/30 ML-NS (*hydromorphone hcl/0.9% nacl/pf*)	T3	PA
*hydromorphone 8 mg tablet (*Dilaudid*)*	T1	PA
hydromorphone hcl	T1	PA
hydromorphone hcl 1 mg/ml amp	T1	PA
HYDROMORPHONE HCL-WATER	T3	PA
HYSINGLA ER (*hydrocodone bitartrate*)	T3	PA
INFUMORPH	T3	PA
levorphanol tartrate	T1	PA
meperidine hcl	T1	PA
meperidine hcl/pf	T1	PA
methadone hcl	T1	PA
METHADONE HCL-0.9% NACL	T3	
MITIGO	T3	PA
MITIGO (*morphine sulfate/pf*)	T3	PA
MORPHINE 1 MG/2 ML SYRINGE	T3	PA
MORPHINE 1 MG/ML-0.9% NACL SYR (*morphine sulfate/0.9% nacl/pf*)	T3	PA
MORPHINE 10 MG/0.7 ML AUTO-INJ	T3	PA
morphine 10 mg/10 ml vial	T1	PA
morphine 10 mg/ml carpuject	T1	PA
MORPHINE 10 MG/ML SYRINGE	T3	PA
morphine 100mg/100ml-0.9% nacl	T1	PA
MORPHINE 100MG/100ML-0.9% NACL	T3	PA
MORPHINE 100MG/100ML-0.9% NACL (*morphine sulfate/0.9% nacl/pf*)	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
morphine 2 mg/2 ml-0.9% nacl	T1	PA
MORPHINE 2 MG/2 ML-0.9% NACL (*morphine sulfate/0.9% nacl/pf*)	T3	PA
morphine 2 mg/2 ml-nacl syring	T1	PA
morphine 2 mg/ml carpuject	T1	PA
morphine 2 mg/ml syringe	T1	PA
MORPHINE 2 MG/ML SYRINGE	T3	PA
MORPHINE 2 MG/ML-0.9% NACL SYR (*morphine sulfate/0.9% nacl/pf*)	T3	PA
morphine 30 mg/30 ml pca vial	T1	PA
morphine 30 mg/30 ml-0.9% nacl	T1	
morphine 30 mg/30 ml-0.9% nacl	T1	PA
morphine 30 mg/30 ml-nacl syrg	T1	PA
morphine 4 mg/ml carpuject	T1	PA
morphine 4 mg/ml syringe	T1	PA
MORPHINE 4 MG/ML-0.9% NACL SYR (*morphine sulfate/0.9% nacl/pf*)	T3	PA
morphine 5 mg/10 ml vial	T1	PA
morphine 5 mg/5 ml-0.9% nacl	T1	PA
morphine 50 mg/50 ml-0.9% nacl	T1	
morphine 50 mg/50 ml-0.9% nacl	T1	PA
MORPHINE 50 MG/50 ML-0.9% NACL	T3	PA
MORPHINE 50 MG/50 ML-0.9% NACL (*morphine sulfate/0.9% nacl/pf*)	T3	
morphine 50 mg/50 ml-nacl syrg	T1	
MORPHINE 500MG/100ML-0.9% NACL	T3	PA
MORPHINE 55 MG/55 ML-0.9% NACL	T3	PA
morphine sulf 1,000 mg/20 ml	T1	PA
morphine sulf 10 mg suppos	T1	PA
morphine sulf 10 mg/5 ml cup	T1	PA
morphine sulf 10 mg/5 ml soln	T1	PA
morphine sulf 100 mg/5 ml conc	T1	PA
morphine sulf 2,500 mg/50 ml	T1	PA
morphine sulf 20 mg suppos	T1	PA
morphine sulf 20 mg/5 ml soln	T1	PA
morphine sulf 30 mg suppos	T1	PA
morphine sulf 5 mg suppos	T1	PA
morphine sulfate	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
morphine sulfate (Ms Contin)	T1	PA
morphine sulfate 10 mg/ml vial	T1	PA
MORPHINE SULFATE 10 MG/ML VIAL (*morphine sulfate*)	T3	PA
MORPHINE SULFATE 2 MG/ML VIAL	T3	PA
morphine sulfate 4 mg/ml vial	T1	PA
MORPHINE SULFATE 4 MG/ML VIAL	T3	PA
MORPHINE SULFATE 5 MG/ML VIAL (*morphine sulfate*)	T3	PA
morphine sulfate 50 mg/ml vial	T1	PA
MORPHINE SULFATE 8 MG/ML VIAL	T3	PA
morphine sulfate ir 15 mg tab	T1	PA
MS CONTIN (*morphine sulfate*)	T3	PA
morphine sulfate ir 30 mg tab	T3	PA
morphine sulfate/pf	T3	PA
MS CONTIN (*morphine sulfate*)	T3	PA
nalbuphine hcl	T1	
NUCYNTA (*tapentadol hcl*)	T3	PA
NUCYNTA ER	T3	PA
OLINVYK	T3	PA
opium/belladonna alkaloids	T1	PA
OXAYDO	T3	PA
oxycodone hcl	T1	PA
oxycodone hcl (ir) 10 mg tab	T1	PA
oxycodone hcl (ir) 15 mg tab (Roxicodone)	T1	PA
oxycodone hcl (ir) 20 mg tab	T1	PA
oxycodone hcl (ir) 30 mg tab (Roxicodone)	T1	PA
oxycodone hcl (ir) 5 mg cap	T1	PA
oxycodone hcl (ir) 5 mg tablet	T1	PA
OXYCODONE HCL 10 MG TABLET	T3	PA
oxycodone hcl 100 mg/5 ml conc	T1	PA
OXYCODONE HCL 15 MG TABLET	T3	PA
OXYCODONE HCL 30 MG TABLET	T3	PA
OXYCODONE HCL 5 MG TABLET	T3	PA
oxycodone hcl 5 mg/5 ml cup	T1	PA
oxycodone hcl 5 mg/5 ml soln	T1	PA
OXYCODONE HCL ER	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
OXYCONTIN	T3	PA
oxymorphone hcl	T1	PA
pentazocine hcl/naloxone hcl	T1	PA
ROXICODONE (*oxycodone hcl*)	T3	PA
ROXYBOND	T3	PA
TAPENTADOL ER	T3	PA
tapentadol hcl 100 mg tablet (Nucynta)	T1	PA
tapentadol hcl 50 mg tablet (Nucynta)	T1	PA
tapentadol hcl 75 mg tablet (Nucynta)	T1	PA
tramadol er 100 mg tablet	T1	QL(1 TAB/DAY)
tramadol er 200 mg tablet	T1	QL(1 TAB/DAY)
tramadol er 300 mg tablet	T1	QL(1 TAB/DAY)
tramadol hcl 100 mg tablet	T1	QL(4 TABS/DAY)
TRAMADOL HCL 25 MG TABLET	T3	PA QL(4 TABS/DAY)
TRAMADOL HCL 25 MG/5 ML CUP	T3	PA QL(80 MLS/DAY)
TRAMADOL HCL 5 MG/ML SOLUTION	T3	PA QL(80 MLS/DAY)
tramadol hcl 50 mg tablet	T1	QL(8 TABS/DAY)
TRAMADOL HCL 75 MG TABLET	T3	QL(5 TABS/DAY)
TRAMADOL HCL ER 100 MG CAPSULE	T1	QL(1 CAP/DAY)
tramadol hcl er 100 mg tablet	T1	QL(1 TAB/DAY)
TRAMADOL HCL ER 200 MG CAPSULE	T1	QL(1 CAP/DAY)
tramadol hcl er 200 mg tablet	T1	QL(1 TAB/DAY)
TRAMADOL HCL ER 300 MG CAPSULE	T1	QL(1 CAP/DAY)
tramadol hcl er 300 mg tablet	T1	QL(1 TAB/DAY)
XTAMPZA ER	T2	PA
OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE		
codeine/butalbital/asa/caffein	T1	PA
OPIOID, NON-SALICYL. ANALGESIC, BARBITUATE, XANTHINE		
butalbit/acetamin/caff/codeine	T1	PA
ANALGESICS (Urinary Tract Conditions)		
URINARY TRACT ANALGESIC AGENTS		
dimethyl sulfoxide	T1	
ELMIRON	T2	
RIMSO-50	T2	

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ANESTHETICS (Miscellaneous)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
GENERAL ANESTHETICS, INHALANT		
desflurane	T1	
isoflurane	T1	
sevoflurane (Ultane)	T1	
SUPRANE	T3	
ULTANE (*sevoflurane*)	T3	
GENERAL ANESTHETICS, INJECTABLE		
AMIDATE (*etomidate*)	T3	
BREVITAL SODIUM	T3	
DIPRIVAN (*propofol in lipid emulsions*)	T3	
etomidate (Amidate)	T1	
KETALAR	T3	
KETALAR (ketamine hcl)	T3	
ketamine hcl	T1	
KETAMINE HCL	T1	
ketamine hcl (Ketalar)	T1	
ketamine hcl in 0.9 % nacl	T1	
KETAMINE HCL-0.9% NACL	T1	
methohexital sodium	T1	
METHOHEXITAL-STERILE WATER	T1	
propofol in lipid emulsions (Diprivan)	T1	
GENERAL ANESTHETICS,INJECTABLE-BENZODIAZEPINE TYPE		
midazolam hcl	T1	
midazolam hcl/pf	T1	
MIDAZOLAM HCL-0.8% NACL	T3	
MIDAZOLAM HCL-0.9% NACL	T1	
MIDAZOLAM-0.9% NACL	T1	
ANESTHETICS (Pain Relief and Inflammatory Disease)		
LOCAL ANESTHETICS		
ARTICADENT DENTAL	T3	
BUFFERED LIDOCAINE	T3	
bupivacaine hcl (Marcaine)	T1	
bupivacaine hcl (Sensorcaine)	T1	
bupivacaine hcl in dextrose/pf	T1	

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ANALGESICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
bupivacaine hcl/epinephrine (Marcaine-Epinephrine)	T1	
bupivacaine hcl/epinephrine/pf (Marcaine-Epinephrine)	T1	
bupivacaine hcl/epinephrine/pf (Sensorcaine-Mpf Epinephrine)	T1	
bupivacaine hcl/pf	T1	
bupivacaine hcl/pf (Marcaine)	T1	
bupivacaine hcl/pf (Sensorcaine-Mpf)	T1	
bupivacaine hcl/pf (Sensorcaine-Mpf)	T3	
BUPIVACAINE HCL-0.9% NACL	T1	
chloroprocaine hcl/pf (Nesacaine-Mpf)	T1	
CITANEST FORTE DENTAL	T3	
CITANEST PLAIN DENTAL	T3	
EXPAREL	T3	
lidocaine hcl	T1	
LIDOCAINE HCL	T1	
lidocaine hcl (Xylocaine)	T1	
lidocaine hcl/epinephrine (Xylocaine With Epinephrine)	T1	
lidocaine hcl/epinephrine bit	T1	
lidocaine hcl/epinephrine bit	T3	
lidocaine hcl/epinephrine/pf	T1	
lidocaine hcl/epinephrine/pf (Xylocaine With Epinephrine)	T1	
lidocaine hcl/epinephrine/pf (Xylocaine-Mpf With Epinephrine)	T1	
lidocaine hcl/pf	T1	
lidocaine hcl/pf (Xylocaine-Mpf)	T1	
lidocaine in nacl,iso-osmot/pf	T1	
MARCAINE (*bupivacaine hcl*)	T3	
MARCAINE (*bupivacaine hcl/pf*)	T3	
MARCAINE SPINAL	T3	
MARCAINE-EPINEPHRINE	T3	
MARCAINE-EPINEPHRINE (*bupivacaine hcl/epinephrine*)	T3	
MARCAINE-EPINEPHRINE (*bupivacaine hcl/epinephrine/pf*)	T3	
mepivacaine hcl	T1	
mepivacaine hcl/pf	T1	
NAROPIN	T3	
NESACAINE	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANALGESICS *(cont.)*		
NESACAINE-MPF (*chloroprocaine hcl/pf*)	T3	
ORABLOC	T3	
POLOCAINE	T1	
POSIMIR	T3	
ropivacaine 0.2% 20 mg/10 ml	T1	
ropivacaine 0.2% 200 mg/100 ml	T1	
ropivacaine 0.2% 40 mg/20 ml	T1	
ropivacaine 0.2% 400 mg/200 ml	T1	
ropivacaine 0.5% 100 mg/20 ml	T1	
ROPIVACAINE 0.5% 1000 MG/200ML	T3	
ropivacaine 0.5% 150 mg/30 ml	T1	
ropivacaine 0.5% 500 mg/100 ml	T1	
ROPIVACAINE 0.5% 500 MG/100 ML	T3	
ropivacaine 0.75% 150 mg/20 ml	T1	
ropivacaine 1% 100 mg/10 ml vl	T1	
ropivacaine 1% 200 mg/20 ml vl	T1	
ROPIVACAINE HCL-0.9% NACL	T1	
ROPIVACAINE HCL-NACL	T1	
SENSORCAINE 0.25% VIAL (*bupivacaine hcl*)	T3	
sensorcaine 0.5% vial (Marcaine)	T1	
SENSORCAINE-MPF 0.25% VIAL *(bupivacaine hcl/pf)*	T3	
sensorcaine-mpf 0.5% vial (Marcaine)	T1	
SENSORCAINE-MPF 0.75% VIAL *(bupivacaine hcl/pf)*	T3	
SENSORCAINE-MPF EPINEPHRINE	T3	
SENSORCAINE-MPF EPINEPHRINE (*bupivacaine hcl/epinephrine/pf*)	T3	
XYLOCAINE (*lidocaine hcl*)	T3	
XYLOCAINE WITH EPINEPHRINE (*lidocaine hcl/epinephrine*)	T3	
XYLOCAINE WITH EPINEPHRINE (*lidocaine hcl/epinephrine/pf*)	T3	
XYLOCAINE-MPF	T3	
XYLOCAINE-MPF (*lidocaine hcl/pf*)	T3	
XYLOCAINE-MPF WITH EPINEPHRINE	T3	
XYLOCAINE-MPF WITH EPINEPHRINE (*lidocaine hcl/epinephrine/pf*)	T3	
ZINGO	T3	
ZYNRELEF	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL LOCAL ANESTHETICS		
L.E.T. (LIDO-RACEPINEPH-TETRA)	T3	
lidocaine (Lidocan Ii)	T1	PA
lidocaine (Lidoderm)	T1	PA
lidocaine 5% ointment	T1	QL(145 GMS/30 DAYS)
lidocaine 5% patch (Lidocan II)	T1	
lidocaine 5% patch (Lidoderm)	T1	
lidocaine hcl	T1	
lidocaine/prilocaine	T1	
LIDOCAN II *(lidocaine)*	T3	PA
LIDODERM (*lidocaine*)	T3	PA
ZTLIDO	T3	PA
ANESTHETICS (Urinary Tract Conditions)		
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)		
phenazopyridine hcl (Pyridium)	T1	
PYRIDIUM (*phenazopyridine hcl*)	T3	PA
ANTI-ALLERGY (Allergy/Nasal Sprays)		
MAST CELL STABILIZERS		
cromolyn 100 mg/5 ml oral conc (Gastrocrom)	T1	
GASTROCROM (*cromolyn sodium*)	T3	PA
ANTI-ALLERGY (Skin Conditions)		
ANTIPRURITICS, SYSTEMIC		
KORSUVA	T1	PA SP
ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease)		
ANALGESIC/ANTIPYRETICS, SALICYLATES		
salsalate	T1	HD
ANTI-ARTHRITIC AND CHELATING AGENTS		
CUPRIMINE (*penicillamine*)	T3	PA QL(6 CAPS/DAY) SP
DEPEN (*penicillamine*)	T3	PA QL(6 TABS/DAY) SP
penicillamine 250 mg capsule (Cuprimine)	T1	PA QL(6 CAPS/DAY) SP
penicillamine 250 mg tablet (Depen)	T1	PA QL(6 TABS/DAY) SP
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS		
OTREXUP	T2	PA
RASUVO	T3	PA

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ANTI-ASTHMATICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-INFLAM. INTERLEUKIN-I RECEPTOR ANTAGONIST		
KINERET	T3	PA QL(28 UNITS/28 DAYS) SP
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR		
ARAVA (*leflunomide*)	T3	PA HD
leflunomide (Arava)	T1	HD
ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4(PDE4) INHIB.		
OTEZLA 10-20 MG STARTER 28 DAY	T2	PA QL(55 TABS/365 DAYS) SP HD
OTEZLA 10-20-30MG START 28 DAY	T2	PA QL(55 TABS/365 DAYS) SP HD
OTEZLA 20 MG TABLET	T2	PA QL(2 TABS/DAY) SP HD
OTEZLA 30 MG TABLET	T2	PA QL(2 TABS/DAY) SP HD
OTEZLA XR 75 MG TABLET	T2	PA QL(1 TAB/DAY) SP HD
OTEZLA XR INITIATION PK 28 DAY	T2	PA QL(41 TABS/365 DAYS) SP HD
ANTI-INFLAMMATORY, SEL.COSTIM.MOD., T-CELL INHIBITOR		
DUROLANE	T2	PA SP HD
EUFLEXXA	T2	PA SP HD
GEL-ONE	T3	PA SP HD
GELSYN-3	T2	PA SP HD
GENVISC 850	T3	PA SP
HYALGAN	T3	PA SP HD
HYMOVIS	T3	PA SP HD
HYMOVIS ONE	T3	PA SP HD
MONOVISC	T3	PA SP HD
ORTHOVISC	T3	PA SP HD
SUPARTZ FX	T3	PA SP HD
SYNOJOYNT	T3	PA SP
SYNVISC	T3	PA SP HD
SYNVISC-ONE	T3	PA SP HD
TRILURON	T3	PA SP HD
TRIVISC	T3	PA SP
VISCO-3	T3	PA SP HD
ANTI-INFLAMMATORY, SEL.COSTIM.MOD., T-CELL INHIBITOR		
ORENCIA 125 MG/ML SYRINGE	T3	PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD
ORENCIA 250 MG VIAL	T3	PA SP HD
ORENCIA 50 MG/0.4 ML SYRINGE	T3	PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD
ORENCIA 87.5 MG/0.7 ML SYRINGE	T3	PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD
ORENCIA CLICKJECT	T3	PA QL(4 SYR/AUTO-INJ/28 DAYS) SP HD

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List of Prescription Medications

ANTI-ASTHMATICS (Pain Relief and Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
COLCHICINE		
colchicine 0.6 mg capsule (Mitigare)	T1	
colchicine 0.6 mg tablet	T1	HD
GLOPERBA	T3	PA QL(10 MLS/DAY) HD
MITIGARE (*colchicine*)	T2	
GOLD SALTS		
AURANOFIN	T3	PA
RIDAURA	T3	PA
HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE		
ELITEK	T2	SP
KRYSTEXXA	T3	PA SP
HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS		
allopurinol 100 mg tablet (Zyloprim)	T1	HD
allopurinol 200 mg tablet	T1	PA HD
allopurinol 300 mg tablet	T1	HD
allopurinol sodium	T1	HD
allopurinol sodium	T3	HD
febuxostat 40 mg tablet (Uloric)	T1	QL(1 TAB/DAY) HD
febuxostat 80 mg tablet (Uloric)	T1	HD
ULORIC 40 MG TABLET (*febuxostat*)	T3	PA QL(1 TAB/DAY) HD
ULORIC 80 MG TABLET (*febuxostat*)	T3	PA HD
ZYLOPRIM (*allopurinol*)	T3	HD
JANUS KINASE (JAK) INHIBITORS		
OLUMIANT	T3	PA QL(30 TABS/30 DAYS) SP HD
RINVOQ	T2	PA QL(1 TAB/DAY) SP HD
RINVOQ LQ	T2	PA QL(12 MLS/DAY) SP HD
*tofacitinib 1 mg/ml solution (*Xeljanz*)*	T1	PA QL(480 MLS/30 DAYS) SP HD
*tofacitinib 10 mg tablet (*Xeljanz*)*	T1	PA QL(2 TABS/DAY) SP HD
*tofacitinib 5 mg tablet (*Xeljanz*)*	T1	PA QL(2 TABS/DAY) SP HD
tofacitinib citrate (Xeljanz Xr)	T1	PA QL(1 TAB/DAY) SP HD
XELJANZ 1 MG/ML SOLUTION (*tofacitinib citrate*)	T3	PA QL(480 MLS/30 DAYS) SP HD
XELJANZ 10 MG TABLET (*tofacitinib citrate*)	T3	PA QL(2 TABS/DAY) SP HD
XELJANZ 5 MG TABLET (*tofacitinib citrate*)	T3	PA QL(2 TABS/DAY) SP HD
XELJANZ XR (*tofacitinib citrate*)	T3	PA QL(1 TAB/DAY) SP HD

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NSAID ANALGESIC AND NON-SALICYLATE ANALGESIC COMB		
COMBOGESIC	T3	PA
COMBOGESIC IV	T3	
NSAIDS (COX NON-SPEC.INHIB) AND PROSTAGLANDIN ANALOG		
ARTHROTEC 50 (*diclofenac sodium-misoprostol*)	T3	ST HD
ARTHROTEC 75 (*diclofenac sodium-misoprostol*)	T3	ST HD
diclofenac sodium-misoprostol (Arthrotec 50)	T1	HD
diclofenac sodium-misoprostol (Arthrotec 75)	T1	HD
NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS		
ANAPROX DS (*naproxen sodium ds*)	T3	ST HD
CALDOLOR	T3	
COXANTO	T3	PA HD
DICLOFENAC	T3	PA HD
diclofenac sod dr 25 mg tab	T1	HD
diclofenac sod dr 50 mg tab	T1	HD
diclofenac sod dr 75 mg tab	T1	HD
diclofenac sod ec 25 mg tab	T1	HD
diclofenac sod ec 50 mg tab	T1	HD
diclofenac sod ec 75 mg tab	T1	HD
diclofenac sodium	T1	HD
EC-NAPROSYN (*naproxen*)	T3	ST HD
etodolac	T1	HD
etodolac (Lodine)	T1	HD
FELDENE (*piroxicam*)	T3	ST HD
FENOPROFEN 200 MG CAPSULE	T1	PA HD
fenoprofen 300 mg capsule	T1	HD
*fenoprofen 400 mg capsule (*Nalfon*)*	T1	PA HD
*fenoprofen 600 mg tablet (*Nalfon*)*	T1	HD
FENOPRON	T3	PA HD
flurbiprofen	T1	HD
ibuprofen	T1	HD
ibuprofen 100 mg/5 ml susp	T1	HD
ibuprofen 300 mg tablet	T1	PA HD
ibuprofen 400 mg tablet	T1	HD
ibuprofen 600 mg tablet	T1	HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS *(cont.)*		
ibuprofen 800 mg tablet	T1	HD
INDOCIN (indomethacin)	T3	PA HD
indomethacin	T1	HD
indomethacin 25 mg capsule	T1	HD
indomethacin 25 mg/5 ml susp (Indocin)	T1	HD
indomethacin 50 mg capsule	T1	HD
indomethacin 50 mg suppository (Indocin)	T1	HD
ketoprofen 25 mg capsule	T1	PA HD
ketoprofen 50 mg capsule	T1	HD
*ketoprofen 75 mg capsule (*Orudis*)*	T1	HD
ketoprofen er 200 mg capsule	T1	HD
LODINE (*etodolac*)	T3	ST HD
meclofenamate sodium	T1	HD
meloxicam (Mobic)	T1	HD
meloxicam 10 mg capsule (Vivlodex)	T1	PA HD
meloxicam 15 mg tablet	T1	HD
meloxicam 5 mg capsule (Vivlodex)	T1	PA QL(1 CAP/DAY) HD
meloxicam 7.5 mg tablet	T3	HD
MELOXICAM 7.5 MG/5 ML SUSP	T1	PA HD
nabumetone	T3	HD
NALFON 400 MG CAPSULE (*fenoprofen calcium)*	T3	PA HD
NALFON 600 MG TABLET (*profeno*)	T3	ST HD
NAPRELAN (*naproxen sodium*)	T3	PA HD
NAPROSYN (*naproxen*)	T3	ST HD
naproxen (Ec-naprosyn)	T1	HD
naproxen 125 mg/5 ml suspen	T1	PA HD
naproxen 250 mg tablet	T1	HD
naproxen 375 mg tablet	T1	HD
*naproxen 500 mg kit (*Naprosyn*)*	T1	HD
*naproxen 500 mg tablet (*Naprosyn*)*	T1	HD
*naproxen dr 375 mg tablet (*Ec-Naprosyn*)*	T1	HD
*naproxen dr 500 mg tablet (*Ec-Naprosyn*)*	T1	HD
naproxen sodium	T1	PA HD

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NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS *(cont.)*		
naproxen sodium (Anaprox Ds)	T1	HD
naproxen sodium (Naprelan)	T1	PA HD
ORUDIS (*ketoprofen*)	T3	PA HD
OXAPROZIN 300 MG CAPSULE	T3	PA HD
oxaprozin 600 mg tablet	T1	HD
piroxicam	T1	HD
piroxicam (Feldene)	T1	HD
RELAFEN DS	T3	PA HD
sulindac	T1	HD
TIVORBEX	T3	PA HD
TOLECTIN 600 *(tolmetin sodium)*	T3	PA HD
tolmetin sodium	T1	HD
tolmetin sodium (Tolectin 600)	T1	HD
VIVLODEX 10 MG CAPSULE (*meloxicam, submicronized*)	T3	PA HD
VIVLODEX 5 MG CAPSULE (*meloxicam, submicronized*)	T3	PA QL(1 CAP/DAY) HD
ZORVOLEX	T3	PA HD
ZYBIC	T3	PA HD
NSAIDS, CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR		
CELEBREX 100 MG CAPSULE (*celecoxib*)	T3	PA QL(2 CAPS/DAY)
CELEBREX 200 MG CAPSULE (*celecoxib*)	T3	PA QL(2 CAPS/DAY)
CELEBREX 400 MG CAPSULE (*celecoxib*)	T3	PA QL(1 CAP/DAY)
CELEBREX 50 MG CAPSULE (*celecoxib*)	T3	PA QL(2 CAPS/DAY)
celecoxib 100 mg capsule (Celebrex)	T1	QL(2 CAPS/DAY) HD
celecoxib 200 mg capsule (Celebrex)	T1	QL(2 CAPS/DAY) HD
celecoxib 400 mg capsule (Celebrex)	T1	QL(1 CAP/DAY) HD
celecoxib 50 mg capsule (Celebrex)	T1	QL(2 CAPS/DAY) HD
VYSCOXA	T3	PA QL(40 MLS/DAY) HD
URICOSURIC AGENTS		
probenecid	T1	HD
probenecid/colchicine	T1	HD
ANTI-ASTHMATICS (Asthma/COPD/Respiratory)		
5-LIPOXYGENASE INHIBITORS		
zileuton	T1	HD
ZYFLO	T3	PA HD

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ANTI-ASTHMATICS (Asthma/COPD/Respiratory) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING		
INCRUSE ELLIPTA	T2	HD
SPIRIVA HANDIHALER 18 MCG CAP (*tiotropium bromide*)	T3	PA HD
SPIRIVA HANDIHALER 18 MCG CAP (*tiotropium bromide*)	T3	PA QL(1 INHALER/30 DAYS) HD
SPIRIVA HANDIHALER 18 MCG CAP (*tiotropium bromide*)	T3	PA QL(1 INHALER/90 DAYS) HD
SPIRIVA RESPIMAT	T2	QL(1 INHALER/30 DAYS) HD
tiotropium 18 mcg cap-inhaler (Spiriva Handihaler)	T1	QL(1 INHALER/30 DAYS) HD
TUDORZA PRESSAIR 400 MCG INHAL	T3	ST QL(1 INHALER/30 DAYS) HD
UMECLIDINIUM ELLIPTA	T3	PA QL(1 INHALER/30 DAYS) HD
YUPELRI	T3	PA HD
ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING		
ATROVENT HFA (*ipratropium bromide*)	T2	QL(2 INHALERS/30 DAYS) HD
ipratropium br 0.02% soln	T1	HD
ipratropium br 17 mcg hfa inh (Atrovent Hfa)	T1	QL(2 INHALERS/30 DAYS) HD
BETA-ADRENERGIC AGENTS		
albuterol sulf 2 mg/5 ml syrup	T1	HD
albuterol 8 mg/20 ml syrup cup	T1	HD
albuterol sulf 2 mg/5 ml syrup	T1	HD
albuterol sulfate 2 mg tab	T1	HD
albuterol sulfate 4 mg tab	T1	HD
terbutaline sulfate	T1	HD
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING		
albuterol 100 mg/20 ml soln	T1	
albuterol 15 mg/3 ml solution	T1	
albuterol 75 mg/15 ml soln	T1	
albuterol 2.5 mg/0.5 ml sol	T1	
albuterol 25 mg/5 ml solution	T1	
albuterol sul 0.63 mg/3 ml sol	T1	
albuterol sul 1.25 mg/3 ml sol	T1	
albuterol sul 2.5 mg/3 ml soln	T1	
albuterol hfa 90 mcg inhaler	T1	QL(1 INHALER/30 DAYS)
ALBUTEROL HFA 90 MCG INHALER	T3	PA QL(1 INHALER/30 DAYS)
levalbuterol hcl	T1	
LEVALBUTEROL TARTRATE HFA	T3	PA QL(15 GMS/30 DAYS)

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING *(cont.)*		
PROAIR RESPICLICK	T3	PA QL(2 INHALERS/30 DAYS)
VENTOLIN HFA	T3	PA QL(1 INHALER/30 DAYS)
XOPENEX HFA	T3	PA QL(15 GMS/30 DAYS)
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING		
STRIVERDI RESPIMAT	T2	QL(1 INHALER/30 DAYS) HD
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING		
arformoterol tartrate (Brovana)	T1	QL(4 MLS/DAY) HD
BROVANA *(arformoterol tartrate)*	T3	PA QL(4 MLS/DAY) HD
formoterol fumarate (Perforomist)	T1	QL(240 MLS/30 DAYS) HD
PERFOROMIST (*formoterol fumarate*)	T3	PA QL(240 MLS/30 DAYS) HD
SEREVENT DISKUS	T3	ST QL(1 BLISTER/30 DAYS) HD
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED		
ANORO ELLIPTA 62.5-25 MCG INH	T2	QL(1 INHALER/30 DAYS) HD
BEVESPI AEROSPHERE	T3	PA QL(1 INHALER/30 DAYS) HD
COMBIVENT RESPIMAT	T2	QL(2 INHALERS/30 DAYS)
DUAKLIR PRESSAIR	T3	PA QL(1 INHALER/30 DAYS) HD
ipratropium/albuterol sulfate	T1	HD
STIOLTO RESPIMAT INHAL SPRAY	T2	QL(1 INHALER/30 DAYS) HD
UMECLIDINIUM-VILANTEROL	T3	PA QL(1 INHALER/30 DAYS) HD
BETA-ADRENERGIC AGENTS AND GLUCOCORTICOID COMBO, INHALED		
ADVAIR HFA 115-21 MCG INHALER	T2	QL(1 INHALER/30 DAYS) HD
ADVAIR HFA 230-21 MCG INHALER	T2	QL(1 INHALER/30 DAYS) HD
ADVAIR HFA 45-21 MCG INHALER	T2	QL(1 INHALER/30 DAYS) HD
ADVAIR DISKUS (*fluticasone propion/salmeterol*)	T3	ST QL(1 INHALER/30 DAYS) HD
AIRSUPRA	T2	QL(2 GMS/28 DAYS) HD
BREO ELLIPTA 100-25 MCG INHALR	T2	QL(1 INHALER/30 DAYS) HD
BREO ELLIPTA 200-25 MCG INHALR	T2	QL(1 INHALER/30 DAYS) HD
BREO ELLIPTA 50-25 MCG INHALER	T2	QL(1 INHALER/30 DAYS) HD
budesonide/formoterol fumarate (Symbicort)	T1	QL(1 INHALER/30 DAYS) HD
DULERA 100 MCG-5 MCG INHALER	T2	QL(1 INHALER/30 DAYS) HD
DULERA 200 MCG-5 MCG INHALER	T2	QL(1 INHALER/30 DAYS) HD
DULERA 50 MCG-5 MCG INHALER	T2	QL(1 INHALER/30 DAYS) HD
fluticasone propion/salmeterol (Advair Diskus)	T1	QL(1 INHALER/30 DAYS)
fluticasone-salmeterol 100-50 (Advair Diskus)	T1	QL(1 INHALER/30 DAYS) HD

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ANTI-ASTHMATICS (Asthma/COPD/Respiratory) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BETA-ADRENERGIC AGENTS AND GLUCOCORTICOID COMBO, INHALED *(cont.)*		
FLUTICASONE-SALMETEROL 113-14	T3	PA QL(1 INHALER/30 DAYS) HD
FLUTICASONE-SALMETEROL 232-14	T3	PA QL(1 INHALER/30 DAYS) HD
fluticasone-salmeterol 250-50 (Advair Diskus)	T1	QL(1 INHALER/30 DAYS) HD
fluticasone-salmeterol 500-50 (Advair Diskus)	T1	QL(1 INHALER/30 DAYS) HD
FLUTICASONE-SALMETEROL 55-14	T3	PA QL(1 INHALER/30 DAYS) HD
FLUTICASONE-SALMETEROL HFA	T3	PA QL(1 INHALER/30 DAYS) HD
FLUTICASONE-VILANTEROL	T3	PA QL(1 INHALER/30 DAYS) HD
SYMBICORT 160-4.5 MCG INHALER (*budesonide/formoterol fumarate*)	T3	ST QL(1 INHALER/30 DAYS) HD
SYMBICORT 80-4.5 MCG INHALER (*budesonide/formoterol fumarate*)	T3	ST QL(1 INHALER/30 DAYS) HD
BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED		
BREZTRI AEROSPHR 160-18-4.8MCG	T2	QL(1 INHALER/30 DAYS)
BREZTRI AEROSPHR 160-9-4.8 MCG	T2	QL(1 BLISTER/30 DAYS)
TRELEGY ELLIPTA 100-62.5-25	T2	QL(1 BLISTER/30 DAYS)
TRELEGY ELLIPTA 200-62.5-25	T2	QL(1 BLISTER/30 DAYS)
GLUCOCORTICOIDS, ORALLY INHALED		
ALVESCO	T2	HD
ARNUITY ELLIPTA	T3	ST
ASMANEX HFA	T2	QL(1 INHALER/30 DAYS) HD
ASMANEX TWISTHALER 110 MCG #30	T2	QL(1 INHALER/30 DAYS) HD
ASMANEX TWISTHALER 220 MCG #14	T2	HD
ASMANEX TWISTHALER 220 MCG #30	T2	QL(1 INHALER/30 DAYS) HD
ASMANEX TWISTHALER 220 MCG #60	T2	QL(1 INHALER/30 DAYS) HD
ASMANEX TWISTHALR 220 MCG #120	T2	QL(1 INHALER/30 DAYS) HD
beclomethasone dipropionate	T1	HD
budesonide 0.25 mg/2 ml susp (Pulmicort)	T1	QL(4 MLS/DAY) HD
budesonide 0.5 mg/2 ml susp (Pulmicort)	T1	QL(4 MLS/DAY) HD
budesonide 1 mg/2 ml inh susp (Pulmicort)	T1	QL(2 MLS/DAY) HD
FLUTICASONE FUROATE	T3	ST HD
FLUTICASONE PROP 100MCG DISKUS	T3	PA QL(1 INHALER/30 DAYS) HD
FLUTICASONE PROP 250 MCG DISK	T3	PA QL(4 INHALERS/30 DAYS) HD
FLUTICASONE PROP 50 MCG DISKUS	T3	PA QL(1 INHALER/30 DAYS) HD
FLUTICASONE PROP HFA 110 MCG	T3	PA QL(1 INHALER/30 DAYS) HD
FLUTICASONE PROP HFA 220 MCG	T3	PA QL(2 INHALERS/30 DAYS) HD
fluticasone prop hfa 44 mcg	T1	QL(1 INHALER/30 DAYS) HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
GLUCOCORTICOIDS, ORALLY INHALED *(cont.)*		
PULMICORT 0.25 MG/2 ML RESPUL (*budesonide*)	T3	PA QL(4 MLS/DAY) HD
PULMICORT 0.5 MG/2 ML RESPULE (*budesonide*)	T3	PA QL(4 MLS/DAY) HD
PULMICORT 1 MG/2 ML RESPULE (*budesonide*)	T3	PA QL(2 MLS/DAY) HD
PULMICORT FLEXHALER	T3	PA HD
QVAR REDIHALER	T2	
INTERLEUKIN-5 (IL-5) ANTAGONISTS, MAB		
CINQAIR	T3	PA SP
EXDENSUR	T3	PA QL(1 SYRINGE/180 DAYS) SP
NUCALA 100 MG/ML AUTO-INJECTOR	T2	PA QL(1 AUTO-INJ/28 DAYS) SP HD
NUCALA 100 MG/ML POWDER VIAL	T2	PA QL(1 VIAL/28 DAYS) SP HD
NUCALA 100 MG/ML SYRINGE	T2	PA QL(1 SYRINGE/28 DAYS) SP HD
NUCALA 40 MG/0.4 ML SYRINGE	T2	PA QL(1 SYRINGE/28 DAYS) SP HD
INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB		
FASENRA	T2	PA QL(1 SYRINGE/56 DAYS) SP HD
FASENRA PEN	T2	PA QL(1 AUTO-INJ/56 DAYS) SP HD
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium	T1	HD
montelukast sodium (Singulair)	T1	HD
SINGULAIR (*montelukast sodium*)	T3	PA
zafirlukast	T1	HD
MAST CELL STABILIZERS, ORALLY INHALED		
cromolyn 20 mg/2 ml neb soln	T1	QL(480 MLS/30 DAYS) HD
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)		
XOLAIR 150 MG/1.2 ML POWDER VL	T2	PA QL(6 VIALS/28 DAYS) SP HD
XOLAIR 150 MG/ML AUTOINJECTOR	T2	PA QL(2 AUTO-INJS/28 DAYS) SP HD
XOLAIR 150 MG/ML SYRINGE	T2	PA QL(2 SYRINGES/28 DAYS) SP HD
XOLAIR 300 MG/2 ML AUTOINJECT	T2	PA QL(2 AUTO-INJS/28 DAYS) SP HD
XOLAIR 300 MG/2 ML SYRINGE	T2	PA QL(2 SYRINGES/28 DAYS) SP HD
XOLAIR 75 MG/0.5 ML AUTOINJECT	T2	PA QL(2 AUTO-INJS/28 DAYS) SP HD
XOLAIR 75 MG/0.5 ML SYRINGE	T2	PA QL(2 SYRINGES/28 DAYS) SP HD
MUCOLYTICS		
acetylcysteine	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PHOSPHODIESTERASE-4 (PDE4) INHIBITORS		
DALIRESP 250 MCG TABLET	T3	PA QL(28 TABS/180 DAYS) HD
DALIRESP 500 MCG TABLET	T3	PA QL(2 TABS/DAY) HD
OHTUVAYRE	T3	PA QL(60 MLS/30 DAYS) SP
roflumilast 250 mcg tablet (Daliresp)	T1	QL(28 TABS/180 DAYS) HD
roflumilast 500 mcg tablet (Daliresp)	T1	QL(2 TABS/DAY) HD
XANTHINES		
aminophylline	T1	
ELIXOPHYLLIN	T3	PA HD
THEO-24	T2	HD
theophylline anhydrous	T1	HD
ANTIBIOTICS (Ear Medications)		
EAR PREPARATIONS, ANTIBIOTICS		
CETRAXAL	T3	PA
ciprofloxacin hcl	T1	
CORTISPORIN-TC	T3	
neomycin/polymyxin b/hydrocort	T1	
ofloxacin	T1	
XTORO	T3	PA
OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS		
CIPRO HC (*ciprofloxacin/hydrocortisone*)	T3	PA
ciprofloxacin hcl/dexameth	T1	
CIPROFLOXACIN HCL-FLUOCINOLONE	T3	PA
ciprofloxacin/hydrocortisone (Cipro Hc)	T1	
OTOVEL	T3	
ANTIBIOTICS (Eye Conditions)		
EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS		
MAXITROL (*neomycin-polymyxin-dexameth*)	T3	PA
neomycin/bacit/p-myx/hydrocort	T1	
neomycin/polymyxin b/dexametha (Maxitrol)	T1	
neomycin/polymyxin b/hydrocort	T1	
TOBRADEX	T2	
TOBRADEX ST	T2	
tobramycin/dexamethasone	T1	

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List of Prescription Medications

ANTIBIOTICS (Eye Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS *(cont.)*		
tobramycin/lotepred etab (Zylet)	T1	
ZYLET (*tobramycin/lotepred etab*)	T3	PA
EYE SULFONAMIDES		
sulfacetamide sodium	T1	
sulfacetamide/prednisolone sp	T1	
OPHTHALMIC ANTIBIOTICS		
AZASITE	T2	
bacitracin	T1	
bacitracin/polymyxin b sulfate	T1	
BESIFLOXACIN HCL	T3	PA
BESIVANCE	T2	
CILOXAN	T3	PA
ciprofloxacin hcl	T1	
erythromycin base	T1	
gatifloxacin	T1	
gentamicin sulfate	T1	
levofloxacin	T1	
moxifloxacin hcl (Vigamox)	T1	
MOXIFLOXACIN HCL-BSS		
neomycin sulf/bacitracin/poly	T1	
neomycin/polymyxn b/gramicidin	T1	
OCUFLOX (*ofloxacin*)	T3	PA
ofloxacin (Ocuflox)	T1	
polymyxin b sulf/trimethoprim	T1	
tobramycin 0.3% eye drop	T1	
TOBREX	T3	PA
VIGAMOX (*moxifloxacin hcl*)	T3	PA
ANTIBIOTICS (Infections)		
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL		
SOLOSEC	T2	
ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS		
BACTRIM (*sulfamethoxazole-trimethoprim*)	T3	
BACTRIM DS (*sulfamethoxazole-trimethoprim*)	T3	
sulfadiazine	T1	

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ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS *(cont.)*		
sulfamethoxazole/trimethoprim	T1	
sulfamethoxazole/trimethoprim (Bactrim Ds)	T1	
sulfamethoxazole/trimethoprim (Bactrim)	T1	
AMINOGLYCOSIDE ANTIBIOTICS		
amikacin sulfate	T1	
ARIKAYCE	T3	PA SP
BETHKIS (*tobramycin*)	T3	PA QL(8 MLS/DAY) SP HD
gentamicin in nacl, iso-osm	T1	
gentamicin sulfate	T1	
GENTAMICIN SULFATE IN NS	T1	
gentamicin sulfate/pf	T1	
KITABIS PAK	T3	PA QL(10 MLS/DAY) SP HD
neomycin sulfate	T1	
STREPTOMYCIN SULFATE	T1	
TOBI (*tobramycin in 0.225% sod chlor*)	T3	PA QL(10 MLS/DAY) SP HD
TOBI PODHALER	T2	PA QL(8 CAPS/DAY) SP HD
tobramycin 300 mg/4 ml ampule (Bethkis)	T1	PA QL(8 MLS/DAY) SP HD
tobramycin 300 mg/5 ml ampule (Tobi)	T1	PA QL(10 MLS/DAY) SP HD
TOBRAMYCIN PAK 300 MG/5 ML	T3	PA QL(10 MLS/DAY) SP HD
tobramycin sulfate	T1	
ZEMDRI	T3	
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS		
LIKMEZ	T3	PA
METRONIDAZOLE 125 MG TABLET	T3	PA
metronidazole 250 mg tablet	T1	
metronidazole 375 mg capsule	T1	
metronidazole 500 mg tablet	T1	
metronidazole 500 mg/100 ml	T1	
metronidazole/sodium chloride	T3	
ANTIBIOTIC, ANTIBACTERIAL, MISC.		
CONTEPO	T3	
fosfomycin tromethamine	T1	
methenamine hippurate	T1	
methenamine mandelate	T1	

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ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIBIOTIC, ANTIBACTERIAL, MISC. *(cont.)*		
PRIMSOL	T3	
trimethoprim	T1	
ANTILEPROTICS		
bacitracin	T1	
dapsone 100 mg tablet	T1	
dapsone 25 mg tablet	T1	
THALOMID	T2	PA SP HD
ANTI-MYCOBACTERIUM AGENTS		
ethambutol hcl	T1	HD
isoniazid	T1	HD
pyrazinamide	T1	HD
rifabutin	T1	HD
ANTI-TUBERCULAR ANTIBIOTICS		
cycloserine	T1	
PRETOMANID	T3	PA QL(1 TAB/DAY)
PRIFTIN (*rifapentine*)	T3	
PRIFTIN	T3	
rifampin	T1	
rifapentine (Priftin)	T1	
SIRTURO	T3	SP
BETALACTAMS		
AZACTAM (*aztreonam*)	T3	
aztreonam (Azactam)	T1	
CAYSTON	T3	PA QL(3 MLS/DAY) SP HD
XACDURO	T3	
CARBAPENEM/PENEM ANTIBIOTICS		
ertapenem sodium	T1	
imipenem/cilastatin sodium	T1	
imipenem/cilastatin sodium (Primaxin)	T1	
meropenem 2 gram vial	T1	
MEROPENEM 2 GRAM VIAL	T3	PA
meropenem iv 1 gm vial	T1	
meropenem iv 500 mg vial	T1	
MEROPENEM-0.9% NACL	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CARBAPENEM/PENEM ANTIBIOTICS *(cont.)*		
ORLYNVAH	T3	PA SP
PRIMAXIN (*imipenem/cilastatin sodium*)	T3	
RECARBRIO	T3	
VABOMERE	T3	
CEPHALOSPORIN ANTIBIOTICS - IST GENERATION		
cefadroxil	T1	
cefazolin 1 g/50 ml-dextrose	T1	
cefazolin 1 gm vial	T1	
cefazolin 10 gm vial	T1	
CEFAZOLIN 2 G/100 ML-DEXTROSE	T1	
cefazolin 2 g/50 ml-dextrose	T1	
CEFAZOLIN 2 GM VIAL	T3	
CEFAZOLIN 3 G/150 ML-DEXTROSE	T3	
CEFAZOLIN 3 G/50 ML-DEXTROSE	T3	
cefazolin 3 gm vial	T1	
CEFAZOLIN 3 GM VIAL	T3	
cefazolin 500 mg vial	T1	
cefazolin sod 100 gm bulk bag	T1	
cefazolin sod 300 gm bulk bag	T1	
CEFAZOLIN SODIUM-0.9% NACL	T1	
CEFAZOLIN SODIUM-STERILE WATER	T1	
cephalexin	T1	
CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION		
cefaclor	T1	
CEFOTAN	T3	
cefotetan disodium	T1	
cefoxitin sodium	T1	
cefoxitin sodium/dextrose,iso	T1	
cefprozil	T1	
cefuroxime axetil	T1	
cefuroxime sodium	T1	
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		
AVYCAZ	T3	
cefdinir	T1	

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ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION *(cont.)*		
cefixime	T1	
cefpodoxime proxetil	T1	
ceftriaxone sodium	T1	
ceftazidime	T1	
CEFTRIAXONE	T1	
ceftriaxone in is-osm dextrose	T1	
ceftriaxone sodium	T1	
CEPHALOSPORIN ANTIBIOTICS - 4TH GENERATION		
cefepime hcl	T1	
CEFEPIME HCL	T1	
cefepime in iso-osm dextrose	T1	
CEFEPIME-DEXTROSE	T1	
CEPHALOSPORIN ANTIBIOTICS - 5TH GENERATION		
ceftaroline fosamil acetate (Teflaro)	T1	
TEFLARO (*ceftaroline fosamil acetate*)	T3	
ZERBAXA	T3	
CEPHALOSPORIN ANTIBIOTICS - SIDEROPHORE		
FETROJA	T3	
CHLORAMPHENICOL ANTIBIOTICS AND DERIVATIVES		
chloramphenicol sod succinate	T1	
GLYCYLCYCLINES		
*tigecycline (*Tygacil*)*	T1	
TYGACIL *(tigecycline)*	T3	
LINCOSAMIDE ANTIBIOTICS		
CLEOCIN HCL 150 MG CAPSULE (*clindamycin hcl*)	T3	
CLEOCIN HCL 300 MG CAPSULE (*clindamycin hcl*)	T3	
CLEOCIN HCL 75 MG CAPSULE (*clindamycin hcl*)	T2	
CLEOCIN PEDIATRIC (*clindamycin palmitate hcl*)	T3	
CLEOCIN PHOSPHATE (*clindamycin phosphate*)	T3	
clindamycin 300 mg/50 ml-d5w	T1	
CLINDAMYCIN 300 MG/50 ML-D5W	T3	
clindamycin 600 mg/50 ml-d5w	T1	
CLINDAMYCIN 600 MG/50 ML-D5W	T3	
clindamycin 900 mg/50 ml-d5w	T1	

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ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
LINCOSAMIDE ANTIBIOTICS *(cont.)*		
CLINDAMYCIN 900 MG/50 ML-D5W	T3	
clindamycin hcl (Cleocin Hcl)	T1	
clindamycin palmitate hcl (Cleocin Pediatric)	T1	
clindamycin phosphate (Cleocin Phosphate)	T1	
CLINDAMYCIN-0.9% NACL	T1	
LINCOCIN	T3	
lincomycin hcl	T1	
LIPOGLYCOPEPTIDE ANTIBIOTICS		
dalbavancin hcl (Dalvance)	T1	
DALVANCE (*dalbavancin hcl*)	T3	
KIMYRSA	T3	
ORBACTIV	T3	
VIBATIV	T3	
MACROLIDE ANTIBIOTICS		
azithromycin	T1	
*azithromycin (*Zithromax Tri-Pak*)*	T1	
*azithromycin (*Zithromax*)*	T1	
clarithromycin	T1	
DIFICID 200 MG TABLET (fidaxomicin)	T3	PA QL(28 TABS/28 DAYS)
DIFICID 40 MG/ML SUSPENSION	T3	QL(5 MLS/DAY)
E.E.S. 200 (*erythromycin ethylsuccinate*)	T3	PA
ERYPED 200 (*erythromycin ethylsuccinate*)	T3	
ERYPED 400 (*erythromycin ethylsuccinate*)	T3	PA
ery-tab dr 250 mg tablet	T1	
ery-tab dr 333 mg tablet	T1	
ERY-TAB DR 500 MG TABLET (*erythromycin base*)	T3	
ERYTHROCIN LACTOBIONATE (*erythromycin lactobionate*)	T3	
erythromycin base	T1	
erythromycin base (Ery-tab)	T1	
erythromycin ethylsuccinate	T1	
erythromycin ethylsuccinate (E.E.S. 200)	T1	
erythromycin ethylsuccinate (Eryped 200)	T1	
erythromycin ethylsuccinate (Eryped 400)	T1	

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ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MACROLIDE ANTIBIOTICS *(cont.)*		
erythromycin lactobionate (Erythrocin Lactobionate)	T1	
erythromycin stearate	T1	
fidaxomicin (Dificid)	T1	QL(28 TABS/28 DAYS)
ZITHROMAX (azithromycin)	T3	
ZITHROMAX TRI-PAK (*azithromycin*)	T3	
NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS		
FURADANTIN (*nitrofurantoin*)	T3	
MACROBID (*nitrofurantoin mono-macro*)	T3	
nitrofurantoin 25 mg/5 ml susp (Furadantin)	T1	
NITROFURANTOIN 50 MG/5 ML SUSP	T3	PA
nitrofurantoin mcr 100 mg cap	T1	
nitrofurantoin mcr 25 mg cap	T1	
nitrofurantoin mcr 50 mg cap	T1	
nitrofurantoin monohyd/m-cryst (Macrobid)	T1	
NOVEL BACTERIAL TOPOISOMERASE INHIBITORS (NBTI)		
BLUJEPA	T3	PA
OXAZOLIDINONE ANTIBIOTICS		
linezolid (Zyvox)	T1	PA
linezolid 600mg/300ml-0.9%nacl	T1	
LINEZOLID 600MG/300ML-0.9%NACL	T3	
linezolid in dextrose 5% (Zyvox)	T1	
SIVEXTRO 200 MG TABLET	T3	PA
SIVEXTRO 200 MG VIAL	T3	
ZYVOX 100 MG/5 ML SUSPENSION (*linezolid*)	T3	PA
ZYVOX 600 MG TABLET (*linezolid*)	T3	PA
ZYVOX 600 MG/300 ML-D5W (*linezolid in dextrose 5%*)	T3	
PENICILLIN ANTIBIOTICS		
amoxicillin	T1	
amoxicillin/potassium clav	T1	
amoxicillin/potassium clav (Augmentin Es-600)	T1	
ampicillin sod/sulbactam sod	T1	
ampicillin sod/sulbactam sod (Unasyn)	T1	
ampicillin sodium	T1	
ampicillin trihydrate	T1	

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ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PENICILLIN ANTIBIOTICS *(cont.)*		
AUGMENTIN	T2	PA
AUGMENTIN ES-600 (*amoxicillin/potassium clav*)	T3	PA
BICILLIN C-R	T3	
BICILLIN L-A	T3	
dicloxacillin sodium	T1	
EXTENCILLINE	T3	
LENTOCILIN S	T3	
MOXATAG	T3	
nafcillin in dextrose,iso-osm	T1	
nafcillin sodium	T1	
oxacillin in dextrose(iso-osm)	T1	
oxacillin sodium	T1	
penicillin g potassium	T1	
penicillin g sodium	T1	
PENICILLIN GK-ISO-OSM DEXTROSE	T1	
penicillin v potassium	T1	
PIPERACILLIN-TAZO 2.25 G DPLX	T3	
PIPERACILLIN-TAZO 3.375 G DPLX	T3	
PIPERACILLIN-TAZO 4.5 G DUPLEX	T3	
piperacil-tazo 2.25 gm add vl	T1	
piperacil-tazo 3.375 gm add vl	T1	
piperacil-tazobact 13.5 gm vl	T1	
PIPERACIL-TAZOBACT 13.5 GM VL	T1	
piperacil-tazobact 2.25 gm vl	T1	
piperacil-tazobact 3.375 gm vl	T1	
piperacil-tazobact 4.5 gm vial	T1	
piperacil-tazobact 40.5 gram	T1	
PIVYA	T3	PA QL(21 TABS/FILL)
UNASYN (*ampicillin sod/sulbactam sod*)	T3	
ZOSYN	T3	
PLEUROMUTILIN DERIVATIVES		
XENLETA 150 MG/15 ML VIAL	T3	
XENLETA 600 MG TABLET	T3	PA QL(10 TABS/30 DAYS)

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ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
POLYMYXIN ANTIBIOTICS AND DERIVATIVES		
colistin (colistimethate na) (Coly-Mycin M Parenteral)	T1	
COLY-MYCIN M PARENTERAL (*colistin (colistimethate na)*)	T3	
polymyxin b sulfate	T1	
QUINOLONE ANTIBIOTICS		
AVELOX IV (*moxifloxacin-sod.chloride(iso)*)	T2	
BAXDELA 300 MG VIAL	T3	
BAXDELA 450 MG TABLET	T3	PA
CIPRO 10% SUSPENSION (*ciprofloxacin*)	T2	
CIPRO 250 MG TABLET (*ciprofloxacin hcl*)	T3	
CIPRO 5% SUSPENSION (*ciprofloxacin*)	T2	
CIPRO 500 MG TABLET (*ciprofloxacin hcl*)	T3	
ciprofloxacin (Cipro)	T1	
ciprofloxacin hcl	T1	
ciprofloxacin hcl (Cipro)	T1	
levofloxacin in dextrose 5 %	T1	
MOXIFLOXACIN	T1	
moxifloxacin hcl	T1	
moxifloxacin-sod.chloride(iso) (Avelox Iv)	T1	
ofloxacin	T1	
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS		
AEMCOLO	T3	QL(12 TABS/30 DAYS)
XIFAXAN 200 MG TABLET	T2	QL(9 TABS/30 DAYS)
XIFAXAN 550 MG TABLET	T2	QL(42 TABS/30 DAYS)
TETRACYCLINE ANTIBIOTICS		
ACTICLATE (*doxycycline hyclate*)	T3	ST
demeclocycline hcl	T1	
DORYX	T3	PA
DORYX (*doxycycline hyclate*)	T3	PA
DORYX MPC	T3	PA
doxycycline 50 mg tablet (Targadox)	T1	
doxycycline hyc dr 100 mg tab	T1	PA
doxycycline hyc dr 150 mg tab	T1	PA
doxycycline hyc dr 200 mg tab (Doryx)	T1	PA
doxycycline hyc dr 50 mg tab	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TETRACYCLINE ANTIBIOTICS *(cont.)*		
doxycycline hyc dr 75 mg tab	T1	PA
DOXYCYCLINE HYC DR 80 MG TAB	T3	PA
doxycycline hyclate	T1	
doxycycline hyclate 100 mg cap (	T1	
doxycycline hyclate 100 mg tab (Lymepak)	T1	
doxycycline hyclate 100 mg vl	T1	
doxycycline hyclate 150 mg tab (Acticlate)	T1	
doxycycline hyclate 50 mg cap	T1	
doxycycline hyclate 75 mg tab (Acticlate)	T1	
doxycycline monohydrate (Oracea)	T1	PA
doxycycline monohydrate	T1	
EMROSI	T3	PA
LYMEPAK (*doxycycline hyclate*)	T3	PA
MINOCIN	T3	
MINOCYCLINE ER	T3	ST
minocycline er 105 mg tablet	T1	
minocycline er 115 mg tablet (Solodyn)	T1	
minocycline er 135 mg tablet	T1	
minocycline er 45 mg tablet	T1	QL(1 TAB/DAY)
minocycline er 55 mg tablet	T1	
minocycline er 65 mg tablet	T1	
minocycline er 80 mg tablet	T1	
minocycline er 90 mg tablet	T1	
minocycline hcl	T1	
MINOLIRA ER	T3	ST
NUZYRA 100 MG VIAL	T3	SP
NUZYRA 150 MG TABLET	T3	PA QL(30 TABS/28 DAYS) SP
ORACEA (*doxycycline monohydrate*)	T3	PA
SEYSARA	T3	ST
SOLODYN (*minocycline hcl er*)	T3	PA
TARGADOX (*doxycycline hyclate*)	T3	PA
tetracycline 250 mg capsule, 500 mg capsule	T1	
tetracycline 250 mg tablet, 500 mg tablet	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TETRACYCLINE ANTIBIOTICS *(cont.)*		
XERAVA	T3	
XIMINO	T3	ST
VAGINAL ANTIBIOTICS		
CLEOCIN	T3	PA
CLEOCIN (*clindamycin phosphate*)	T3	PA
clindamycin phosphate (Cleocin)	T1	
CLINDESSE	T3	
metronidazole	T1	
metronidazole vaginal 0.75% gl	T1	
NUVESSA	T3	PA
XACIATO	T3	PA
VANCOMYCIN ANTIBIOTICS AND DERIVATIVES		
FIRVANQ	T3	PA
FIRVANQ (*vancomycin hcl*)	T3	PA
TYZAVAN	T3	
VANCOCIN HCL (*vancomycin hcl*)	T3	PA
VANCOMYCIN	T1	
vancomycin 1 gm vial	T1	
VANCOMYCIN 1 GRAM/200 ML BAG	T3	
VANCOMYCIN 1.25 GM/250 ML BAG	T3	
VANCOMYCIN 1.25 GRAM/250ML-D5W	T1	
VANCOMYCIN 1.25 GRAM/250ML-D5W	T3	
VANCOMYCIN 1.5 GRAM/250 ML-D5W	T1	
VANCOMYCIN 1.5 GRAM/300 ML BAG	T3	
VANCOMYCIN 1.5 GRAM/300 ML-D5W	T3	
VANCOMYCIN 1.75 GM/350 ML BAG	T3	
VANCOMYCIN 2 GRAM/400 ML BAG	T3	
vancomycin 25 mg/ml oral soln	T1	
VANCOMYCIN 25 MG/ML ORAL SOLN	T3	PA
vancomycin 250 mg/5ml oral sol (Firvanq)	T1	
vancomycin 50 mg/ml oral soln (Firvanq)	T1	
vancomycin 500 mg vial	T1	
VANCOMYCIN 500 MG/100 ML BAG	T3	
VANCOMYCIN 750 MG/150 ML BAG	T3	

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List of Prescription Medications

ANTIBIOTICS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
VANCOMYCIN ANTIBIOTICS AND DERIVATIVES *(cont.)*		
vancomycin hcl 1.25 gram vial	T1	
vancomycin hcl 1.5 gram vial	T1	
VANCOMYCIN HCL 1.75 GRAM VIAL	T3	
vancomycin hcl 10 gm vial	T1	
vancomycin hcl 125 mg capsule (Vancocin Hcl)	T1	
vancomycin hcl 250 mg capsule (Vancocin Hcl)	T1	
VANCOMYCIN HCL 1G/200 ML BAG	T1	
VANCOMYCIN HCL 2 GRAM VIAL	T3	
vancomycin hcl 250 mg capsule (Vancocin Hcl)	T1	
vancomycin hcl 5 gm vial	T1	
vancomycin hcl 750 mg vial	T1	
VANCOMYCIN HCL-0.9% NACL	T1	
VANCOMYCIN-D5W 500 MG/100 ML	T1	
ANTIBIOTICS (Miscellaneous)		
CYCLIC LIPOPEPTIDES		
daptomycin	T1	
DAPTOMYCIN	T1	
DAPTOMYCIN-0.9% NACL	T3	
ANTIBIOTICS (Skin Conditions)		
TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID		
NEO-SYNALAR	T3	
TOPICAL ANTIBIOTICS		
AMZEEQ	T3	PA
BENZAMYCIN (*erythromycin-benzoyl peroxide*)	T3	
CENTANY	T3	
CENTANY AT	T3	
CLEOCIN T (*clindamycin phosphate*)	T3	
CLINDAGEL (*clindamycin phosphate*)	T3	PA
clindamycin phosphate	T1	
clindamycin phosphate (Cleocin T)	T1	
clindamycin phosphate (Clindagel)	T1	
erythromycin base in ethanol	T1	
erythromycin/benzoyl peroxide (Benzamycin)	T1	

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List of Prescription Medications

ANTIBIOTICS (Skin Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTIBIOTICS *(cont.)*		
gentamicin sulfate	T1	
mupirocin 2% cream	T1	PA
mupirocin 2% ointment	T1	
XEPI	T3	
ZILXI	T3	PA
TOPICAL SULFONAMIDES		
AVAR-E	T3	PA
AVAR-E GREEN	T3	PA
mafenide acetate	T1	
PLEXION	T3	
SILVADENE (*silver sulfadiazine*)	T3	
silver sulfadiazine (Silvadene)	T1	
sulfacetamide sodium/sulfur	T1	
SULFAMYLON	T3	
ANTI-COAGULANTS (Blood Thinners/Anti-Clotting)		
ANTI-COAGULANTS, COUMARIN TYPE		
warfarin sodium	T1	HD
CITRATES AS ANTI-COAGULANTS		
ACD SOLUTION A	T3	
ACD-A	T3	
ANTICOAGULANT SODIUM CITRATE	T3	
CITRATE PHOSPHATE DEXTROSE	T1	
SODIUM CITRATE	T1	
TRICITRASOL	T3	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	T2	
ELIQUIS SPRINKLE	T2	
*rivaroxaban (*Xarelto*)*	T1	
SAVAYSA 15 MG TABLET	T3	PA QL(1 TAB/DAY)
SAVAYSA 30 MG TABLET	T3	PA QL(1 TAB/DAY)
SAVAYSA 60 MG TABLET	T3	PA
XARELTO	T2	
XARELTO (*rivaroxaban*)	T2	

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ANTI-COAGULANTS (Blood Thinners/Anti-Clotting) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
HEPARIN AND RELATED PREPARATIONS		
ARIXTRA 10 MG/0.8 ML SYRINGE (*fondaparinux sodium*)	T3	QL(0.8 ML/DAY) SP
ARIXTRA 2.5 MG/0.5 ML SYRINGE (*fondaparinux sodium*)	T3	QL(0.5 ML/DAY) SP
ARIXTRA 5 MG/0.4 ML SYRINGE (*fondaparinux sodium*)	T3	QL(0.4 ML/DAY) SP
ARIXTRA 7.5 MG/0.6 ML SYRINGE (*fondaparinux sodium*)	T3	QL(0.6 ML/DAY) SP
enoxaparin 100 mg/ml syringe (Lovenox)	T1	QL(2 SYRINGES/DAY) SP
enoxaparin 120 mg/0.8 ml syr (Lovenox)	T1	QL(2 SYRINGES/DAY) SP
enoxaparin 150 mg/ml syringe (Lovenox)	T1	QL(2 SYRINGES/DAY) SP
enoxaparin 30 mg/0.3 ml syr (Lovenox)	T1	QL(2 SYRINGES/DAY) SP
enoxaparin 300 mg/3 ml vial (Lovenox)	T1	QL(1 VIAL/DAY) SP
enoxaparin 40 mg/0.4 ml syr (Lovenox)	T1	QL(2 SYRINGES/DAY) SP
enoxaparin 60 mg/0.6 ml syr (Lovenox)	T1	QL(2 SYRINGES/DAY) SP
enoxaparin 80 mg/0.8 ml syr (Lovenox)	T1	QL(2 SYRINGES/DAY) SP
fondaparinux 10 mg/0.8 ml syr (Arixtra)	T1	QL(0.8 ML/DAY) SP
fondaparinux 2.5 mg/0.5 ml syr (Arixtra)	T1	QL(0.5 ML/DAY) SP
fondaparinux 5 mg/0.4 ml syr (Arixtra)	T1	QL(0.4 ML/DAY) SP
fondaparinux 7.5 mg/0.6 ml syr (Arixtra)	T1	QL(0.6 ML/DAY) SP
FRAGMIN 10,000 UNIT/4 ML VIAL	T2	QL(1 VIAL/DAY) SP
FRAGMIN 10,000 UNIT/ML SYRINGE	T2	QL(2 SYRINGES/DAY) SP
FRAGMIN 12,500 UNIT/0.5 ML SYR	T2	QL(2 SYRINGES/DAY) SP
FRAGMIN 15,000 UNIT/0.6 ML SYR	T2	QL(2 SYRINGES/DAY) SP
FRAGMIN 18,000 UNIT/0.72 ML	T2	QL(2 SYRINGES/DAY) SP
FRAGMIN 2,500 UNIT/0.2 ML SYR	T2	QL(2 SYRINGES/DAY) SP
FRAGMIN 5,000 UNIT/0.2 ML SYR	T2	QL(2 SYRINGES/DAY) SP
FRAGMIN 7,500 UNIT/0.3 ML SYR	T2	QL(2 SYRINGES/DAY) SP
FRAGMIN 95,000 UNIT/3.8 ML VL	T2	QL(1 VIAL/DAY) SP
heparin 1,000 unit/500 ml-ns	T1	
heparin 10,000 unit/10 ml vial	T1	
HEPARIN 2,000 UNIT/1,000 ML-NS *(heparin sodium,porcine/ns/pf)*	T3	
heparin 2,000 unit/1,000 ml-ns (Heparin Sodium-0.9% Nacl)	T1	
heparin 2,000 unit/2 ml vial	T1	
HEPARIN 30,000 UNIT/1,000-NS	T1	
heparin 30,000 unit/30 ml vial	T1	
heparin 40,000 unit/4 ml vial	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
HEPARIN AND RELATED PREPARATIONS *(cont.)*		
HEPARIN 5,000 UNIT/1,000 ML-NS	T1	
HEPARIN 5,000 UNIT/500 ML-NS	T1	
heparin 5,000 unit/ml carpujct	T1	
heparin 50,000 unit/10 ml vial	T1	
heparin 50,000 unit/5 ml vial	T1	
heparin sod 1,000 unit/ml vial	T1	
heparin sod 10,000 unit/ml vl	T1	
heparin sod 20,000 unit/ml vl	T1	
heparin sod 5,000 unit/0.5 ml	T1	
HEPARIN SOD 5,000 UNIT/0.5 ML	T1	
HEPARIN SOD 5,000 UNIT/0.5 ML	T3	
heparin sod 5,000 unit/ml syrg	T1	
HEPARIN SOD 5,000 UNIT/ML SYRG	T3	
heparin sod 5,000 unit/ml vial	T1	
heparin sod,pork in 0.45% nacl	T1	
heparin sodium,porcine	T1	
heparin sodium,porcine/d5w	T1	
heparin sodium,porcine/pf	T1	
HEPARIN SODIUM-0.45% NACL	T1	
LOVENOX 100 MG/ML SYRINGE (*enoxaparin sodium*)	T3	PA QL(2 SYRINGES/DAY) SP
LOVENOX 120 MG/0.8 ML SYRINGE (*enoxaparin sodium*)	T3	PA QL(2 SYRINGES/DAY) SP
LOVENOX 150 MG/ML SYRINGE (*enoxaparin sodium*)	T3	PA QL(2 SYRINGES/DAY) SP
LOVENOX 30 MG/0.3 ML SYRINGE (*enoxaparin sodium*)	T3	PA QL(2 SYRINGES/DAY) SP
LOVENOX 300 MG/3 ML VIAL (*enoxaparin sodium*)	T3	PA QL(1 VIAL/DAY) SP
LOVENOX 40 MG/0.4 ML SYRINGE (*enoxaparin sodium*)	T3	PA QL(2 SYRINGES/DAY) SP
LOVENOX 60 MG/0.6 ML SYRINGE (*enoxaparin sodium*)	T3	PA QL(2 SYRINGES/DAY) SP
LOVENOX 80 MG/0.8 ML SYRINGE (*enoxaparin sodium*)	T3	PA QL(2 SYRINGES/DAY) SP
THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE		
ARGATROBAN	T3	SP
argatroban in 0.9 % sod chlor	T1	SP HD
dabigatran etexilate mesylate (Pradaxa)	T1	HD
PRADAXA 110 MG CAPSULE (d*abigatran etexilate mesylate*)	T3	PA HD
PRADAXA 110 MG PELLET PACK	T3	PA QL(2 PACKS/DAY) SP
PRADAXA 150 MG CAPSULE (*dabigatran etexilate mesylate*)	T3	PA HD

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ANTI-COAGULANTS (Blood Thinners/Anti-Clotting) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE *(cont.)*		
PRADAXA 150 MG PELLET PACK	T3	PA QL(2 PACKS/DAY) SP
PRADAXA 20 MG PELLET PACK	T3	PA QL(2 PACKS/DAY) SP
PRADAXA 30 MG PELLET PACK	T3	PA QL(4 PACKS/DAY) SP
PRADAXA 40 MG PELLET PACK	T3	PA QL(4 PACKS/DAY) SP
PRADAXA 50 MG PELLET PACK	T3	PA QL(4 PACKS/DAY) SP
PRADAXA 75 MG CAPSULE (*dabigatran etexilate mesylate*)	T3	PA HD
THROMBIN INHIBITORS,SEL,DIRECT,REVERS-HIRUDIN TYPE		
ANGIOMAX (*bivalirudin*)	T3	
BIVALIRUDIN 250 MG ADD-VANT VL	T1	
bivalirudin 250 mg vial (Angiomax)	T1	
BIVALIRUDIN RTU 250 MG/50 ML	T3	
ANTIDOTES (Gastrointestinal/Heartburn)		
MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING		
MOVANTIK	T2	PA
RELISTOR	T3	PA
SYMPROIC	T2	PA
ANTIDOTES (Substance Use Disorder)		
OPIOID ANTAGONISTS		
KLOXXADO	T2	QL(2 UNITS/30 DAYS)
NALMEFENE HCL	T3	QL(4 MLS/30 DAYS)
naloxone hcl	T1	
naltrexone hcl	T1	QL(180 TABS/30 DAYS)
OPVEE	T3	QL(2 UNITS/30 DAYS)
REXTOVY	T2	QL(2 UNITS/30 DAYS)
ZIMHI	T3	QL(2 SYRINGES/30 DAYS)
ZURNAI	T3	QL(2 AUTOINJS/30 DAYS)
ANTI-FUNGALS (Eye Conditions)		
OPHTHALMIC ANTI-FUNGAL AGENTS		
NATACYN	T2	
ANTI-FUNGALS (Feminine Products)		
VAGINAL ANTI-FUNGALS		
GYNAZOLE 1	T1	
miconazole nitrate	T1	
terconazole	T1	

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ANTI-FUNGALS (Infections)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-FUNGAL AGENTS		
ANCOBON (*flucytosine*)	T3	
clotrimazole	T1	
CRESEMBA 186 MG CAPSULE	T3	PA
CRESEMBA 372 MG VIAL	T3	
CRESEMBA 74.5 MG CAPSULE	T3	PA
DIFLUCAN (*fluconazole*)	T3	PA
fluconazole	T1	
fluconazole (Diflucan)	T1	
flucytosine (Ancobon)	T1	
itraconazole	T1	
itraconazole (Sporanox)	T1	
ketoconazole	T1	
NOXAFIL	T3	
ORAVIG	T3	
posaconazole	T1	
SPORANOX (*itraconazole*)	T3	PA
terbinafine hcl	T1	
TOLSURA	T3	
VFEND (*voriconazole*)	T3	PA
VFEND IV (*voriconazole*)	T3	
VIVJOA	T3	PA SP
*voriconazole 200 mg tablet (*Vfend*)*	T1	PA
*voriconazole 200 mg vial (*Vfend Iv*)*	T1	
VORICONAZOLE 200 MG/20 ML VIAL	T3	
*voriconazole 40 mg/ml susp (*Vfend*)*	T1	PA
voriconazole 50 mg tablet	T1	PA
voriconazole/hpbcd	T1	
ANTI-FUNGAL ANTIBIOTICS		
ABELCET	T3	
AMBISOME *(amphotericin b liposome)*	T3	
amphotericin b	T1	
*amphotericin b liposome (*Ambisome*)*	T1	
CANCIDAS *(caspofungin acetate)*	T3	
caspofungin acetate	T1	

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ANTI-FUNGALS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-FUNGAL ANTIBIOTICS *(cont.)*		
caspofungin acetate (Cancidas)	T1	
ERAXIS	T3	
FULVICIN P-G	T3	PA QL(4 TABS/DAY)
griseofulvin ultra 125 mg tab	T1	
griseofulvin ultra 165 mg tab	T1	QL(4 TABS/DAY)
griseofulvin ultra 250 mg tab	T1	
griseofulvin, microsize	T1	
micafungin sodium	T1	
MICAFUNGIN-0.9% NACL	T3	
nystatin	T1	
REZZAYO	T3	
ANTI-FUNGALS (Skin Conditions)		
TOPICAL ANTI-FUNGAL/ANTI-INFLAMMATORY, STEROID AGENT		
clotrimazole/betamethasone dip	T1	
TOPICAL ANTI-FUNGALS		
ciclodan 0.77% cream (Loprox)	T1	
CICLODAN 0.77% CREAM KIT	T3	
CICLODAN 8% KIT	T3	
ciclodan 8% solution	T1	
ciclopirox	T1	
ciclopirox olamine (Loprox)	T1	
ciclopirox/urea/camph/men/euc	T1	
econazole nitrate 1% cream	T1	
ECONAZOLE NITRATE 1% FOAM	T3	PA
ECOZA	T3	
ERTACZO	T3	PA
EXELDERM	T3	PA
EXODERM	T1	
JUBLIA	T3	PA
ketoconazole	T1	
LOPROX 0.77% CREAM (*ciclopirox*)	T3	PA
LOPROX 0.77% TOPICAL SUSP (*ciclopirox olamine*)	T3	
LULICONAZOLE	T1	

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ANTI-FUNGALS (Skin Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTI-FUNGALS *(cont.)*		
LUZU	T3	PA
MICONAZOLE-ZINC OXIDE-PETROLTM	T1	PA
naftifine hcl	T1	
naftifine hcl (Naftin)	T1	
NAFTIN (*naftifine hcl*)	T2	
nystatin	T1	
nystatin/triamcinolone acet	T1	
oxiconazole nitrate	T1	PA
OXISTAT	T2	PA
SULCONAZOLE NITRATE	T3	PA
tavaborole	T1	PA
VUSION	T3	PA
XOLEGEL	T3	PA
ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays)		
1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION		
phenylephrine hcl/prometh hcl	T1	
2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION		
CLARINEX-D 12 HOUR	T3	
ANTIHISTAMINES (Allergy/Nasal Sprays)		
ANTIHISTAMINES - 1ST GENERATION		
carbinoxamine 4 mg/5 ml liquid	T1	
carbinoxamine maleate	T1	
carbinoxamine maleate 4 mg tab	T1	
carbinoxamine maleate 6 mg tab (Ryvent)	T1	PA
CARBINOXAMINE MALEATE ER	T3	PA
clemastine 0.5 mg/5 ml syrup	T1	PA
clemastine fum 2.68 mg tablet	T1	
clemastine fumarate	T1	
cyproheptadine hcl	T1	
dexchlorpheniramine maleate (Ryclora)	T1	PA
diphenhydramine hcl	T1	
hydroxyzine hcl	T1	
hydroxyzine pamoate	T1	

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ANTIHISTAMINES (Allergy/Nasal Sprays) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIHISTAMINES - 1ST GENERATION *(cont.)*		
KARBINAL ER	T3	PA
PHENERGAN *(promethazine hcl)*	T3	
promethazine hcl	T1	
promethazine hcl (Phenergan)	T1	
RYCLORA (*dexchlorpheniramine maleate*)	T3	PA
RYVENT (*carbinoxamine maleate*)	T3	PA
ANTIHISTAMINES - 2ND GENERATION		
cetirizine hcl	T1	HD
CLARINEX (*desloratadine*)	T3	PA HD
DESLORATADINE 0.5 MG/ML SOLN	T3	PA QL(10 MGS/DAY) HD
desloratadine 2.5 mg odt	T1	QL(1 TAB/DAY) HD
desloratadine 5 mg odt	T1	HD
desloratadine 5 mg tablet (Clarinex)	T1	HD
levocetirizine dihydrochloride	T1	HD
QUZYTTIR	T3	
ANTIHISTAMINES (Eye Conditions)		
EYE ANTIHISTAMINES		
azelastine hcl 0.05% drops	T1	
bepotastine besilate (Bepreve)	T1	
BEPREVE (*bepotastine besilate*)	T3	PA
epinastine hcl	T1	
olopatadine hcl 0.1% eye drops	T1	
ZERVIATE	T3	PA
ANTI-HYPERGLYCEMICS (Diabetes)		
ANTIHYPERGLY, DPP-4 ENZYME INHIB.-THIAZOLIDINEDIONE		
ALOGLIPTIN-PIOGLITAZONE	T3	PA QL(1 TAB/DAY) HD
ANTIHYPERGLY, INCRETIN MIMETIC (GLP-1 RECEP.AGONIST)		
BYETTA	T3	PA QL(3 MLS/30 DAYS)
exenatide	T1	PA QL(3 MLS/30 DAYS)
liraglutide 2-pak 18 mg/3 ml (Victoza 2-Pak)	T1	PA QL(3 PENS/30 DAYS)
liraglutide 2-pak 18 mg/3 ml (Victoza 3-Pak)	T1	PA QL(3 PENS/30 DAYS)
liraglutide 3-pak 18 mg/3 ml (Victoza 2-Pak)	T1	PA QL(3 PENS/30 DAYS)
liraglutide 3-pak 18 mg/3 ml (Victoza 3-Pak)	T1	PA QL(3 PENS/30 DAYS)

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ANTI-HYPERGLYCEMICS (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIHYPERGLY, INCRETIN MIMETIC (GLP-1 RECEP.AGONIST) *(cont.)*		
OZEMPIC 0.25-0.5 MG/DOSE PEN	T2	PA QL(3 MLS/28 DAYS)
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	T2	PA QL(3 MLS/28 DAYS)
OZEMPIC 1.5 MG TABLET	T2	PA QL(1 TAB/DAY)
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	T2	PA QL(3 MLS/28 DAYS)
OZEMPIC 4 MG TABLET	T2	PA QL(1 TAB/DAY)
OZEMPIC 9 MG TABLET	T2	PA QL(1 TAB/DAY)
RYBELSUS	T2	PA QL(1 TAB/DAY)
TRULICITY	T2	PA QL(2 MLS/28 DAYS)
VICTOZA 2-PAK (liraglutide)	T3	PA QL(3 PENS/30 DAYS)
VICTOZA 3-PAK (liraglutide)	T3	PA QL(3 PENS/30 DAYS)
ANTI-HYPERGLY, INSULIN, LONG ACT-GLP-1 RECEPT.AGONIST		
SOLIQUA 100-33	T2	
XULTOPHY 100-3.6	T3	PA
ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS		
CYCLOSET	T3	HD
ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION		
MOUNJARO 10 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
MOUNJARO 12.5 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
MOUNJARO 15 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
MOUNJARO 2.5 MG/0.5 ML PEN	T2	PA QL(2 MLS/365 DAYS)
MOUNJARO 5 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
MOUNJARO 7.5 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
ANTI-HYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (Precose)	T1	HD
miglitol	T1	HD
PRECOSE (*acarbose*)	T3	HD
ANTI-HYPERGLYCEMIC, AMYLIN ANALOG-TYPE		
SYMLINPEN 120	T2	HD
SYMLINPEN 60	T2	
ANTI-HYPERGLYCEMIC, BIGUANIDE TYPE		
GLUMETZA (*metformin hcl*)	T3	PA
metformin hcl 625 mg tablet	T1	PA HD
metformin hcl	T1	PA HD
metformin hcl (Glumetza)	T1	PA HD

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List of Prescription Medications

ANTI-HYPERGLYCEMICS (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-HYPERGLYCEMIC, BIGUANIDE TYPE *(cont.)*		
metformin hcl 1,000 mg tablet	T1	HD
metformin hcl 500 mg tablet	T1	HD
metformin hcl 500 mg/5 ml soln (Riomet)	T1	HD
METFORMIN HCL 625 MG TABLET	T3	PA HD
metformin hcl 750 mg tablet	T1	HD
METFORMIN HCL 750 MG TABLET	T3	PA HD
metformin hcl 850 mg tablet	T1	HD
RIOMET (*metformin hcl*)	T3	HD
ANTI-HYPERGLYCEMIC, DPP-4 INHIBITORS		
ALOGLIPTIN	T3	PA QL(1 TAB/DAY) HD
BRYNOVIN	T3	PA QL(4 MLS/DAY) HD
JANUVIA (*sitagliptin phosphate*)	T2	ST QL(1 TAB/DAY) HD
NESINA	T3	PA QL(1 TAB/DAY) HD
saxagliptin hcl	T1	QL(1 TAB/DAY) HD
sitagliptin phosphate (Januvia)	T1	QL(1 TAB/DAY) HD
SITAGLIPTIN	T3	PA QL(1 TAB/DAY) HD
TRADJENTA	T3	PA QL(1 TAB/DAY) HD
ZITUVIO	T3	PA QL(1 TAB/DAY) HD
ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE		
glimepiride 1 mg tablet	T1	HD
glimepiride 2 mg tablet	T1	HD
GLIMEPIRIDE 3 MG TABLET	T3	HD
glimepiride 4 mg tablet	T1	HD
glipizide	T1	HD
glipizide (Glucotrol XI)	T1	HD
glipizide 10 mg tablet	T1	HD
GLIPIZIDE 15 MG TABLET	T3	HD
GLIPIZIDE 2.5 MG TABLET	T3	HD
glipizide 5 mg tablet	T1	HD
GLUCOTROL XL (*glipizide*)	T3	HD
glyburide	T1	HD
glyburide,micronized	T1	HD
glyburide, micronized (Glynase)	T1	HD
GLYNASE (*glyburide micronized*)	T3	HD

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ANTI-HYPERGLYCEMICS (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE *(cont.)*		
nateglinide	T1	HD
repaglinide	T1	HD
ANTI-HYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB		
dapagliflozin/saxagliptin hcl	T1	QL(1 TAB/DAY) HD
GLYXAMBI	T2	ST QL(1 TAB/DAY) HD
STEGLUJAN	T3	ST QL(1 TAB/DAY) HD
ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE		
ACTOPLUS MET (*pioglitazone-metformin*)	T3	HD
pioglitazone hcl/metformin hcl	T1	HD
pioglitazone hcl/metformin hcl (Actoplus Met)	T1	HD
ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE-SULFONYLUREA		
DUETACT (*pioglitazone hcl/glimepiride*)	T3	HD
pioglitazone hcl/glimepiride (Duetact)	T1	HD
ANTI-HYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS.		
ALOGLIPTIN-METFORMIN	T3	PA QL(2 TABS/DAY) HD
JANUMET (*sitagliptin phos/metformin hcl*)	T3	PA QL(2 TABS/DAY) HD
JANUMET XR 100-1,000 MG TABLET (*sitagliptin phos/metformin hcl*)	T3	PA QL(1 TAB/DAY) HD
JANUMET XR 50-1,000 MG TABLET (*sitagliptin phos/metformin hcl*)	T3	PA QL(2 TABS/DAY) HD
JANUMET XR 50-500 MG TABLET (*sitagliptin phos/metformin hcl*)	T3	PA QL(1 TAB/DAY) HD
JENTADUETO	T3	PA QL(2 TABS/DAY) HD
JENTADUETO XR 2.5 MG-1,000 MG	T3	PA QL(2 TABS/DAY) HD
JENTADUETO XR 5 MG-1,000 MG TB	T3	PA QL(1 TAB/DAY) HD
KAZANO	T3	PA QL(2 TABS/DAY) HD
linagliptin/metformin hcl	T1	QL(2 TABS/DAY) HD
saxagliptin-metformin er 5-500	T1	QL(1 TAB/DAY) HD
saxagliptin-metformn er 5-1000	T1	QL(1 TAB/DAY) HD
saxagliptn-metform er 2.5-1000	T1	QL(2 TABS/DAY) HD
sitaglip phos-metf er 100-1000 (Janumet Xr)	T1	QL(1 TAB/DAY) HD
sitaglip phos-metf er 50-1,000 (Janumet Xr)	T1	QL(2 TABS/DAY) HD
sitaglip phos-metf er 50-500 (Janumet Xr)	T1	QL(1 TAB/DAY) HD
sitagliptin phos/metformin hcl (Janumet)	T1	QL(2 TABS/DAY) HD
SITAGLIPTIN-METFORMIN	T3	PA QL(2 TABS/DAY) HD
SITAGLIPTIN-METFO ER 50-500,100-1,000	T3	PA QL(1 TAB/DAY) HD
SITAGLIPTIN-METFOR ER 50-1,000	T3	PA QL(2 TABS/DAY) HD

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ANTI-HYPERGLYCEMICS (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-HYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS. *(cont.)*		
ZITUVIMET	T3	PA QL(2 TABS/DAY) HD
ZITUVIMET XR 100-1,000 MG TAB	T3	PA QL(1 TAB/DAY) HD
ZITUVIMET XR 50-1000 MG TABLET	T3	PA QL(2 TABS/DAY) HD
ZITUVIMET XR 50-500 MG TABLET	T3	PA QL(1 TAB/DAY) HD
ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIM.-BIGUANIDE		
glipizide/metformin hcl	T1	HD
glyburide/metformin hcl	T1	HD
ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE (PPARG AGONIST)		
ACTOS (*pioglitazone hcl*)	T3	PA HD
pioglitazone hcl (Actos)	T1	HD
ANTI-HYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER		
KORLYM (*mifepristone*)	T3	PA SP
mifepristone 300 mg tablet (Korlym)	T1	PA SP HD
ANTI-HYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.		
dapagliflozin-metfor er 10-500 (Xigduo Xr)	T1	QL(1 TAB/DAY) HD
dapagliflozin-metfo er 10-1000 (Xigduo Xr)	T1	QL(1 TAB/DAY) HD
dapagliflozin-metfor er 5-500 (Xigduo Xr)	T1	QL(1 TAB/DAY) HD
dapagliflozin-metfor er 5-1000 (Xigduo Xr)	T1	QL(2 TABS/DAY) HD
INVOKAMET	T3	PA QL(2 TABS/DAY) HD
INVOKAMET XR	T3	PA QL(2 TABS/DAY) HD
SEGLUROMET	T3	PA QL(2 TABS/DAY) HD
SYNJARDY	T2	ST QL(2 TABS/DAY) HD
SYNJARDY XR 10-1,000 MG TABLET	T2	ST QL(2 TABS/DAY) HD
SYNJARDY XR 12.5-1,000 MG TAB	T2	ST QL(2 TABS/DAY) HD
SYNJARDY XR 25-1,000 MG TABLET	T2	ST QL(1 TAB/DAY) HD
SYNJARDY XR 5-1,000 MG TABLET	T2	ST QL(2 TABS/DAY) HD
XIGDUO XR 10 MG-1,000 MG TAB	T3	PA QL(1 TAB/DAY) HD
XIGDUO XR 10 MG-500 MG TABLET (*dapagliflozin/metformin*)	T3	PA QL(1 TAB/DAY) HD
XIGDUO XR 2.5 MG-1,000 MG TAB	T3	PA QL(2 TABS/DAY) HD
XIGDUO XR 5 MG-1,000 MG TABLET (*dapagliflozin/metformin*)	T3	PA QL(2 TABS/DAY) HD
XIGDUO XR 5 MG-500 MG TABLET (*dapagliflozin/metformin*)	T3	PA QL(1 TAB/DAY) HD
ANTIHYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB		
BRENZAVVY	T3	PA QL(1 TAB/DAY) HD
dapagliflozin (Farxiga)	T1	QL(1 TAB/DAY) HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIHYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB *(cont.)*		
FARXIGA (*dapagliflozin*)	T3	PA QL(1 TAB/DAY)
INVOKANA	T3	PA QL(1 TAB/DAY) HD
JARDIANCE	T2	ST QL(1 TAB/DAY) HD
STEGLATRO	T3	PA QL(1 TAB/DAY) HD
ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB		
TRIJARDY XR 10-5-1,000 MG TAB	T2	ST QL(1 TAB/DAY) HD
TRIJARDY XR 12.5-2.5-1,000 MG	T2	ST QL(2 TABS/DAY) HD
TRIJARDY XR 25-5-1,000 MG TAB	T2	ST QL(1 TAB/DAY) HD
TRIJARDY XR 5-2.5-1,000 MG TAB	T2	ST QL(2 TABS/DAY) HD
INSULINS		
ADMELOG	T3	PA QL(1.5 MLS/DAY) HD
ADMELOG SOLOSTAR	T3	PA QL(1.5 MLS/DAY) HD
AFREZZA 12 UNIT CARTRIDGE	T3	PA QL(12 CRTGS/DAY) HD
AFREZZA 4 UNIT CARTRIDGE	T3	PA QL(36 CRTGS/DAY) HD
AFREZZA 4 UNIT/8 UNIT/12 UNIT	T3	PA QL(6 CRTGS/DAY) HD
AFREZZA 8 UNIT CARTRIDGE	T3	PA QL(18 CRTGS/DAY) HD
AFREZZA 90-4 UNIT / 90-8 UNIT	T3	PA QL(12 CRTGS/DAY) HD
AFREZZA 90-8 UNIT / 90-12 UNIT	T3	PA QL(6 CRTGS/DAY) HD
APIDRA	T3	PA QL(1.5 MLS/DAY) HD
APIDRA SOLOSTAR	T3	PA QL(1.5 MLS/DAY) HD
BASAGLAR KWIKPEN U-100	T2	QL(1.5 MLS/DAY) HD
FIASP	T3	PA QL(1.5 MLS/DAY) HD
FIASP FLEXTOUCH	T3	PA QL(1.5 MLS/DAY) HD
FIASP PENFILL	T3	PA QL(1.5 MLS/DAY) HD
HUMALOG	T2	QL(1.5 MLS/DAY) HD
HUMALOG JUNIOR KWIKPEN	T2	QL(1.5 MLS/DAY) HD
HUMALOG KWIKPEN U-100	T2	QL(1.5 MLS/DAY) HD
HUMALOG KWIKPEN U-200	T2	QL(1 ML/DAY) HD
HUMALOG MIX 50-50 KWIKPEN	T2	QL(2 MLS/DAY) HD
HUMALOG MIX 75-25	T2	QL(2 MLS/DAY) HD
HUMALOG MIX 75-25 KWIKPEN	T2	QL(2 MLS/DAY) HD
HUMALOG TEMPO PEN U-100	T2	QL(1.5 MLS/DAY) HD
HUMULIN 70/30 KWIKPEN	T2	QL(2 MLS/DAY) HD
HUMULIN 70-30	T2	QL(2 MLS/DAY) HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
INSULINS *(cont.)*		
HUMULIN N	T2	QL(1.5 MLS/DAY) HD
HUMULIN N KWIKPEN	T2	QL(1.5 MLS/DAY) HD
HUMULIN R	T2	QL(1.5 MLS/DAY) HD
HUMULIN R U-500 KWIKPEN	T2	QL(1 ML/DAY) HD
INSULIN ASPART	T3	PA QL(1.5 MLS/DAY) HD
INSULIN ASPART FLEXPEN	T3	PA QL(1.5 MLS/DAY) HD
INSULIN ASPART PENFILL	T3	PA QL(1.5 MLS/DAY) HD
INSULIN ASPART PROT MIX 70-30	T3	PA QL(2 MLS/DAY) HD
INSULIN DEGLUDEC	T3	PA QL(1.5 MLS/DAY) HD
INSULIN DEGLUDEC PEN (U-100)	T3	PA QL(1.5 MLS/DAY) HD
INSULIN DEGLUDEC PEN (U-200)	T3	PA QL(0.9 MLS/DAY) HD
INSULIN GLARGINE MAX SOLOSTAR	T3	PA QL(0.6 MLS/DAY) HD
INSULIN GLARGINE SOLOSTAR	T3	PA QL(0.6 MLS/DAY) HD
INSULIN GLARGINE-YFGN	T3	PA QL(1.5 MLS/DAY) HD
INSULIN LISPRO	T2	QL(1.5 MLS/DAY) HD
INSULIN LISPRO JUNIOR KWIKPEN	T2	QL(1.5 MLS/DAY) HD
INSULIN LISPRO KWIKPEN U-100	T2	QL(1.5 MLS/DAY) HD
INSULIN LISPRO PROTAMINE MIX	T2	QL(2 MLS/DAY) HD
KIRSTY	T3	PA QL(1.5 MLS/DAY) HD
KIRSTY PEN	T3	PA QL(1.5 MLS/DAY) HD
LANTUS	T3	PA QL(1.5 MLS/DAY) HD
LANTUS SOLOSTAR	T3	PA QL(1.5 MLS/DAY) HD
LEVEMIR	T3	PA QL(1.5 MLS/DAY) HD
LEVEMIR FLEXTOUCH	T3	PA QL(1.5 MLS/DAY) HD
LYUMJEV	T2	QL(1.5 MLS/DAY) HD
LYUMJEV KWIKPEN U-100	T2	QL(1.5 MLS/DAY) HD
LYUMJEV KWIKPEN U-200	T2	QL(1 ML/DAY) HD
LYUMJEV TEMPO PEN U-100	T2	QL(1.5 MLS/DAY) HD
MERILOG	T2	QL(1.5 MLS/DAY) HD
MERILOG SOLOSTAR	T2	QL(1.5 MLS/DAY) HD
NOVOLOG MIX 70-30	T2	QL(2 MLS/DAY) HD
NOVOLOG MIX 70-30 FLEXPEN	T2	QL(2 MLS/DAY) HD
NOVOLIN N	T2	QL(1.5 MLS/DAY) HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
INSULINS *(cont.)*		
NOVOLIN N FLEXPEN	T2	QL(1.5 MLS/DAY) HD
NOVOLIN R	T2	QL(1.5 MLS/DAY) HD
NOVOLIN R FLEXPEN	T2	QL(1.5 MLS/DAY) HD
NOVOLOG	T3	PA QL(1.5 MLS/DAY) HD
NOVOLOG FLEXPEN	T3	PA QL(1.5 MLS/DAY) HD
NOVOLOG MIX 70-30	T3	PA QL(2 MLS/DAY) HD
NOVOLOG MIX 70-30 FLEXPEN	T3	PA QL(2 MLS/DAY) HD
NOVOLOG PENFILL	T3	PA QL(1.5 MLS/DAY) HD
REZVOGLAR KWIKPEN	T2	QL(1.5 MLS/DAY) HD
SEMGLEE (YFGN)	T3	PA QL(1.5 MLS/DAY) HD
SEMGLEE (YFGN) PEN	T3	PA QL(1.5 MLS/DAY) HD
TOUJEO MAX SOLOSTAR	T3	PA QL(0.6 MLS/DAY) HD
TOUJEO SOLOSTAR	T3	PA QL(0.6 MLS/DAY) HD
TRESIBA	T2	QL(1.5 MLS/DAY) HD
TRESIBA FLEXTOUCH U-100	T2	QL(1.5 MLS/DAY) HD
TRESIBA FLEXTOUCH U-200	T2	QL(0.9 MLS/DAY) HD
ANTIINFECTIVES (Infections)		
PENICILLIN ANTIBIOTICS		
ampicillin sodium	T1	
ANTI-INFECTIVES/MISCELLANEOUS (Feminine Products)		
VAGINAL ANTISEPTICS		
acetic acid/oxyquinoline (Relagard)	T1	
RELAGARD (*acetic acid/oxyquinoline*)	T3	
TRIMO-SAN	T3	
ANTI-INFECTIVES/MISCELLANEOUS (Infections)		
2ND GEN. ANAEROBIC ANTI-PROTOZOAL-ANTIBACTERIAL		
tinidazole	T1	
AMEBICIDES		
HUMATIN	T3	PA
ANTHELMINTICS		
albendazole	T1	
BILTRICIDE (*praziquantel*)	T3	
EMVERM	T1	

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ANTI-INFECTIVES/MISCELLANEOUS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTHELMINTICS *(cont.)*		
ivermectin 3 mg tablet (Stromectol)	T1	PA
ivermectin 6 mg tablet	T1	PA
praziquantel (Biltricide)	T1	
STROMECTOL (*ivermectin*)	T3	PA
ANTI-MALARIAL DRUGS		
ARAKODA	T3	PA
ARTESUNATE	T3	
atovaquone/proguanil hcl (Malarone)	T1	
chloroquine phosphate	T1	
COARTEM	T3	PA QL(24 TABS/30 DAYS)
DARAPRIM (*pyrimethamine*)	T3	PA SP
hydroxychloroquine sulfate	T1	
hydroxychloroquine sulfate (Plaquenil)	T1	
KRINTAFEL	T3	PA QL(2 TABS/30 DAYS)
MALARONE (*atovaquone-proguanil hcl*)	T3	PA
mefloquine hcl	T1	
PLAQUENIL (*hydroxychloroquine sulfate*)	T3	PA
PRIMAQUINE (*primaquine phosphate*)	T1	
*primaquine phosphate (*Primaquine*)*	T1	
pyrimethamine 25 mg tablet (Daraprim)	T1	PA SP
quinine sulfate	T1	
SOVUNA	T3	PA
ANTI-PROTOZOAL DRUGS, MISCELLANEOUS		
atovaquone (Mepron)	T1	
BENZNIDAZOLE	T3	
IMPAVIDO	T3	PA SP
LAMPIT	T3	
MEPRON (*atovaquone*)	T3	PA
NEBUPENT (*pentamidine isethionate*)	T3	
PENTAM 300 (*pentamidine isethionate*)	T3	
pentamidine isethionate (Nebupent)	T1	
pentamidine isethionate (Pentam 300)	T1	
glycine urologic solution	T1	

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ANTI-INFECTIVES/MISCELLANEOUS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIBACTERIAL AGENTS,MISCELLANEOUS		
glycine urologic solution	T1	
ANTISEPTICS, GENERAL		
ALCOHOL SWABSTICK	T3	
ISOPROPYL ALCOHOL	T3	
MEDI-FIRST ISOPROPYL ALCOHOL	T3	
ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease)		
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR		
ABRILADA(CF) 20 MG/0.4 ML SYRN	T3	PA QL(2 PENS/SYRINGES/28 DAYS) SP
ABRILADA(CF) 40 MG/0.8 ML SYRN	T3	PA QL(4 SRNGE KITS/28 DAYS) SP
ABRILADA(CF) PEN	T3	PA QL(4 KITS/28 DAYS) SP
ABRILADA(CF) PEN (2 PACK)	T3	PA QL(4 KITS/28 DAYS) SP
ADALIMUMAB-AACF(CF) (2 PK)	T3	PA QL(4 SRNGE KITS/28 DAYS) SP HD
ADALIMUMAB-AACF(CF) PEN (2 PK)	T3	PA QL(4 KITS/28 DAYS) SP HD
ADALIMUMAB-AACF(CF) PEN CROHNS	T3	PA QL(1 STARTER KIT/365 DAYS) SP HD
ADALIMUMAB-AACF(CF) PEN PS-UV	T3	PA QL(2 KITS/365 DAYS) SP HD
ADALIMUMAB-AATY(CF) 20MG/0.2ML	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
ADALIMUMAB-AATY(CF) 40MG/0.4ML	T2	PA QL(4 SRNGE KITS/28 DAYS) SP HD
ADALIMUMAB-AATY(CF) 80MG/0.8ML	T2	PA QL(2 AUTO-INJS/28 DAYS) SP HD
ADALIMUMAB-AATY(CF) AI CROHNS	T2	PA QL(3 PENS/365 DAYS) SP HD
ADALIMUMAB-ADAZ(CF) 10MG/0.1ML	T3	PA QL(2 SYRINGES/28 DAYS) SP
ADALIMUMAB-ADAZ(CF) 20MG/0.2ML	T3	PA QL(2 SYRINGES/28 DAYS) SP
ADALIMUMAB-ADAZ(CF) 40 MG SYRG	T3	PA QL(4 SYRINGES/28 DAYS) SP
ADALIMUMAB-ADAZ(CF) PEN 40 MG	T3	PA QL(4 PENS/28 DAYS) SP
ADALIMUMAB-ADAZ(CF) PEN 80 MG	T3	PA QL(2 PENS/28 DAYS) SP
ADALIMUMAB-ADBM(CF) 10 MG SYRG	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
ADALIMUMAB-ADBM(CF) 20 MG SYRG	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
ADALIMUMAB-ADBM(CF) 40 MG SYRG	T2	PA QL(4 SRNGE KITS/28 DAYS) SP HD
ADALIMUMAB-ADBM(CF) PEN	T2	PA QL(4 KITS/28 DAYS) SP HD
ADALIMUMAB-ADBM(CF)PEN	T2	PA QL(4 KITS/28 DAYS) SP HD
ADALIMUMAB-FKJP(CF) 20 MG SYRG	T3	PA QL(2 PENS/SYRINGES/28 DAYS) SP
ADALIMUMAB-FKJP(CF) 40 MG SYRG	T3	PA QL(4 SRNGE KITS/28 DAYS) SP
ADALIMUMAB-FKJP(CF) PEN	T3	PA QL(4 KITS/28 DAYS) SP
ADALIMUMAB-RYVK(CF)	T2	PA QL(4 SRNGE KITS/28 DAYS) SP HD

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ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease) *(cont.)*

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR *(cont.)*		
ADALIMUMAB-RYVK(CF) AUTOINJECT	T2	PA QL SP HD
AMJEVITA(CF) 10MG/0.2ML SYRING	T3	PA QL(2 SYRINGES/28 DAYS) SP HD
AMJEVITA(CF) 20MG/0.2ML SYRING	T3	PA QL(2 SYRINGES/28 DAYS) SP HD
AMJEVITA(CF) 40MG/0.4ML AUTOIN	T3	PA QL(4 AUTO-INJS/28 DAYS) SP HD
AMJEVITA(CF) 40MG/0.4ML SYRING	T3	PA QL(4 SYRINGES/28 DAYS) SP HD
AMJEVITA(CF) 40MG/0.8ML AUTOIN	T3	PA QL(4 AUTO-INJS/28 DAYS) SP HD
AMJEVITA(CF) 80MG/0.8ML AUTOIN	T3	PA QL(2 AUTO-INJS/28 DAYS) SP HD
AVSOLA	T2	PA SP HD
CIMZIA (2 PACK)	T2	PA QL(1 KIT/28 DAYS) SP HD
CIMZIA 200 MG/ML SYRINGE KIT	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP
CIMZIA 2X200 MG/ML(X3)START KT	T2	PA QL(1 STARTER KIT/365 DAYS) SP HD
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	T3	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
CYLTEZO(CF) 20 MG/0.4 ML SYRNG	T3	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
CYLTEZO(CF) 40 MG/0.4 ML SYRNG	T3	PA QL(4 SRNGE KITS/28 DAYS) SP HD
CYLTEZO(CF) 40 MG/0.8 ML SYRNG	T3	PA QL(4 SRNGE KITS/28 DAYS) SP HD
CYLTEZO(CF) PEN	T3	PA QL(4 KITS/28 DAYS) SP HD
ENBREL 25 MG/0.5 ML SYRINGE	T2	PA QL(8 MLS/28 DAYS) SP HD
ENBREL 25 MG/0.5 ML VIAL	T2	PA QL(8 MLS/28 DAYS) SP HD
ENBREL 50 MG/ML SYRINGE	T2	PA QL(4 MLS/28 DAYS) SP HD
ENBREL MINI	T2	PA QL(4 MLS/28 DAYS) SP HD
ENBREL SURECLICK	T2	PA QL(4 MLS/28 DAYS) SP HD
HADLIMA	T3	PA QL(4 SYRINGES/28 DAYS) SP HD
HADLIMA PUSHTOUCH	T3	PA QL(4 AUTO-INJS/28 DAYS) SP HD
HADLIMA(CF)	T3	PA QL(4 SYRINGES/28 DAYS) SP HD
HADLIMA(CF) PUSHTOUCH	T3	PA QL(4 AUTO-INJS/28 DAYS) SP HD
HULIO(CF) 20 MG/0.4 ML SYRINGE	T3	PA QL(2 PENS/SYRINGES/28 DAYS) SP
HULIO(CF) 40 MG/0.8 ML SYRINGE	T3	PA QL(4 SRNGE KITS/28 DAYS) SP
HULIO(CF) PEN	T3	PA QL(4 KITS/28 DAYS) SP
HUMIRA	T2	PA QL(4 SRNGE KITS/28 DAYS) SP HD
HUMIRA PEN	T2	PA QL(4 KITS/28 DAYS) SP HD
HUMIRA(CF) 10 MG/0.1 ML SYRING	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
HUMIRA(CF) 20 MG/0.2 ML SYRING	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
HUMIRA(CF) 40 MG/0.4 ML SYRING	T2	PA QL(4 SRNGE KITS/28 DAYS) SP HD
HUMIRA(CF) PEN 40 MG/0.4 ML	T2	PA QL(4 KITS/28 DAYS) SP HD

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List of Prescription Medications

ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR *(cont.)*		
HUMIRA(CF) PEN 80 MG/0.8 ML	T2	PA QL(2 PENS/28 DAYS) SP HD
HUMIRA(CF) PEN CROHN'S-UC-HS	T2	PA QL(1 STARTER KIT/365 DAYS) SP HD
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T2	PA QL(1 STARTER KIT/365 DAYS) SP HD
HYRIMOZ(CF) 10 MG/0.1 ML SYRNG	T3	PA QL(2 SYRINGES/28 DAYS) SP HD
HYRIMOZ(CF) 20 MG/0.2 ML SYRNG	T3	PA QL(2 SYRINGES/28 DAYS) SP HD
HYRIMOZ(CF) 40 MG/0.4 ML SYRNG	T3	PA QL(4 SYRINGES/28 DAYS) SP HD
HYRIMOZ(CF) PEDIATRIC CROHN'S	T3	PA QL(3 SYRINGES/365 DAYS) SP HD
HYRIMOZ(CF) PEN	T3	PA QL(4 PENS/28 DAYS) SP HD
HYRIMOZ(CF) PEN CROHN-UC START	T3	PA QL(3 PENS/365 DAYS) SP HD
HYRIMOZ(CF) PEN PSORIASIS	T3	PA QL(1 PEN/365 DAYS) SP HD
INFLECTRA	T2	PA SP HD
INFLIXIMAB	T3	PA SP HD
REMICADE	T3	PA SP HD
RENFLEXIS	T3	PA SP HD
SIMLANDI(CF) 20 MG/0.2 ML SYRG	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
SIMLANDI(CF) 40 MG/0.4 ML SYRG	T2	PA QL(4 SRNGE KITS/28 DAYS) SP HD
SIMLANDI(CF) 80 MG/0.8 ML SYRG	T2	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
SIMLANDI(CF) AI 40 MG/0.4 ML	T2	PA QL SP HD
SIMLANDI(CF) AI 80 MG/0.8 ML	T2	PA QL(2 AUTO-INJS/28 DAYS) SP HD
SIMPONI 100 MG/ML PEN INJECTOR	T2	PA QL(1 PEN/28 DAYS) SP HD
SIMPONI 100 MG/ML SYRINGE	T2	PA QL(1 SYRINGE/28 DAYS) SP HD
SIMPONI 50 MG/0.5 ML PEN INJEC	T3	PA QL(1 PEN/28 DAYS) SP HD
SIMPONI 50 MG/0.5 ML SYRINGE	T3	PA QL(1 SYRINGE/28 DAYS) SP HD
SIMPONI ARIA	T2	PA SP HD
YUFLYMA(CF) 20 MG/0.2 ML SYRNG	T3	PA QL(2 PENS/SYRINGES/28 DAYS) SP
YUFLYMA(CF) 40 MG/0.4 ML SYRNG	T3	PA QL(4 SRNGE KITS/28 DAYS) SP
YUFLYMA(CF) 40MG/0.4ML AUTOINJ	T3	PA QL SP
YUFLYMA(CF) 80MG/0.8ML AUTOINJ	T3	PA QL(2 AUTO-INJS/28 DAYS) SP
YUFLYMA(CF) AI CROHN'S-UC-HS	T3	PA QL(3 PENS/365 DAYS) SP
YUSIMRY(CF) PEN	T3	PA QL(4 PENS/28 DAYS) SP
ANTI-NEOPLASTICS (Cancer)		
ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)		
bexarotene 75 mg capsule (Targretin)	T1	SP HD CSL
TARGRETIN 75 MG CAPSULE (*bexarotene*)	T3	PA SP HD CSL

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIBIOTIC ANTINEOPLASTICS		
ADRIAMYCIN (*doxorubicin hcl*)	T3	PA SP
bleomycin sulfate	T1	PA SP
dactinomycin	T1	PA SP
daunorubicin hcl	T1	PA SP
DOXIL (*doxorubicin hcl peg-liposomal*)	T3	PA SP
doxorubicin hcl	T1	PA SP
doxorubicin hcl (Adriamycin)	T1	PA SP
doxorubicin hcl peg-liposomal (Doxil)	T1	PA SP
ELLENCE	T2	PA SP
ELLENCE (*epirubicin hcl*)	T2	PA SP
epirubicin hcl (Ellence)	T1	PA SP
IDAMYCIN PFS (*idarubicin hcl*)	T3	PA SP
idarubicin hcl (Idamycin Pfs)	T1	PA SP
mitomycin	T1	PA SP
valrubicin (Valstar)	T1	SP
VALSTAR (*valrubicin*)	T2	SP
ZANOSAR	T2	PA SP
ZUSDURI	T3	PA SP HD
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY		
GAZYVA	T3	PA SP
RIABNI	T2	PA SP
RITUXAN	T2	PA SP
RITUXAN HYCELA	T2	PA SP
RUXIENCE	T2	PA SP HD
TRUXIMA	T2	PA SP HD
ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY		
ALYMSYS	T3	PA SP
AVASTIN	T2	PA SP
JOBEVNE	T3	PA SP
MVASI	T2	PA SP
VEGZELMA	T3	PA SP
ZIRABEV	T2	PA SP

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIBIOTIC ANTINEOPLASTICS		
BELEODAQ	T3	PA SP
ISTODAX	T3	PA SP
romidepsin 10 mg kit	T1	PA SP
romidepsin 10 mg vial	T1	PA SP
romidepsin 27.5 mg/5.5 ml vial	T1	PA SP
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	T3	PA SP
ZOLINZA	T2	PA QL(4 CAPS/DAY) SP HD CSL
ANTINEOPLASTIC - ALKYLATING AGENTS		
ALKERAN 2 MG TABLET (*melphalan*)	T3	SP CSL
ALKERAN 50 MG VIAL *(melphalan hcl)*	T3	PA SP
BELRAPZO	T3	PA SP HD
bendamustine 100 mg vial (Treanda)	T1	PA SP
BENDAMUSTINE 100 MG/4 ML VIAL	T3	PA SP HD
bendamustine 25 mg vial (Treanda)	T1	PA SP
BENDEKA	T3	PA SP HD
BICNU (*carmustine*)	T2	SP
*busulfan (*Busulfex*)*	T1	SP
BUSULFEX (*busulfan*)	T2	SP
carboplatin	T1	PA SP
*carmustine 100 mg vial (*Bicnu*)*	T1	SP
CARMUSTINE 300 MG VIAL	T3	SP
CARMUSTINE 50 MG VIAL	T3	SP
cisplatin 100 mg/100 ml vial	T1	PA SP
cisplatin 200 mg/200 ml vial	T1	PA SP
CISPLATIN 50 MG VIAL	T3	PA SP
cisplatin 50 mg/50 ml vial	T1	PA SP
cyclophosphamide 1 gm vial	T1	SP
CYCLOPHOSPHAMIDE 1 GM/10 ML VL	T3	SP
CYCLOPHOSPHAMIDE 1 GM/2 ML VL	T3	PA SP
cyclophosphamide 1 gm/5 ml vl	T1	SP
CYCLOPHOSPHAMIDE 1 GM/5 ML VL	T3	SP
cyclophosphamide 2 gm vial	T1	SP
CYCLOPHOSPHAMIDE 2 GM/10 ML VL	T3	SP
CYCLOPHOSPHAMIDE 2 GM/20 ML VL	T3	SP

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ANTINEOPLASTIC - ALKYLATING AGENTS *(cont.)*		
CYCLOPHOSPHAMIDE 2 GM/4 ML VL	T3	PA SP
cyclophosphamide 25 mg capsule	T1	SP HD CSL
cyclophosphamide 50 mg capsule	T1	SP HD CSL
CYCLOPHOSPHAMIDE 50 MG TABLET	T3	PA SP HD CSL
cyclophosphamide 500 mg vial	T1	SP
cyclophosphamide 500 mg/2.5 ml	T1	SP
CYCLOPHOSPHAMIDE 500 MG/2.5 ML	T3	SP
CYCLOPHOSPHAMIDE 500 MG/5ML VL	T3	SP
CYCLOPHOSPHAMIDE 500 MG/ML VL	T3	PA SP
EVDI	T3	PA SP
EVOMELA	T3	PA SP
FRINDOVYX	T3	PA SP
GLEOSTINE (*lomustine*)	T3	PA CSL
GLIADEL	T3	SP CSL
HYDREA (*hydroxyurea*)	T3	CSL
hydroxyurea (Hydrea)	T1	CSL
IFEX *(ifosfamide)*	T2	PA SP
ifosfamide	T1	PA SP
ifosfamide (Ifex)	T1	PA SP
IVRA	T3	PA SP
KYXATA	T3	PA SP
LEUKERAN	T2	CSL
lomustine (Gleostine)	T1	CSL
melphalan hcl (Alkeran)	T1	PA SP
MYLERAN	T2	CSL
oxaliplatin	T1	PA SP
TEMODAR	T3	PA SP
temozolomide 100 mg capsule	T1	CSL
temozolomide 100 mg capsule	T1	SP HD CSL
temozolomide 140 mg capsule	T1	CSL
temozolomide 140 mg capsule	T1	SP HD CSL
temozolomide 180 mg capsule	T1	CSL
temozolomide 180 mg capsule	T1	SP HD CSL
temozolomide 20 mg capsule	T1	CSL

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTINEOPLASTIC - ALKYLATING AGENTS *(cont.)*		
temozolomide 20 mg capsule	T1	SP HD CSL
temozolomide 250 mg capsule	T1	CSL
temozolomide 250 mg capsule	T1	SP HD CSL
temozolomide 5 mg capsule	T1	CSL
temozolomide 5 mg capsule	T1	SP HD CSL
TEPADINA	T3	PA SP
TEPADINA (*thiotepa*)	T3	PA SP
TEPYLUTE	T3	PA SP
thiotepa	T1	PA SP
*thiotepa (*Tepadina*)*	T1	PA SP
TREANDA *(bendamustine hcl)*	T3	PA SP
VIVIMUSTA	T3	PA SP
YONDELIS	T3	PA SP
ZEPZELCA	T3	PA SP
ANTI-NEOPLASTIC - ANTI-ANDROGENIC AGENTS		
abiraterone acetate (Zytiga)	T1	CSL
*abiraterone acetate 250 mg tab (*Zytiga*)*	T1	SP HD CSL
*abiraterone acetate 500 mg tab (*Zytiga*)*	T1	SP HD CSL
*bicalutamide (*Casodex*)*	T1	CSL
CASODEX (*bicalutamide*)	T3	CSL
ERLEADA	T2	PA SP HD CSL
EULEXIN (*flutamide*)	T3	CSL
NILANDRON (*nilutamide*)	T3	PA QL(4 TABS/DAY) CSL
nilutamide (Nilandron)	T1	QL(4 TABS/DAY) CSL
NUBEQA	T2	PA SP HD CSL
XTANDI	T2	PA SP HD CSL
YONSA	T3	PA SP HD CSL
ZYTIGA (*abiraterone acetate*)	T3	PA SP HD CSL
ANTI-NEOPLASTIC - ANTI-METABOLITES		
VYXEOS	T3	PA SP
ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY		
DARZALEX	T3	PA SP HD
DARZALEX FASPRO	T3	PA SP
SARCLISA	T3	PA SP
SARCLISA ESCENA	T3	PA SP

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC - ANTI-METABOLITES		
ALIMTA (*pemetrexed disodium*)	T3	PA SP
ARRANON (nelarabine)	T2	PA SP
AVGEMSI	T3	PA SP
AXTLE	T3	PA
azacitidine (Vidaza)	T1	PA SP
capecitabine 150 mg tablet	T1	SP HD CSL
capecitabine 500 mg tablet	T1	SP HD CSL
cladribine 10 mg/10 ml vial	T1	PA SP
clofarabine	T1	PA SP
cytarabine	T1	PA SP
cytarabine/pf	T1	PA SP
decitabine	T1	PA SP
FAVLYXA	T3	PA SP
floxuridine	T1	PA SP
fludarabine phosphate	T1	PA SP
fluorouracil	T1	PA SP
fluorouracil 1 gram/20 ml vial	T1	PA SP
fluorouracil 2.5 gram/50 ml vl	T1	PA SP
fluorouracil 5 gram/100 ml vl	T1	PA SP
fluorouracil 500 mg/10 ml vial	T1	PA SP
FOLOTYN 20 MG/ML VIAL (*pralatrexate*)	T2	PA SP
FOLOTYN 40 MG/2 ML VIAL	T3	PA SP
gemcitabine 1 gram/26.3 ml vl	T1	PA SP
gemcitabine 2 gram/52.6 ml vl	T1	PA SP
gemcitabine 200 mg/5.26 ml vl	T1	PA SP
gemcitabine hcl 1 gram vial	T1	PA SP
GEMCITABINE HCL 1.5 GRAM/15 ML	T3	PA SP
gemcitabine hcl 2 gram vial	T1	PA SP
GEMCITABINE HCL 2 GRAM/20 ML	T3	PA SP
gemcitabine hcl 200 mg vial	T1	PA SP
GEMCITABINE HCL 200 MG/2 ML VL	T3	PA SP
INFUGEM	T3	PA SP
INLEXZO	T3	PA SP

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC - ANTI-METABOLITES *(cont.)*		
INQOVI	T3	PA SP HD CSL
JYLAMVO	T3	CSL
LONSURF	T3	PA SP HD CSL
mercaptopurine 20 mg/ml suspen (Purixan)	T1	SP HD CSL
mercaptopurine 50 mg tablet	T1	CSL
methotrexate 1 gm vial	T1	
methotrexate 2.5 mg tablet	T1	CSL
methotrexate 250 mg/10 ml vial	T1	
methotrexate 50 mg/2 ml vial	T1	
methotrexate sodium/pf	T1	PA SP
nelarabine 250 mg/50 ml vial (Arranon)	T3	PA SP
NELARABINE 375 MG/75 ML VIAL	T3	PA SP
NIPENT	T1	
ONUREG	T3	PA QL(14 TABS/28 DAYS) SP HD CSL
PEMETREXED	T3	PA
pemetrexed disodium 1 gm vial	T1	PA SP
PEMETREXED DISODIUM 1 GM/40 ML	T3	PA
pemetrexed disodium 100 mg vl (Alimta)	T1	PA SP
PEMETREXED DISODIUM 100 MG/4ML	T3	PA
pemetrexed disodium 500 mg vl (Alimta)	T1	PA SP
PEMETREXED DISODIUM 500MG/20ML	T3	PA
pemetrexed disodium 750 mg vl	T1	PA SP
PEMFEXY	T3	PA
PEMRYDI RTU	T3	PA
pralatrexate 20 mg/ml vial (Folotyn)	T1	PA SP
pralatrexate 40 mg/2 ml vial	T1	PA SP
PRALATREXATE 40 MG/2 ML VIAL	T3	PA SP
PURIXAN (*mercaptopurine*)	T3	PA SP CSL
TABLOID	T3	CSL
TREXALL	T2	CSL
VIDAZA (*azacitidine*)	T3	PA SP
XATMEP	T3	CSL
ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY		
EMPLICITI	T3	PA SP HD

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC - AROMATASE INHIBITORS		
anastrozole (Arimidex)	T1	HD PPACA CSL
ARIMIDEX (*anastrozole*)	T3	PA HD CSL
AROMASIN (*exemestane*)	T3	HD CSL
exemestane (Aromasin)	T1	HD PPACA CSL
FEMARA (*letrozole*)	T3	PA HD CSL
letrozole (Femara)	T1	HD CSL
ANTI-NEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	T2	PA QL(0 CAPS/DAY) SP HD CSL
OJEMDA 100 MG TAB (400MG DOSE)	T3	PA QL(1 PACKET/28 Days) SP CSL
OJEMDA 100 MG TAB (500MG DOSE)	T3	PA QL(1 PACKET/28 Days) SP CSL
OJEMDA 100 MG TAB (600MG DOSE)	T3	PA QL(1 PACKET/28 Days) SP CSL
OJEMDA 25 MG/ML ORAL SUSP	T3	PA QL(8 BOTTLES/28 DAYS) SP CSL
TAFINLAR 10 MG TABLET FOR SUSP	T2	PA QL(30 TABS/DAY) SP HD CSL
TAFINLAR 50 MG CAPSULE	T2	PA QL(4 CAPS/DAY) SP HD CSL
TAFINLAR 75 MG CAPSULE	T2	PA QL(4 CAPS/DAY) SP HD CSL
ZELBORAF	T2	PA QL(0 TABS/DAY) SP HD CSL
ANTINEOPLASTIC - CD19 (B LYMPHOCYTE) MC ANTIBODY		
MONJUVI	T3	PA SP
ANTINEOPLASTIC - EGFR AND MET RECEPTOR INHIB, MAB		
RYBREVANT	T3	PA SP
RYBREVANT FASPRO	T3	PA SP
ANTINEOPLASTIC - EPOTHILONES AND ANALOGS		
IXEMPRA	T2	PA SP
ANTINEOPLASTIC - GLUCOCORTICOID RECEPTOR ANTAG.		
LIFYORLI	T3	PA SP CSL
ANTI-NEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR		
DAURISMO	T3	PA SP HD CSL
ERIVEDGE	T2	PA SP HD CSL
ODOMZO	T2	PA SP HD CSL
ANTI-NEOPLASTIC - IMMUNOTHERAPY, T-CELL ENGAGER		
KIMMTRAK	T3	PA SP
ANTI-NEOPLASTIC - IMMUNOTHERAPY, VIRUS-BASED AGENTS		
IMLYGIC	T3	PA SP
TUDRIQEV	T3	PA SP

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC - JANUS KINASE (JAK) INHIBITORS		
JAKAFI	T3	PA QL(2 TABS/DAY) SP HD CSL
JAKAFI XR	T3	PA QL(2 TABS/DAY) SP HD CSL
ANTI-NEOPLASTIC - MEKI AND MEK2 KINASE INHIBITORS		
COTELLIC	T2	PA QL(0 TABS/DAY) SP HD CSL
GOMEKLI	T3	PA SP CSL
KOSELUGO 10 MG CAPSULE	T3	PA QL(10 CAPS/DAY) SP CSL
KOSELUGO 25 MG CAPSULE	T3	PA QL(4 CAPS/DAY) SP CSL
KOSELUGO 5 MG SPRINKLE CAPSULE	T3	PA QL(20 CAPS/DAY) SP CSL
KOSELUGO 7.5 MG SPRINKLE CAP	T3	PA QL(12 CAPS/DAY) SP CSL
MEKINIST 0.05 MG/ML SOLUTION	T2	PA QL(40 MLS/DAY) SP HD CSL
MEKINIST 0.5 MG TABLET	T2	PA QL(3 TABS/DAY) SP HD CSL
MEKINIST 2 MG TABLET	T2	PA QL(1 TAB/DAY) SP HD CSL
MEKTOVI	T2	PA QL(6 TABS/DAY) SP HD CSL
ANTI-NEOPLASTIC - MICROTUBULE INHIBITORS		
eribulin mesylate (Halaven)	T1	PA SP
HALAVEN (*eribulin mesylate*)	T3	PA SP
ANTI-NEOPLASTIC - MTOR KINASE INHIBITORS		
AFINITOR (*everolimus*)	T3	PA SP HD
AFINITOR DISPERZ (*everolimus*)	T3	PA QL(1 TAB/DAY) SP HD CSL
everolimus (Afinitor)	T1	QL(1 TAB/DAY) SP CSL
everolimus 10 mg tablet (Afinitor)	T1	QL(1 TAB/DAY) SP HD CSL
everolimus 2 mg tab for susp (Afinitor Disperz)	T1	QL(1 TAB/DAY) SP CSL
everolimus 2.5 mg tablet (Afinitor)	T1	QL(1 TAB/DAY) SP HD CSL
everolimus 3 mg tab for susp (Afinitor Disperz)	T1	QL(1 TAB/DAY) SP CSL
everolimus 5 mg tab for susp (Afinitor Disperz)	T1	QL(1 TAB/DAY) SP CSL
everolimus 5 mg tablet (Afinitor)	T1	QL(1 TAB/DAY) SP HD CSL
everolimus 7.5 mg tablet (Afinitor)	T1	QL(1 TAB/DAY) SP HD CSL
FYARRO	T3	PA SP
temsirolimus (Torisel)	T1	PA SP
TORISEL (*temsirolimus*)	T2	PA SP
ANTI-NEOPLASTIC - RAS PROTEIN INHIBITOR		
KRAZATI	T3	PA QL(6 TABS/DAY) SP CSL
LUMAKRAS 120 MG TABLET	T3	PA QL(8 TABS/DAY) SP HD CSL

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List of Prescription Medications

ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC - RAS PROTEIN INHIBITOR *(cont.)*		
LUMAKRAS 240 MG TABLET	T3	PA QL(4 TABS/DAY) SP HD CSL
LUMAKRAS 320 MG TABLET	T3	PA QL(3 TABS/DAY) SP HD CSL
RASONQUE	T3	PA QL(2 TABS/DAY) SP CSL
ANTI-NEOPLASTIC - SYSTEMIC ENZYME INHIBITORS COMBS		
AVMAPKI-FAKZYNJA	T3	PA SP CSL
ANTI-NEOPLASTIC - TOPOISOMERASE I INHIBITORS		
CAMPTOSAR 100 MG/5 ML VIAL (*irinotecan hcl*)	T2	PA SP
CAMPTOSAR 300 MG/15 ML VIAL	T3	PA SP
CAMPTOSAR 40 MG/2 ML VIAL (*irinotecan hcl*)	T2	PA SP
ANTI-NEOPLASTIC - TOPOISOMERASE I INHIBITORS		
HYCAMTIN	T3	PA SP HD CSL
irinotecan hcl	T1	PA SP
irinotecan hcl (Camptosar)	T1	PA SP
ONIVYDE	T3	PA SP
topotecan hcl	T1	PA SP HD
ANTI-NEOPLASTIC - VEGF-A,B AND PLGF INHIBITORS		
ZALTRAP	T3	PA SP
ANTI-NEOPLASTIC - VEGFR ANTAGONIST		
CYRAMZA	T3	PA SP
ANTI-NEOPLASTIC - VINCA ALKALOIDS		
vinblastine sulfate	T1	PA SP
vincristine sulfate	T1	PA SP
vinorelbine tartrate	T1	PA SP
ANTI-NEOPLASTIC - CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC		
BESPONSA	T3	PA SP
MYLOTARG	T3	PA SP
ANTI-NEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY		
BESPONSA	T2	PA SP
MYLOTARG	T3	PA SP
ERBITUX	T3	PA SP
HERCEPTIN	T3	PA SP
HERCEPTIN HYLECTA	T3	PA SP
HERCESSI	T2	PA SP HD
HERZUMA	T2	PA SP HD

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY *(cont.)*		
KANJINTI	T3	PA SP
OGIVRI	T3	PA SP
ONTRUZANT	T3	PA SP HD
PERJETA	T3	PA SP
PHESGO	T3	PA SP HD
TRAZIMERA	T2	PA SP HD
VECTIBIX	T2	PA SP
ANTI-NEOPLASTIC IMMUNOMODULATOR AGENTS		
lenalidomide (Revlimid)	T1	QL(1 CAP/DAY) SP HD CSL
pomalidomide (Pomalyst)	T1	QL(21 CAPS/28 DAYS) SP HD CSL
POMALYST (*pomalidomide*)	T3	PA QL(21 CAPS/28 DAYS) SP HD CSL
REVLIMID (*lenalidomide*)	T3	PA QL(1 CAP/DAY) SP HD CSL
ANTI-NEOPLASTIC LHRH (GNRH) AGONIST, PITUITARY SUPPR.		
CAMCEVI	T3	PA SP
ELIGARD	T3	SP HD
leuprolide acetate	T1	PA SP HD
LEUPROLIDE DEPOT	T3	PA SP
LUPRON DEPOT 22.5 MG 3MO KIT	T3	PA SP HD
LUPRON DEPOT 30 MG 4 MONTH KIT	T3	PA SP HD
LUPRON DEPOT 45 MG 6 MONTH KIT	T3	PA SP HD
LUPRON DEPOT 7.5 MG 1 MONTH KT	T3	PA SP HD
LUTRATE DEPOT	T3	PA SP
TRELSTAR	T3	SP HD
VABRINTY	T3	PA SP
ZOLADEX	T2	PA SP HD
ANTI-NEOPLASTIC LHRH (GNRH) ANTAGONIST, PITUIT.SUPPRS		
FIRMAGON	T2	PA SP HD
ORGOVYX	T3	PA SP CSL
ANTINEOPLASTIC SYSTEMIC ENZYME ACTIVATORS		
MODEYSO	T3	PA QL(20 CAPS/28 DAYS) SP CSL
ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS		
ALECENSA	T2	PA QL(8 CAPS/DAY) SP HD CSL
ALIQOPA	T3	PA SP
ALUNBRIG 180 MG TABLET	T2	PA QL(1 TAB/DAY) SP CSL

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS *(cont.)*		
ALUNBRIG 30 MG TABLET	T2	PA QL(2 TABS/DAY) SP CSL
ALUNBRIG 90 MG TABLET	T2	PA QL(1 TAB/DAY) SP CSL
ALUNBRIG 90 MG-180 MG TAB PACK	T2	PA QL(1 TAB/DAY) SP CSL
AUGTYRO 160 MG CAPSULE	T3	PA QL(2 CAPS/DAY) SP CSL
AUGTYRO 40 MG CAPSULE	T3	PA QL(8 CAPS/DAY) SP CSL
AYVAKIT	T3	PA QL(1 TAB/DAY) SP CSL
BALVERSA	T3	PA SP CSL
BORTEZOMIB 1 MG VIAL	T3	PA SP HD
BORTEZOMIB 2.5 MG VIAL	T3	PA SP HD
bortezomib 3.5 mg vial (Velcade)	T1	PA SP HD
BORTEZOMIB 3.5 MG/1.4 ML VIAL	T3	PA SP HD
BORUZU	T3	PA SP
BOSULIF 100 MG CAPSULE	T3	PA QL(3 CAPS/DAY) SP HD CSL
BOSULIF 100 MG TABLET (*bosutinib*)	T3	PA QL(3 TABS/DAY) SP HD CSL
BOSULIF 400 MG TABLET (*bosutinib*)	T3	PA QL(1 TAB/DAY) SP HD CSL
BOSULIF 50 MG CAPSULE	T3	PA QL(3 CAPS/DAY) SP HD CSL
BOSULIF 500 MG TABLET (*bosutinib*)	T3	PA QL(1 TAB/DAY) SP HD CSL
bosutinib 100 mg tablet (Bosulif)	T1	PA QL(3 TABS/DAY) SP HD CSL
bosutinib 400 mg tablet (Bosulif)	T1	PA QL(1 TAB/DAY) SP HD CSL
bosutinib 500 mg tablet (Bosulif)	T1	PA QL(1 TAB/DAY) SP HD CSL
BRUKINSA 160 MG TABLET	T2	PA QL(2 TABS/DAY) SP CSL
BRUKINSA 80 MG CAPSULE	T2	PA QL(4 CAPS/DAY) SP CSL
CABOMETYX	T2	PA SP HD CSL
CALQUENCE	T2	PA SP CSL
CAPRELSA 100 MG TABLET	T3	PA QL(2 TABS/DAY) SP CSL
CAPRELSA 300 MG TABLET	T3	PA QL(1 TAB/DAY) SP CSL
CAVHANZA	T3	PA QL(0 TABS/DAY) SP CSL
COMETRIQ 100 MG DAILY-DOSE PK	T3	PA QL(56 CAPS/28 DAYS) SP HD CSL
COMETRIQ 140 MG DAILY-DOSE PK	T3	PA QL(112 CAPS/28 DAYS) SP HD CSL
COMETRIQ 60 MG DAILY-DOSE PACK	T3	PA QL(84 CAPS/28 DAYS) SP HD CSL
COPIKTRA	T3	PA SP CSL
DANZITEN	T2	PA SP CSL
dasatinib 100 mg tablet (Sprycel)	T1	QL(1 TAB/DAY) SP HD CSL

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS *(cont.)*		
*dasatinib 140 mg tablet (*Sprycel*)*	T1	QL(1 TAB/DAY) SP HD CSL
*dasatinib 20 mg tablet (*Sprycel*)*	T1	QL(3 TABS/DAY) SP HD CSL
*dasatinib 50 mg tablet (*Sprycel*)*	T1	QL(1 TAB/DAY) SP HD CSL
*dasatinib 70 mg tablet (*Sprycel*)*	T1	QL(2 TABS/DAY) SP HD CSL
*dasatinib 80 mg tablet (*Sprycel*)*	T1	QL(1 TAB/DAY) SP HD CSL
ENSACOVE 25 MG CAPSULE	T2	PA QL(9 CAPS/DAY) SP CSL
ENSACOVE 100 MG CAPSULE	T2	PA QL(2 CAPS/DAY) SP CSL
erlotinib hcl	T1	PA SP HD CSL
FOTIVDA	T3	PA QL(21 CAPS/28 DAYS) SP CSL
FRUZAQLA 1 MG CAPSULE	T2	PA QL(84 CAPS/28 DAYS) SP CSL
FRUZAQLA 5 MG CAPSULE	T2	PA QL(21 CAPS/28 DAYS) SP CSL
GAVRETO	T3	PA QL(4 CAPS/DAY) SP CSL
gefitinib (*Iressa*)	T1	PA SP HD CSL
GILOTRIF	T3	PA SP HD CSL
GLEEVEC 100 MG TABLET (*imatinib mesylate)*	T3	PA QL(6 TABS/DAY) SP HD CSL
GLEEVEC 400 MG TABLET (*imatinib mesylate*)	T3	PA QL(2 TABS/DAY) SP HD CSL
HERNEXEOS	T3	PA QL(3 TABS/DAY) SP CSL
HYRNUO	T3	PA QL(4 TABS/DAY) SP CSL
IBRANCE 100 MG CAPSULE	T3	PA QL(21 CAPS/28 DAYS) SP HD CSL
IBRANCE 100 MG TABLET	T3	PA QL(21 TABS/28 DAYS) SP HD CSL
IBRANCE 125 MG CAPSULE	T3	PA QL(21 CAPS/28 DAYS) SP HD CSL
IBRANCE 125 MG TABLET	T3	PA QL(21 TABS/28 DAYS) SP HD CSL
IBRANCE 75 MG CAPSULE	T3	PA QL(21 CAPS/28 DAYS) SP HD CSL
IBRANCE 75 MG TABLET	T3	PA QL(21 TABS/28 DAYS) SP HD CSL
IBTROZI	T3	PA SP CSL
ICLUSIG	T3	PA QL(1 TAB/DAY) SP CSL
imatinib mesylate 100 mg tab (Gleevec)	T1	QL(6 TABS/DAY) SP HD CSL
imatinib mesylate 400 mg tab (Gleevec)	T1	QL(2 TABS/DAY) SP HD CSL
IMBRUVICA 140 MG CAPSULE	T2	PA QL(4 CAPS/DAY) SP CSL
IMBRUVICA 140 MG TABLET	T2	PA QL(1 TAB/DAY) SP CSL
IMBRUVICA 280 MG TABLET	T2	PA QL(1 TAB/DAY) SP CSL
IMBRUVICA 420 MG TABLET	T2	PA QL(1 TAB/DAY) SP CSL
IMBRUVICA 70 MG CAPSULE	T2	PA QL(1 CAP/DAY) SP CSL

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List of Prescription Medications

ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS *(cont.)*		
IMBRUVICA 70 MG/ML SUSPENSION	T2	PA QL(8 MLS/DAY) SP CSL
IMKELDI	T2	PA SP CSL
INLYTA	T2	PA SP HD CSL
INREBIC	T3	PA SP HD CSL
IRESSA (*gefitinib*)	T3	PA SP HD CSL
ITOVEBI	T3	PA SP HD CSL
IWILFIN	T3	PA QL(8 TABS/DAY) SP CSL
JAYPIRCA 100 MG TABLET	T3	PA QL(2 TABS/DAY) SP CSL
JAYPIRCA 50 MG TABLET	T3	PA QL(1 TAB/DAY) SP CSL
KISQALI 200 MG DAILY DOSE	T2	PA QL(21 TABS/28 DAYS) SP HD CSL
KISQALI 400 MG DAILY DOSE	T2	PA QL(42 TABS/28 DAYS) SP HD CSL
KISQALI 600 MG DAILY DOSE	T2	PA QL(63 TABS/28 DAYS) SP HD CSL
KOMZIFTI	T3	PA QL(3 CAPS/DAY) SP CSL
KYPROLIS	T3	PA SP HD
lapatinib ditosylate (Tykerb)	T1	QL(6 TABS/DAY) SP HD CSL
LAZCLUZE	T3	PA SP CSL
LENVIMA	T2	PA SP HD CSL
LORBRENA 100 MG TABLET	T2	PA QL(1 TAB/DAY) SP HD CSL
LORBRENA 25 MG TABLET	T2	PA QL(3 TABS/DAY) SP HD CSL
LYNPARZA	T2	PA QL(4 TABS/DAY) SP HD CSL
LYTGOBI 12 MG DOSE (3X 4MG TB)	T3	PA QL(3 TABS/DAY) SP CSL
LYTGOBI 16 MG DOSE (4X 4MG TB)	T3	PA QL(4 TABS/DAY) SP CSL
LYTGOBI 20 MG DOSE (5X 4MG TB)	T3	PA QL(5 TABS/DAY) SP CSL
NERLYNX	T3	PA SP HD CSL
NEXAVAR (*sorafenib tosylate*)	T3	PA QL(4 TABS/DAY) SP HD CSL
*nilotinib hcl (*Tasigna*)*	T1	QL(4 CAPS/DAY) SP HD CSL
NILOTINIB D-TARTRATE	T3	PA SP CSL
NINLARO	T3	PA QL(3 CAPS/28 DAYS) SP HD CSL
OGSIVEO	T3	PA QL(2 TABS/DAY) SP CSL
OJJAARA	T3	PA QL(1 TAB/DAY) SP CSL
pazopanib hcl 200 mg tablet (Votrient)	T1	QL(4 TABS/DAY) SP HD CSL
PAZOPANIB HCL 400 MG TABLET	T3	PA QL(2 TABS/DAY) SP HD CSL
PEMAZYRE	T3	PA QL(14 TABS/21 DAYS) SP CSL

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS *(cont.)*		
PHYRAGO 100 MG TABLET	T3	PA QL(1 TAB/DAY) SP CSL
PHYRAGO 140 MG TABLET	T3	PA QL(1 TAB/DAY) SP CSL
PHYRAGO 20 MG TABLET	T3	PA QL(3 TABS/DAY) SP CSL
PHYRAGO 50 MG TABLET	T3	PA QL(1 TAB/DAY) SP CSL
PHYRAGO 70 MG TABLET	T3	PA QL(2 TABS/DAY) SP CSL
PHYRAGO 80 MG TABLET	T3	PA QL(1 TAB/DAY) SP CSL
PIQRAY	T2	PA SP CSL
QINLOCK	T3	PA QL(3 TABS/DAY) SP CSL
RETEVMO 120 MG TABLET	T3	PA QL(2 TABS/DAY) SP HD CSL
RETEVMO 160 MG TABLET	T3	PA QL(2 TABS/DAY) SP HD CSL
RETEVMO 40 MG CAPSULE	T3	PA QL(6 CAPS/DAY) SP HD CSL
RETEVMO 40 MG TABLET	T3	PA QL(3 TABS/DAY) SP HD CSL
RETEVMO 80 MG CAPSULE	T3	PA QL(4 CAPS/DAY) SP HD CSL
RETEVMO 80 MG TABLET	T3	PA QL(2 TABS/DAY) SP HD CSL
REVTORPYK	T3	PA SP
REVUFORJ 25 MG TABLET	T3	PA QL(8 TABS/DAY) SP CSL
REVUFORJ 110 MG TABLET	T3	PA QL(4 TABS/DAY) SP CSL
REVUFORJ 160 MG TABLET	T3	PA QL(2 TABS/DAY) SP CSL
ROMVIMZA	T3	PA QL(8 CAPS/28 DAYS) SP CSL
ROZLYTREK	T2	PA QL(0 CAPS/DAY) SP HD CSL
ROZLYTREK	T2	PA QL(42 PACKS/30 DAYS) SP HD CSL
RUBRACA	T2	PA QL(4 TABS/DAY) SP CSL
RYDAPT	T3	PA SP HD CSL
RYTELO	T3	PA SP
SCEMBLIX 100 MG TABLET	T2	PA SP CSL
SCEMBLIX 20 MG TABLET	T2	PA QL(2 TABS/DAY) SP CSL
SCEMBLIX 40 MG TABLET	T2	PA SP CSL
sorafenib tosylate (Nexavar)	T1	QL(4 TABS/DAY) SP HD CSL
SPRYCEL 100 MG TABLET (*dasatinib*)	T3	PA QL(1 TAB/DAY) SP HD CSL
SPRYCEL 140 MG TABLET (*dasatinib*)	T3	PA QL(1 TAB/DAY) SP HD CSL
SPRYCEL 20 MG TABLET (*dasatinib*)	T3	PA QL(3 TABS/DAY) SP HD CSL
SPRYCEL 50 MG TABLET (*dasatinib*)	T3	PA QL(1 TAB/DAY) SP HD CSL
SPRYCEL 70 MG TABLET (*dasatinib*)	T3	PA QL(2 TABS/DAY) SP HD CSL

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ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS *(cont.)*		
SPRYCEL 80 MG TABLET (*dasatinib*)	T3	PA QL(1 TAB/DAY) SP HD CSL
STIVARGA	T2	PA QL(84 TABS/28 DAYS) SP HD CSL
sunitinib malate (Sutent)	T1	QL(1 CAP/DAY) SP HD CSL
SUTENT (*sunitinib malate*)	T3	PA QL(1 CAP/DAY) SP HD CSL
TABRECTA	T3	PA QL(4 TABS/DAY) SP HD CSL
TAGRISSO	T3	PA SP HD CSL
TALZENNA	T2	PA SP HD CSL
TASIGNA (*nilotinib hcl*)	T3	PA QL(4 CAPS/DAY) SP HD CSL
TEPMETKO	T3	PA QL(2 TABS/DAY) SP CSL
TRUQAP	T2	PA QL(64 TABS/28 DAYS) SP CSL
TUKYSA	T3	PA SP CSL
TURALIO	T3	PA QL(4 CAPS/DAY) SP CSL
TYKERB (*lapatinib ditosylate*)	T3	PA QL(6 TABS/DAY) SP HD CSL
VANFLYTA	T3	PA QL(2 TABS/DAY) SP CSL
VELCADE (*bortezomib*)	T3	PA SP
VERZENIO	T2	PA QL(2 TABS/DAY) SP HD CSL
VITRAKVI	T3	PA SP HD CSL
VIZIMPRO	T3	PA SP HD CSL
VONJO	T3	PA QL(4 CAPS/DAY) SP CSL
VOTRIENT *(pazopanib hcl)*	T3	PA QL(4 TABS/DAY) SP HD CSL
XALKORI 150 MG PELLET	T2	PA QL(6 PELLETS/DAY) SP HD CSL
XALKORI 20 MG PELLET	T2	PA QL(4 PELLETS/DAY) SP HD CSL
XALKORI 200 MG CAPSULE	T2	PA QL(4 CAPS/DAY) SP HD CSL
XALKORI 250 MG CAPSULE	T2	PA QL(4 CAPS/DAY) SP HD CSL
XALKORI 50 MG PELLET	T2	PA QL(4 PELLETS/DAY) SP HD CSL
XOSPATA	T3	PA SP CSL
ZEJULA	T2	PA QL(1 TAB/DAY) SP CSL
ZYDELIG	T3	PA QL(2 TABS/DAY) SP HD CSL
ZYKADIA	T2	PA QL(3 TABS/DAY) SP HD CSL
ANTI-NEOPLASTIC, ANTI-PROGRAMMED DEATH-I (PD-I) MAB		
JEMPERLI	T3	PA SP
KEYTRUDA	T3	PA SP
KEYTRUDA QLEX	T3	PA SP

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTIC, ANTI-PROGRAMMED DEATH-I (PD-I) MAB *(cont.)*		
LIBTAYO	T3	PA SP
LOQTORZI	T3	PA SP
OPDIVO	T3	PA SP HD
OPDIVO QVANTIG	T3	PA SP
TEVIMBRA	T3	PA SP
ZYNYZ	T3	PA SP
ANTI-NEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS		
VENCLEXTA	T2	PA SP CSL
VENCLEXTA STARTING PACK	T2	PA SP CSL
ANTI-NEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE		
DECNUPAZ	T3	PA SP
ANTI-NEOPLASTIC-ENZYME INHIB, ANTIANDROGEN COMB.		
AKEEGA	T3	PA QL(2 TABS/DAY) SP CSL
ANTI-NEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH		
WELIREG	T3	PA QL(3 TABS/DAY) SP CSL
ANTI-NEOPLASTIC-IMMUNOTHERAPY CHECKPOINT INHIB COMB		
OPDUALAG	T3	PA SP HD
ANTI-NEOPLASTIC-INTERLEUKIN-6(IL-6)INHIB,ANTIBODY		
SYLVANT	T3	PA SP
ANTI-NEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS		
IDHIFA	T3	PA SP HD CSL
REZLIDHIA	T3	PA QL(2 CAPS/DAY) SP CSL
TIBSOVO	T3	PA SP CSL
VORANIGO	T3	PA SP CSL
ANTI-NEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES		
ADCETRIS	T3	PA SP
BIZENGRI	T3	PA SP
BLENREP	T3	PA SP
BLINCYTO	T3	PA SP
COLUMVI	T3	PA SP HD
DATROWAY	T3	PA SP
ELAHERE	T3	PA SP
ELREXFIO	T3	PA SP
EMRELIS	T3	PA SP

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES *(cont.)*		
ENHERTU	T3	PA SP HD
EPKINLY	T3	PA SP
IMDELLTRA	T3	PA SP
KADCYLA	T3	PA SP
LUNSUMIO	T3	PA SP
LUNSUMIO VELO	T3	PA SP
LYNOZYFIC	T3	PA SP
PADCEV	T3	PA SP
POLIVY	T3	PA SP HD
POTELIGEO	T3	PA SP
TALVEY	T3	PA SP
TECVAYLI	T3	PA SP
TIVDAK	T3	PA SP HD
TRODELVY	T3	PA SP
UNITUXIN	T3	PA SP
VYLOY	T3	PA SP
ZEVALIN	T2	PA SP
ZIIHERA	T3	PA SP
ZYNLONTA	T3	PA SP
ANTI-NEOPLASTICS, MISCELLANEOUS		
ABRAXANE (*paclitaxel protein-bound*)	T2	PA SP
arsenic trioxide	T1	PA SP
arsenic trioxide (Trisenox)	T1	PA SP
ASPARLAS	T3	SP
AVOPEF (*etoposide*)	T3	PA SP
BCG (TICE STRAIN)	T3	SP
BEIZRAY (*docetaxel*)	T3	PA SP
BEIZRAY-ALBUMIN	T3	PA SP
dacarbazine	T1	PA SP
docetaxel 160 mg/16 ml vial	T1	PA SP
docetaxel 160 mg/8 ml vial	T1	PA SP HD
docetaxel 20 mg/2 ml vial	T1	PA SP
docetaxel 20 mg/ml vial (Beizray)	T1	PA SP
docetaxel 80 mg/4 ml vial	T1	PA SP

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List of Prescription Medications

ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NEOPLASTICS, MISCELLANEOUS *(cont.)*		
docetaxel 80 mg/8 ml vial	T1	PA SP
DOCIVYX	T3	PA SP
ERWINASE	T3	PA SP
ETOPOPHOS	T2	PA SP
etoposide (Avopef)	T1	PA SP
etoposide 1,000 mg/50 ml vial (Avopef)	T1	PA SP
etoposide 100 mg/5 ml vial (Avopef)	T1	PA SP
etoposide 50 mg capsule	T1	SP HD CSL
etoposide 500 mg/25 ml vial (Avopef)	T1	PA SP
JEVTANA	T3	PA SP HD
LYMPHIR	T3	PA SP
LYSODREN	T2	CSL
MATULANE	T2	SP CSL
mitoxantrone hcl	T1	PA SP
ONCASPAR	T2	PA SP
paclitaxel	T1	PA SP
paclitaxel protein-bound (Abraxane)	T1	PA SP
RYLAZE	T3	PA SP
tretinoin 10 mg capsule	T1	PA CSL
TRISENOX *(arsenic trioxide)*	T2	PA SP
ANTI-NEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)		
XPOVIO	T3	PA SP CSL
ANTI-PROGRAMMED CELL DEATH-LIGAND I (PD-LI) MAB		
BAVENCIO	T3	PA SP
IMFINZI	T3	PA SP
TECENTRIQ	T3	PA SP HD
TECENTRIQ HYBREZA	T3	PA SP HD
UNLOXCYT	T3	PA SP
CYTOTOXIC T-LYMPHOCYTE ANTIGEN (CTLA-4) RMC ANTIBODY		
IMJUDO	T3	PA SP HD
YERVOY	T3	PA SP HD
IMMUNOMODULATORS		
ACTIMMUNE	T2	PA SP HD
ALFERON N	T2	PA SP HD

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ANTI-NEOPLASTICS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
IMMUNOMODULATORS *(cont.)*		
BESREMI	T3	PA QL(2 SYRINGES/28 DAYS) SP
PROLEUKIN	T2	PA SP
PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)		
PHOTOFRIN	T2	SP
UVADEX	T2	
RADIOACTIVE THERAPEUTIC AGENTS		
AZEDRA DOSIMETRIC	T3	PA SP
AZEDRA THERAPEUTIC	T3	PA SP
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
CLIGAVYX (*fulvestrant*)	T3	PA SP
FARESTON (*toremifene citrate*)	T3	QL(2 TABS/DAY) HD CSL
FASLODEX (*fulvestrant*)	T2	PA SP HD
fulvestrant (Cligavyx)	T1	PA SP HD
fulvestrant (Faslodex)	T1	PA SP HD
INLURIYO	T3	PA QL(2 TABS/DAY) SP CSL
ORSERDU 345 MG TABLET	T3	PA QL(1 TAB/DAY) SP CSL
ORSERDU 86 MG TABLET	T3	PA QL(3 TABS/DAY) SP CSL
SOLTAMOX	T2	HD CSL
tamoxifen citrate	T1	HD PPACA CSL
toremifene citrate (Fareston)	T1	QL(2 TABS/DAY) HD CSL
VEPPANU	T3	PA QL(0 TABS/DAY) SP CSL
STEROID ANTI-NEOPLASTICS		
megestrol 20 mg tablet	T1	CSL
megestrol 40 mg tablet	T1	CSL
ANTI-NEOPLASTICS (Skin Conditions)		
PHOTOACT, TOPICAL ANTI-NEOPLAST, PREMALIGNANT LESIONS		
LEVULAN	T3	SP
TOPICAL ANTI-NEOPLASTIC PREMALIGNANT LESION AGENTS		
bexarotene 1% gel (Targretin)	T1	SP HD
CARAC	T3	PA
diclofenac sodium 3% gel	T1	PA
EFUDEX (*fluorouracil*)	T3	
FLUOROPLEX	T2	
fluorouracil	T1	

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ANTI-NEOPLASTICS (Skin Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTI-NEOPLASTIC PREMALIGNANT LESION AGENTS *(cont.)*		
FLUOROURACIL	T1	
FLUOROURACIL 0.5% CREAM	T1	
fluorouracil 2% topical soln	T1	
fluorouracil 5% cream (Efudex)	T1	
fluorouracil 5% topical soln	T1	
KLISYRI	T3	PA QL(5 PACKS/30 DAYS)
PANRETIN	T3	SP HD
TARGRETIN 1% GEL (*bexarotene*)	T3	PA SP HD
VALCHLOR	T3	SP HD
ANTI-OBESITY DRUGS (Weight Management)		
ANTI-OBESITY - ANOREXIC AGENTS		
benzphetamine hcl	T1	PA
diethylpropion hcl	T1	PA
LOMAIRA	T3	PA
phendimetrazine tartrate	T1	PA
phentermine hcl	T1	PA
phentermine/topiramate (Qsymia)	T1	PA
QSYMIA (*phentermine/topiramate*)	T3	PA
ANTI-OBESITY - INCRETIN MIMETICS COMBINATION		
ZEPBOUND 10 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
ZEPBOUND 12.5 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
ZEPBOUND 15 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
ZEPBOUND 2.5 MG/0.5 ML PEN	T2	PA QL(2 MLS/365 DAYS)
ZEPBOUND 5 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
ZEPBOUND 7.5 MG/0.5 ML PEN	T2	PA QL(2 MLS/30 DAYS)
ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST		
FOUNDAYO	T2	PA QL(1 TAB/DAY)
liraglutide 18 mg/3 ml pen (Saxenda)	T1	PA
liraglutide 5-pak 18 mg/3 ml (Saxenda)	T1	PA
SAXENDA (*liraglutide*)	T3	PA
WEGOVY 0.25 MG/0.5 ML PEN	T2	PA QL(4 PENS/28 DAYS)
WEGOVY 0.5 MG/0.5 ML PEN	T2	PA QL(4 PENS/28 DAYS)
WEGOVY 1 MG/0.5 ML PEN	T2	PA QL(4 PENS/28 DAYS)
WEGOVY 1.5 MG TABLET	T2	PA QL(1 TAB/DAY)

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List of Prescription Medications

ANTI-OBESITY DRUGS (Weight Management) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST *(cont.)*		
WEGOVY 1.7 MG/0.75 ML PEN	T2	PA QL(4 PENS/28 DAYS)
WEGOVY 2.4 MG/0.75 ML PEN	T2	PA QL(4 PENS/28 DAYS)
WEGOVY 25 MG TABLET	T2	PA QL(1 TAB/DAY)
WEGOVY 4 MG TABLET	T2	PA QL(1 TAB/DAY)
WEGOVY 9 MG TABLET	T2	PA QL(1 TAB/DAY)
WEGOVY HD	T2	PA QL(4 PENS/28 DAYS)
ANTI-OBESITY - OPIOID ANTAG-NOREPI, DOPAMINE RU INHIB		
CONTRAVE	T3	PA
FAT ABSORPTION DECREASING AGENTS		
ORLISTAT	T3	PA
XENICAL	T3	PA
ANTIPARASITICS (Eye Conditions)		
OPHTHALMIC (EYE) ANTIPARASITICS		
XDEMVY	T2	PA QL(10 MLS/56 DAYS) SP
ANTI-PARASITICS (Infections)		
ANTI-PARASITICS		
ALINIA 100 MG/5 ML SUSPENSION	T3	
ALINIA 500 MG TABLET *(nitazoxanide)*	T3	PA
nitazoxanide (Alinia)	T1	
TOPICAL ANTI-PARASITICS		
crotamiton	T1	
EURAX 10% CREAM	T2	
EURAX 10% LOTION	T3	
lindane	T1	
malathion (Ovide)	T1	
NATROBA (*spinosad*)	T3	PA
OVIDE (*malathion*)	T3	
permethrin	T1	
spinosad (Natroba)	T1	
ULESFIA	T3	

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List of Prescription Medications

ANTIPARASITICS (Skin Conditions)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTIPARASITICS		
lindane	T1	
malathion (Ovide)	T1	
OVIDE *(malathion)*	T3	
ANTI-PARKINSON DRUGS (Parkinson's Disease)		
ANTI-PARKINSONISM DRUGS, ANTI-CHOLINERGIC		
benztropine mesylate	T1	HD
trihexyphenidyl hcl	T1	HD
ANTI-PARKINSONISM DRUGS, OTHER		
amantadine hcl	T1	HD
APOKYN	T3	PA SP HD
apomorphine hcl	T1	PA SP
AZILECT 0.5 MG TABLET (*rasagiline mesylate*)	T3	PA QL(1 TAB/DAY) HD
AZILECT 1 MG TABLET (*rasagiline mesylate*)	T3	PA HD
bromocriptine mesylate	T1	HD
carbidopa/levodopa	T1	HD
carbidopa/levodopa (Sinemet)	T1	HD
carbidopa/levodopa/entacapone	T1	HD
CARBIDOPA-LEVO ER 23.75-95 CAP	T3	ST HD
carbidopa-levo er 25-100 tab	T1	HD
CARBIDOPA-LEVO ER 36.25-145 CP	T3	ST HD
CARBIDOPA-LEVO ER 48.75-195 CP	T3	ST HD
carbidopa-levo er 50-200 tab	T1	HD
CARBIDOPA-LEVO ER 61.25-245 CP	T3	ST HD
CREXONT	T3	ST HD
DHIVY	T3	PA HD
DUOPA	T3	SP HD
entacapone	T1	HD
GOCOVRI	T3	
INBRIJA	T3	PA SP HD
NEUPRO	T3	HD
NOURIANZ	T3	PA QL(1 TAB/DAY) SP HD
ONAPGO	T3	PA QL(20 MLS/DAY) SP
ONGENTYS	T3	PA QL(1 CAP/DAY) HD

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List of Prescription Medications

ANTI-PARKINSON DRUGS (Parkinson's Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-PARKINSONISM DRUGS, OTHER *(cont.)*		
pramipexole di-hcl	T1	HD
pramipexole er 0.375 mg tablet	T1	QL(1 TAB/DAY) HD
pramipexole er 0.75 mg tablet	T1	HD
pramipexole er 1.5 mg tablet	T1	QL(1 TAB/DAY) HD
pramipexole er 2.25 mg tablet	T1	QL(1 TAB/DAY) HD
pramipexole er 3 mg tablet	T1	HD
pramipexole er 3.75 mg tablet	T1	HD
pramipexole er 4.5 mg tablet	T1	HD
rasagiline mesylate 0.5 mg tab (Azilect)	T1	QL(1 TAB/DAY) HD
rasagiline mesylate 1 mg tab (Azilect)	T1	HD
ropinirole hcl	T1	HD
RYTARY	T3	ST HD
selegiline hcl	T1	HD
SINEMET (*carbidopa-levodopa*)	T3	HD
TASMAR (*tolcapone*)	T3	HD
tolcapone (Tasmar)	T1	HD
VYALEV	T3	PA SP HD
XADAGO	T3	ST HD
ZELAPAR	T3	PA HD
DECARBOXYLASE INHIBITORS		
carbidopa (Lodosyn)	T1	
LODOSYN (*carbidopa*)	T3	PA
ANTI-PLATELET DRUGS (Blood Thinners/Anti-Clotting)		
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT	T3	
aspirin/dipyridamole	T1	HD
ASPIRIN-OMEPRAZOLE	T3	PA HD
BRILINTA (*ticagrelor*)	T3	PA HD
cilostazol	T1	HD
clopidogrel bisulfate	T1	HD
clopidogrel bisulfate (Plavix)	T1	HD
dipyridamole	T1	HD

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List of Prescription Medications

ANTI-PLATELET DRUGS (Blood Thinners/Anti-Clotting) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PLATELET AGGREGATION INHIBITORS *(cont.)*		
EFFIENT (*prasugrel hcl*)	T3	PA HD
eptifibatide	T1	
EPTIFIBATIDE	T1	
PLAVIX (*clopidogrel bisulfate*)	T3	PA HD
prasugrel hcl (Effient)	T1	HD
ticagrelor (Brilinta)	T1	HD
tirofiban-0.9% sodium chloride	T1	
YOSPRALA DR 325-40 MG TABLET	T3	PA
YOSPRALA DR 81-40 MG TABLET	T3	PA HD
ZONTIVITY	T3	HD
PLATELET REDUCING AGENTS		
AGRYLIN (*anagrelide hcl*)	T3	
anagrelide hcl	T1	
anagrelide hcl (Agrylin)	T1	
ANTIVIRALS (AIDS/HIV)		
ANTI-RETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL AB		
TROGARZO	T3	PA SP
ANTI-RETROVIRAL - CAPSID INHIBITORS		
SUNLENCA 300 MG TABLET	T3	PA QL(5 TABS/180 DAYS) SP
SUNLENCA 4- 300 MG TABLET	T3	PA QL(5 TABS/180 DAYS) SP
SUNLENCA 463.5 MG/1.5 ML VIAL	T3	PA SP
SUNLENCA 5- 300 MG TABLET	T3	PA QL(5 TABS/180 DAYS) SP
ANTIRETROVIRAL - CAPSID INHIBITORS (PREP)		
YEZTUGO	T2	SP PPACA
ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMB.		
CABENUVA	T3	PA SP
JULUCA	T2	QL(1 TAB/DAY) SP
ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMB.		
DOVATO	T2	QL(1 TAB/DAY) SP
ANTI-RETROVIRAL - NRTIS AND INTEGRASE INHIBITORS COMB		
TRIUMEQ	T2	QL(1 TAB/DAY) SP
TRIUMEQ PD	T2	QL(6 TABS/DAY) SP

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ANTIVIRALS (AIDS/HIV) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-RETROVIRAL - NUCLEOSIDE, NUCLEOTIDE, PROTEASE INH.		
SYMTUZA	T2	QL(1 TAB/DAY) SP
ANTIVIRALS - HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB		
APTIVUS	T2	PA SP
*darunavir (*Prezista*)*	T1	SP
PREZCOBIX	T3	PA SP
PREZISTA 100 MG/ML SUSPENSION	T2	SP
PREZISTA 150 MG TABLET	T2	SP
PREZISTA 600 MG TABLET (*darunavir*)	T3	PA SP
PREZISTA 75 MG TABLET	T2	SP
PREZISTA 800 MG TABLET (*darunavir*)	T3	PA SP
ANTIVIRALS - HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG		
CIMDUO	T3	PA SP
DESCOVY 120-15 MG TABLET	T2	SP
DESCOVY 200-25 MG TABLET	T2	SP PPACA
emtricitabine-tenofv 100-150mg (Truvada)	T1	SP
emtricitabine-tenofv 133-200mg (Truvada)	T1	SP
emtricitabine-tenofv 167-250mg (Truvada)	T1	SP
emtricitabine-tenofv 200-300mg (Truvada)	T1	SP PPACA
TRUVADA (*emtricitabine/tenofovir (tdf)*)	T3	PA SP
ANTIVIRALS - HIV-SPEC, NUCLEOSIDE ANALOG, RTI COMB		
*abacavir sulfate/lamivudine (*Epzicom*)*	T1	SP
COMBIVIR (*lamivudine-zidovudine*)	T3	PA SP
lamivudine/zidovudine (Combivir)	T1	SP
ANTIVIRALS - HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.		
maraviroc (Selzentry)	T1	SP
SELZENTRY 150 MG TABLET (*maraviroc*)	T3	PA SP
SELZENTRY 20 MG/ML ORAL SOLN	T2	PA SP
SELZENTRY 300 MG TABLET (*maraviroc*)	T3	PA SP
ANTIVIRALS - HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR		
RUKOBIA	T3	PA QL(2 TABS/DAY) SP
ANTIVIRALS - HIV-SPECIFIC, NON-NUCLEOSIDE, RTI		
EDURANT (*rilpivirine hcl*)	T3	PA SP
EDURANT PED	T3	PA SP
efavirenz	T1	SP

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ANTIVIRALS (AIDS/HIV) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIVIRALS - HIV-SPECIFIC, NON-NUCLEOSIDE, RTI *(cont.)*		
etravirine (Intelence)	T1	SP
INTELENCE	T3	PA SP
INTELENCE (*etravirine*)	T3	PA SP
nevirapine	T1	SP
PIFELTRO	T3	PA SP
rilpivirine hcl (Edurant)	T1	SP
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI		
abacavir sulfate	T1	SP
abacavir sulfate (Ziagen)	T1	SP
didanosine	T1	PA SP
emtricitabine (Emtriva)	T1	SP
EMTRIVA 10 MG/ML SOLUTION	T2	PA SP
EMTRIVA 200 MG CAPSULE (*emtricitabine*)	T3	PA SP
EPIVIR (*lamivudine*)	T3	PA SP
lamivudine (Epivir)	T1	SP
RETROVIR	T3	PA SP
RETROVIR (*zidovudine*)	T3	PA SP
stavudine	T1	PA SP
tenofovir disoproxil fumarate (Viread)	T1	SP
VIREAD 150 MG TABLET	T2	PA SP
VIREAD 200 MG TABLET	T2	PA SP
VIREAD 250 MG TABLET	T2	PA SP
VIREAD 300 MG TABLET (*tenofovir disoproxil fumarate*)	T3	PA SP
VIREAD POWDER	T2	PA SP
ZIAGEN (*abacavir sulfate*)	T3	PA SP
zidovudine	T1	SP
zidovudine (Retrovir)	T1	SP
ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITOR COMB		
KALETRA	T3	PA SP
KALETRA (*lopinavir/ritonavir*)	T3	PA SP
lopinavir/ritonavir	T1	SP
lopinavir/ritonavir (Kaletra)	T1	SP

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ANTIVIRALS (AIDS/HIV) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITORS		
atazanavir sulfate	T1	SP
atazanavir sulfate (Reyataz)	T1	SP
EVOTAZ	T3	PA SP
fosamprenavir calcium	T1	SP
NORVIR 100 MG POWDER PACKET	T2	SP
NORVIR 100 MG TABLET (*ritonavir*)	T3	PA SP
REYATAZ 200 MG CAPSULE (*atazanavir sulfate*)	T3	PA SP
REYATAZ 300 MG CAPSULE (*atazanavir sulfate*)	T3	PA SP
REYATAZ 50 MG POWDER PACKET	T2	PA SP
ritonavir (Norvir)	T1	SP
VIRACEPT	T2	PA SP
ANTIVIRALS - HIV-I INTEGRASE STRAND TRANSFER INHIBTR		
APRETUDE	T2	SP PPACA
ISENTRESS	T2	SP
ISENTRESS HD	T2	PA SP
TIVICAY	T2	SP
TIVICAY PD	T2	SP
ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB		
COMPLERA *(emtricita/rilpivirine/tenof df)*	T3	PA QL(1 TAB/DAY) SP
DELSTRIGO	T3	PA QL(1 TAB/DAY) SP
efavirenz/emtricit/tenofovr df	T1	QL(1 TAB/DAY) SP
efavirenz/emtricit/tenofovr df (Complera)	T1	QL(1 TAB/DAY) SP
efavirenz/lamivu/tenofov disop	T1	QL(1 TAB/DAY) SP
efavirenz/lamivu/tenofov disop (Symfi)	T1	QL(1 TAB/DAY) SP
ODEFSEY	T2	QL(1 TAB/DAY) SP
SYMFI (*efavirenz-lamivu-tenofov disop*)	T3	PA QL(1 TAB/DAY) SP
ARTV-NUCLEOSIDE ANALOGS AND NON-NUCLEOSIDE RTI CMB		
IDVYNSO	T2	QL(1 TAB/DAY) SP
ARV-NUCLEOSIDE, NUCLEOTIDE RTI, INTEGRASE INHIBITORS		
BIKTARVY	T2	QL(1 TAB/DAY) SP
GENVOYA	T2	QL(1 TAB/DAY) SP
STRIBILD	T3	PA QL(1 TAB/DAY) SP

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ANTIVIRALS (Eye Conditions)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
EYE ANTIVIRALS		
trifluridine	T1	
ZIRGAN	T3	
ANTIVIRALS (Infections)		
ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR		
PAXLOVID	T2	QL(1 TAB/120 DAYS)
XOCOVA	T2	QL(7 TABS/FILL)
ANTIVIRAL - RNA POLYMERASE INHIBITOR		
LAGEVRIO (EUA)	T2	QL(1 PACK/120 DAYS)
ANTIVIRAL MONOCLONAL ANTIBODIES		
BEYFORTUS	T3	PPACA
ENFLONSIA	T3	PPACA
ANTIVIRALS, GENERAL		
acyclovir 200 mg capsule	T1	
acyclovir 200 mg/5 ml susp	T1	
acyclovir 200 mg/5 ml susp cup	T1	
acyclovir 400 mg tablet	T1	
acyclovir 800 mg tablet	T1	
acyclovir 800 mg/20ml susp cup	T1	
acyclovir sodium	T1	
cidofovir	T1	SP
famciclovir	T1	
FLUMADINE (*rimantadine hcl*)	T3	
foscarnet sodium (Foscavir)	T1	
FOSCAVIR (*foscarnet sodium*)	T3	
GANCICLOVIR	T3	SP
ganciclovir sodium	T1	SP
LIVTENCITY	T3	PA QL(4 TABS/DAY) SP
oseltamivir 6 mg/ml suspension (Tamiflu)	T1	QL(180 MLS/30 DAYS)
oseltamivir phos 30 mg capsule	T1	QL(20 CAPS/30 DAYS)
oseltamivir phos 45 mg capsule	T1	QL(10 CAPS/30 DAYS)
oseltamivir phos 75 mg capsule (Tamiflu)	T1	QL(10 CAPS/30 DAYS)
PREVYMIS 20 MG PELLET PACKET	T3	SP
PREVYMIS 120 MG PELLET PACKET	T3	SP
PREVYMIS 240 MG TABLET	T3	SP HD

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List of Prescription Medications

ANTIVIRALS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIVIRALS, GENERAL *(cont.)*		
PREVYMIS 480 MG TABLET	T3	SP HD
RAPIVAB	T3	
RELENZA	T3	QL(20 BLISTERS/30 DAYS)
rimantadine hcl (Flumadine)	T1	
SITAVIG	T3	PA QL(2 TABS/30 DAYS)
TAMIFLU 6 MG/ML SUSPENSION (*oseltamivir phosphate*)	T3	QL(180 MLS/30 DAYS)
TAMIFLU 75 MG CAPSULE (*oseltamivir phosphate*)	T3	QL(10 CAPS/30 DAYS)
TEMBEXA	T3	
valacyclovir hcl (Valtrex)	T1	
VALCYTE (*valganciclovir hcl*)	T3	PA
valganciclovir hcl (Valcyte)	T1	
VALTREX (*valacyclovir hcl*)	T3	
XOFLUZA	T3	QL(2 TABS/30 DAYS)
HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO		
VOSEVI	T2	PA QL(1 TAB/DAY) SP HD
HEP C VIRUS, NUCLEOTIDE ANALOG NS5B POLYMERASE INH		
SOVALDI 200 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD
SOVALDI 400 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD
SOVALDI 150 MG, 200 MG PELLET PACKET	T3	PA QL(1 PACK/DAY) SP HD
HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.		
EPCLUSA 150-37.5 MG PELLET PKT	T2	PA QL(1 PACK/DAY) SP HD
EPCLUSA 200 MG-50 MG TABLET	T2	PA QL(1 TAB/DAY) SP HD
EPCLUSA 200 MG-50 MG TABLET	T2	PA QL(1 PACK/DAY) SP HD
EPCLUSA 400 MG-100 MG TABLET	T2	PA QL(1 TAB/DAY) SP HD
HARVONI 33.75-150 MG PELLET PK	T2	PA QL(1 PACK/DAY) SP HD
HARVONI 45-200 MG PELLET PACKT	T2	PA QL(1 PACK/DAY) SP HD
HARVONI 45-200 MG TABLET	T2	PA QL(1 TAB/DAY) SP HD
HARVONI 90-400 MG TABLET	T2	PA QL(1 TAB/DAY) SP HD
LEDIPASVIR-SOFOSBUVIR	T3	PA QL(1 TAB/DAY) SP HD
SOFOSBUVIR-VELPATASVIR	T3	PA QL(1 TAB/DAY) SP HD
HEPATITIS B TREATMENT AGENTS		
adefovir dipivoxil	T1	SP HD
BARACLUDE 0.05 MG/ML SOLUTION	T2	SP HD
BARACLUDE 0.5 MG TABLET (*entecavir*)	T3	PA QL(1 TAB/DAY) SP HD

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ANTIVIRALS (Infections) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
HEPATITIS B TREATMENT AGENTS *(cont.)*		
BARACLUDE 1 MG TABLET (*entecavir*)	T3	PA SP HD
entecavir 0.5 mg tablet (Baraclude)	T1	QL(1 TAB/DAY) SP HD
entecavir 1 mg tablet (Baraclude)	T1	SP HD
lamivudine	T1	SP
VEMLIDY	T2	SP HD
HEPATITIS C TREATMENT AGENTS		
PEGASYS	T2	PA SP HD
ribavirin	T1	SP HD
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB		
MAVYRET 100-40 MG TABLET	T3	PA QL(3 TABS/DAY) SP HD
MAVYRET 50-20 MG PELLET PACKET	T3	PA QL(5 PACKS/DAY) SP HD
ZEPATIER	T2	PA QL(1 TAB/DAY) SP HD
HEPATITIS D TREATMENT AGENTS		
HEPCLUDEX	T3	PA QL(0 VIALS/DAY) SP
ANTIVIRALS (Skin Conditions)		
TOPICAL ANTIVIRAL AND ANTI-INFLAMMATORY STEROID		
XERESE	T3	PA QL(5 GMS/30 DAYS)
TOPICAL ANTIVIRALS		
acyclovir 5% cream (Zovirax)	T1	PA QL(5 GMS/30 DAYS)
acyclovir 5% ointment (Zovirax)	T1	PA QL(15 GMS/30 DAYS)
DENAVIR (*penciclovir*)	T3	QL(5 GMS/30 DAYS)
penciclovir (Denavir)	T1	PA QL(5 GMS/30 DAYS)
ZOVIRAX 5% CREAM (*acyclovir*)	T3	PA QL(5 GMS/30 DAYS)
ZOVIRAX 5% OINTMENT (*acyclovir*)	T3	PA QL(15 GMS/30 DAYS)
TOPICAL GENITAL WART-HPV TREATMENT AGENTS		
VEREGEN	T3	PA
AUTONOMIC DRUGS (Allergy/Nasal Sprays)		
ANAPHYLAXIS THERAPY AGENTS		
ADYPHREN	T1	
ADYPHREN AMP	T1	
AUVI-Q	T2	QL(4 UNITS/30 DAYS)
EPINEPHRINE 0.15 MG AUTO-INJCT	T3	PA L(4 UNITS/30 DAYS)
epinephrine 0.15 mg auto-injct (Epipen Jr 2-Pak)	T1	QL(4 UNITS/30 DAYS)

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AUTONOMIC DRUGS (Allergy/Nasal Sprays) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANAPHYLAXIS THERAPY AGENTS *(cont.)*		
epinephrine 0.15 mg auto-injct (Epipen Jr)	T1	QL(4 UNITS/30 DAYS)
EPINEPHRINE 0.3 MG AUTO-INJECT	T3	PA QL(4 UNITS/30 DAYS)
epinephrine 0.3 mg auto-inject (Epipen 2-Pak)	T1	QL(4 UNITS/30 DAYS)
epinephrine 0.3 mg auto-inject (Epipen)	T1	QL(4 UNITS/30 DAYS)
EPINEPHRINE PROFESSIONAL EMS	T3	
EPINEPHRINE PROFESSIONAL KIT	T3	
EPINEPHRINESNAP-EMS	T3	
EPINEPHRINESNAP-V	T3	
EPIPEN (*epinephrine*)	T3	PA QL(4 UNITS/30 DAYS)
EPIPEN 2-PAK (*epinephrine*)	T3	PA QL(4 UNITS/30 DAYS)
EPIPEN JR (*epinephrine*)	T3	PA QL(4 UNITS/30 DAYS)
EPIPEN JR 2-PAK (*epinephrine*)	T3	PA QL(4 UNITS/30 DAYS)
NEFFY	T2	QL(4 UNITS/30 DAYS)
AUTONOMIC DRUGS (Alzheimer's Disease)		
CHOLINESTERASE INHIBITORS		
ARICEPT (*donepezil hcl*)	T3	PA HD
BLOXIVERZ (*neostigmine methylsulfate*)	T3	
donepezil hcl	T1	HD
donepezil hcl (Aricept)	T1	HD
EXELON (*rivastigmine*)	T3	HD
galantamine er 16 mg capsule	T1	HD
galantamine er 24 mg capsule	T1	HD
galantamine er 8 mg capsule	T1	QL(1 CAP/DAY) HD
galantamine hbr	T1	HD
MESTINON (*pyridostigmine bromide*)	T3	PA HD
neostigmine methylsulfate	T1	
NEOSTIGMINE METHYLSULFATE	T1	
neostigmine methylsulfate (Bloxiverz)	T1	
pyridostigmine 60 mg/5 ml cup (Mestinon)	T1	HD
pyridostigmine 60 mg/5 ml soln (Mestinon)	T1	HD
PYRIDOSTIGMINE BR 30 MG TABLET	T3	PA QL(20 TABS/DAY) HD
pyridostigmine br 60 mg tablet (Mestinon)	T1	HD

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AUTONOMIC DRUGS (Alzheimer's Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CHOLINESTERASE INHIBITORS *(cont.)*		
pyridostigmine bromide	T3	HD
pyridostigmine bromide (Mestinon)	T1	HD
rivastigmine (Exelon)	T1	HD
rivastigmine tartrate	T1	HD
ZUNVEYL	T3	PA QL(2 TABS/DAY) HD
AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)[9]		
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE		
ADDERALL (*dextroamphetamine-amphetamine*)	T3	PA
ADDERALL XR (*dextroamphetamine-amphet er*)	T3	PA ST QL(1 CAP/DAY)
ADZENYS XR-ODT (*amphetamine*)	T3	PA QL(1 TAB/DAY)
amphetamine (Adzenys Xr-Odt)	T1	PA QL(1 TAB/DAY)
amphetamine sulfate (Evekeo)	T1	PA
DESOXYN (*methamphetamine hcl*)	T3	PA
DEXEDRINE SPANSULE 10 MG (*dextroamphetamine sulfate*)	T3	PA QL(1 CAP/DAY)
DEXEDRINE SPANSULE 15 MG CAP (*dextroamphetamine sulfate*)	T3	PA QL(3 CAPS/DAY)
dextroamphetamine er 10 mg cap (Dexedrine)	T1	PA QL(1 CAP/DAY)
dextroamphetamine er 15 mg cap (Dexedrine)	T1	PA QL(3 CAPS/DAY)
dextroamphetamine er 5 mg cap	T1	PA QL(1 CAP/DAY)
dextroamphetamine sulfate	T1	PA
dextroamphetamine sulfate (Zenzedi)	T1	PA
dextroamphetamine/amphetamine (Adderall Xr)	T1	PA QL(1 CAP/DAY)
dextroamphetamine/amphetamine (Adderall)	T1	PA
dextroamphetamine/amphetamine (Mydayis)	T1	PA QL(1 CAP/DAY)
DYANAVEL XR 10 MG TABLET	T3	PA QL(1 TAB/DAY)
DYANAVEL XR 15 MG TABLET	T3	PA QL(1 TAB/DAY)
DYANAVEL XR 2.5 MG/ML SUSP	T3	PA QL(8 MLS/DAY)
DYANAVEL XR 20 MG TABLET	T3	PA QL(1 TAB/DAY)
DYANAVEL XR 5 MG TABLET	T3	PA QL(1 TAB/DAY)
EVEKEO (*amphetamine sulfate*)	T3	PA
EVEKEO ODT	T3	PA
methamphetamine hcl (Desoxyn)	T1	PA
MYDAYIS *(dextroamphetamine/amphetamine)*	T3	PA QL(1 CAP/DAY)
XELSTRYM	T3	PA QL(1 PATCH/DAY)
zenzedi 10 mg tablet	T1	PA

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AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE *(cont.)*		
ZENZEDI 15 MG TABLET (*dextroamphetamine sulfate*)	T3	PA ST
ZENZEDI 2.5 MG TABLET (*dextroamphetamine sulfate*)	T3	PA ST
ZENZEDI 20 MG TABLET (*dextroamphetamine sulfate*)	T3	PA ST
ZENZEDI 30 MG TABLET (*dextroamphetamine sulfate*)	T3	PA ST
zenzedi 5 mg tablet	T1	PA
ZENZEDI 7.5 MG TABLET (*dextroamphetamine sulfate*)	T3	PA ST
AUTONOMIC DRUGS (Blood Pressure/Heart Medications)		
ADRENERGIC VASOPRESSOR AGENTS		
droxidopa 100 mg capsule (Northera)	T1	
droxidopa 200 mg capsule (Northera)	T1	
droxidopa 300 mg capsule (Northera)	T1	
midodrine hcl	T1	
NORTHERA (*droxidopa*)	T3	PA SP HD
ALPHA-ADRENERGIC BLOCKING AGENTS		
DIBENZYLINE (*phenoxybenzamine hcl*)	T3	HD
phenoxybenzamine hcl (Dibenzyline)	T1	HD
phentolamine mesylate	T1	HD
AUTONOMIC DRUGS (Miscellaneous)		
ADRENERGIC AGENTS,CATECHOLAMINES		
dopamine hcl	T1	
dopamine hcl in dextrose 5 %	T1	
epinephrine	T3	
epinephrine 1 mg/10 ml abbojct	T1	
epinephrine 1 mg/10 ml luerjet	T1	
epinephrine 1 mg/ml ampul	T1	
EPINEPHRINE 1 MG/ML AMPUL	T1	
epinephrine 1 mg/ml vial	T1	
epinephrine 10 mg/10 ml vial	T1	
epinephrine 30 mg/30 ml vial	T1	
epinephrine hcl in 0.9 % nacl	T1	
epinephrine hcl in dextrose 5%	T1	
isoproterenol hcl	T1	
LEVOPHED (*norepinephrine bitartrate*)	T3	

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AUTONOMIC DRUGS (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ADRENERGIC AGENTS,CATECHOLAMINES *(cont.)*		
norepineph 16 mg/250-0.9% nacl	T1	
NOREPINEPH 32 MG/250-0.9% NACL	T3	
norepinephr 4 mg/250-0.9% nacl	T1	
NOREPINEPHR 8 MG/500-0.9% NACL *(norepinephrine bit/0.9 % nacl)*	T1	
norepinephrine bitartrate	T1	
norepinephrine bitartrate (Levophed)	T1	
norepinephrine bitartrate/d5w	T1	
NOREPINEPHRINE BITARTRATE-D5W	T1	
ADRENERGIC AGENTS,CATECHOLAMINES		
atracurium besylate	T1	
BOTOX 100 UNIT VIAL	T3	PA SP
BOTOX 200 UNIT VIAL	T3	PA SP HD
cisatracurium besylate	T1	
cisatracurium besylate (Nimbex)	T1	
DAXXIFY	T3	PA SP HD
DYSPORT	T3	PA SP HD
MYOBLOC	T3	PA SP HD
NIMBEX (*cisatracurium besylate*)	T3	
QUELICIN (*succinylcholine chloride*)	T3	
rocuronium bromide	T1	
succinylcholine chloride	T1	
SUCCINYLCHOLINE CHLORIDE	T1	
succinylcholine chloride (Quelicin)	T1	
succinylcholine chloride (Quelicin)	T3	
SUCCINYLCHOLINE CHLORIDE-NACL	T1	
succinylcholine/sod cl,iso/pf	T1	
vecuronium bromide	T1	
VECURONIUM BROMIDE-WATER	T1	
XEOMIN	T3	PA SP HD
AUTONOMIC DRUGS (Urinary Tract Conditions)		
PARASYMPATHETIC AGENTS		
bethanechol chloride	T1	HD
cevimeline hcl (Evoxac)	T1	HD

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List of Prescription Medications

AUTONOMIC DRUGS (Urinary Tract Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PARASYMPATHETIC AGENTS *(cont.)*		
EVOXAC (*cevimeline hcl*)	T3	PA HD
pilocarpine hcl 5 mg tablet (Salagen)	T1	HD
pilocarpine hcl 7.5 mg tablet (Salagen)	T1	HD
SALAGEN (*pilocarpine hcl*)	T3	HD
BIOLOGICALS (Allergy/Nasal Sprays)		
ALLERGENIC EXTRACTS, THERAPEUTIC		
GRASTEK	T3	PA QL(1 TAB/DAY)
ODACTRA	T3	PA QL(1 TAB/DAY)
ORALAIR	T3	PA QL(1 TAB/DAY)
PALFORZIA	T3	PA SP
RAGWITEK	T3	PA QL(1 TAB/DAY)
BIOLOGICALS (Blood Pressure/Heart Medications)		
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO	T3	PA SP HD
BIOLOGICALS (Miscellaneous)		
ANTISERA		
HYPERRHO	T3	SP
RHOGAM ULTRA-FILTERED PLUS	T3	SP
RHOPHYLAC	T3	SP
WINRHO SDF	T3	SP HD
GENE THERAPY AGENTS - ENZYME DEFICIENCY		
FAYUVI	T3	
PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE		
PALYNZIQ	T3	PA SP HD
BIOLOGICALS (Vaccines)		
COVID-19 VACCINES		
COMIRNATY	T2	PPACA
COMIRNATY 2023-2024	T2	PPACA
COMIRNATY 2024-2025	T2	PPACA
COMIRNATY 2025-2026 (12Y UP)	T2	PPACA
COMIRNATY 2025-2026(5-11Y)	T2	PPACA

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BIOLOGICALS (Vaccines) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
COVID-19 VACCINES *(cont.)*		
COMIRNATY 2026-2027 (12Y UP)	T2	PPACA
COMIRNATY 2026-2027(5-11Y)	T2	PPACA
MNEXSPIKE 2025-2026 (12Y UP)	T2	PPACA
MNEXSPIKE 2026-2027 (12Y UP)	T2	PPACA
MODERNA COVID 23-24(6M-11Y)EUA	T2	PPACA
MODERNA COVID 24-25(6M-11Y)EUA	T2	PPACA
MODERNA COVID BIVAL(6MO UP)EUA	T2	PPACA
MODERNA COVID BIVAL(6MO-5Y)EUA	T2	PPACA
NOVAVAX COVID 2023-2024 (EUA)	T2	PPACA
NOVAVAX COVID 2024-2025 (EUA)	T2	PPACA
NOVAVAX COVID-19 VACC,ADJ(EUA)	T2	PPACA
NUVAXOVID 2025-2026	T2	PPACA
NUVAXOVID 2026-2027	T2	PPACA
PFIZER COVID 2023-24(5-11Y)EUA	T2	PPACA
PFIZER COVID 2023-24(6M-4Y)EUA	T2	PPACA
PFIZER COVID 2024-25(5-11Y)EUA	T2	PPACA
PFIZER COVID 2024-25(6M-4Y)EUA	T2	PPACA
PFIZER COVID BIVAL (12Y UP)EUA	T2	PPACA
PFIZER COVID BIVAL (5-11YR)EUA	T2	PPACA
PFIZER COVID BIVAL (6MO-4Y)EUA	T2	PPACA
SPIKEVAX 2023-2024	T2	PPACA
SPIKEVAX 2024-2025	T2	PPACA
SPIKEVAX 2025-2026 (12Y UP)	T2	PPACA
SPIKEVAX 2025-2026 (6M-11Y)	T2	PPACA
SPIKEVAX 2026-2027 (12Y UP)	T2	PPACA
SPIKEVAX 2026-2027 (6M-11Y)	T2	PPACA
ENTERIC VIRUS VACCINES		
IPOL	T3	PPACA
ROTARIX	T3	PPACA
ROTATEQ	T3	PPACA
GRAM NEGATIVE COCCI VACCINES		
BEXSERO	T3	PPACA
MENACTRA	T3	
MENQUADFI	T3	PPACA

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BIOLOGICALS (Vaccines) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
GRAM NEGATIVE COCCI VACCINES *(cont.)*		
MENVEO A-C-Y-W-135-DIP	T3	PPACA
PENBRAYA	T3	PPACA
PENMENVY MEN A-B-C-W-Y	T3	PPACA
TRUMENBA	T3	PPACA
GRAM POSITIVE COCCI VACCINES		
CAPVAXIVE	T3	PPACA
PNEUMOVAX 23	T3	PPACA
PREVNAR 13	T3	
PREVNAR 20	T3	PPACA
VAXNEUVANCE	T3	PPACA
INFLUENZA VIRUS VACCINES		
AFLURIA 2025-2026	T3	PPACA
AFLURIA 2025-2026 (3YR UP)	T3	PPACA
AFLURIA QUAD 2023-2024	T3	PPACA
AFLURIA QUAD 2023-24 (3YR UP)	T3	PPACA
AFLURIA TRIV 2024-25 (3YR UP)	T3	PPACA
AFLURIA TRIVALENT 2024-25	T3	PPACA
FLUAD 2025-2026	T3	PPACA
FLUAD 2026-2027	T3	PPACA
FLUAD QUAD 2023-2024	T3	PPACA
FLUAD TRIVALENT 2024-2025	T3	PPACA
FLUARIX 2025-2026	T3	PPACA
FLUARIX 2026-2027	T3	PPACA
FLUARIX QUAD 2023-2024	T3	PPACA
FLUARIX TRIVALENT 2024-2025	T3	PPACA
FLUBLOK 2025-2026	T3	PPACA
FLUBLOK 2026-2027	T3	PPACA
FLUBLOK QUAD 2022-2023	T3	PPACA
FLUBLOK QUAD 2023-2024	T3	PPACA
FLUBLOK TRIVALENT 2024-2025	T3	PPACA
FLUCELVAX 2025-2026	T3	PPACA
FLUCELVAX 2026-2027	T3	PPACA
FLUCELVAX QUAD 2023-2024	T3	PPACA

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BIOLOGICALS (Vaccines) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
INFLUENZA VIRUS VACCINES *(cont.)*		
FLUCELVAX TRIVALENT 2024-2025	T3	PPACA
FLULAVAL 2025-2026	T3	PPACA
FLULAVAL 2026-2027	T3	PPACA
FLULAVAL QUAD 2023-2024	T3	PPACA
FLULAVAL TRIVALENT 2024-2025	T3	PPACA
FLUMIST 2025-2026	T3	PPACA
FLUMIST 2026-2027	T3	PPACA
FLUMIST HOME 2025-2026	T3	PPACA
FLUMIST HOME 2026-2027	T3	PPACA
FLUMIST QUAD 2023-2024	T3	PPACA
FLUMIST TRIVALENT 2024-2025	T3	PPACA
FLUZONE 2025-2026	T3	PPACA
FLUZONE 2026-2027	T3	PPACA
FLUZONE HIGH-DOSE 2025-2026	T3	PPACA
FLUZONE HIGH-DOSE 2026-2027	T3	PPACA
FLUZONE HIGH-DOSE QUAD 2022-23	T3	PPACA
FLUZONE HIGH-DOSE QUAD 2023-24	T3	PPACA
FLUZONE HIGH-DOSE TRIV 2024-25	T3	PPACA
FLUZONE QUAD 2022-2023	T3	PPACA
FLUZONE QUAD 2023-2024	T3	PPACA
FLUZONE TRIVALENT 2024-2025	T3	PPACA
MFLUSIVA 2026-2027	T3	PPACA
NEUROTOXIC VIRUS VACCINES		
DENGVAXIA	T3	PPACA
TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS		
BCG VACCINE (TICE STRAIN)	T3	SP
VACCINE/TOXOID PREPARATIONS, COMBINATIONS		
ACTHIB	T3	PPACA
ADACEL TDAP	T3	PPACA
BOOSTRIX TDAP	T3	PPACA
DAPTACEL DTAP	T3	PPACA
HIBERIX	T3	PPACA
INFANRIX DTAP	T3	PPACA
KINRIX	T3	PPACA

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List of Prescription Medications

BIOLOGICALS (Vaccines) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
VACCINE/TOXOID PREPARATIONS, COMBINATIONS *(cont.)*		
M-M-R II VACCINE	T3	PPACA
PEDVAXHIB	T3	PPACA
PENTACEL	T3	PPACA
PRIORIX	T3	PPACA
PROQUAD	T3	PPACA
QUADRACEL DTAP-IPV	T3	PPACA
TDVAX	T3	PPACA
TENIVAC	T3	PPACA
VAXELIS	T3	PPACA
VIRAL/TUMORIGENIC VACCINES		
ABRYSVO	T3	PPACA
ACAM2000 (NATIONAL STOCKPILE)	T3	
AREXVY	T3	PPACA
ENGERIX-B ADULT	T3	PPACA
ENGERIX-B PEDIATRIC-ADOLESCENT	T3	PPACA
ERVEBO (NATIONAL STOCKPILE)	T3	
GARDASIL 9	T3	PPACA
HEPLISAV-B	T3	PPACA
JYNNEOS (NATIONAL STOCKPILE)	T3	
JYNNEOS	T3	
MRESVIA	T3	PPACA
PEDIARIX	T3	PPACA
PREHEVBRIO	T3	PPACA
RECOMBIVAX HB	T3	PPACA
SHINGRIX 50 MCG/0.5 ML SYRINGE	T3	QL(2 SYRINGES/720 DAYS) PPACA
SHINGRIX VIAL KIT	T3	QL(2 KITS/720 DAYS) PPACA
TWINRIX	T3	PPACA
VARIVAX VACCINE	T3	PPACA
BLOOD (Blood Modifiers/Bleeding Disorders)		
AGENTS TO TX THROMBOTIC THROMBOCYTOPENIC PURPURA		
ADZYNMA	T3	PA SP
CABLIVI	T3	PA SP

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List of Prescription Medications

BLOOD (Blood Modifiers/Bleeding Disorders) *(con't.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-FIBRINOLYTIC AGENTS		
AMICAR (*aminocaproic acid*)	T3	SP HD
aminocaproic acid	T1	SP HD
*aminocaproic acid (*Amicar*)*	T1	SP HD
CYKLOKAPRON (*tranexamic acid*)	T3	SP
FESILTY	T3	PA SP
FIBRYGA	T3	PA SP
RIASTAP	T3	PA SP HD
tranexamic 1,000 mg/100ml-nacl	T1	SP
TRANEXAMIC 1,000 MG/100ML-NACL	T3	SP
tranexamic acid	T1	SP
tranexamic acid (Cyklokapron)	T1	SP
ANTI-HEMOPHILIC FACTORS		
ADVATE	T3	PA SP HD
ADYNOVATE	T2	PA SP HD
AFSTYLA	T2	PA SP HD
ALPHANATE	T3	PA SP HD
ALTUVIIIO	T2	PA SP HD
ELOCTATE	T2	PA SP HD
ESPEROCT	T2	PA SP HD
HEMOFIL M	T3	PA SP HD
HUMATE-P	T3	PA SP HD
JIVI	T2	PA SP HD
KOATE	T3	PA SP HD
KOGENATE FS	T2	PA SP HD
KOVALTRY	T2	PA SP HD
NOVOEIGHT	T2	PA SP HD
NUWIQ	T3	PA SP HD
RECOMBINATE	T3	PA SP HD
WILATE	T3	PA SP HD
XYNTHA	T3	PA SP HD
XYNTHA SOLOFUSE	T3	PA SP HD
BLOOD FACTORS,MISCELLANEOUS		
VONVENDI	T3	SP HD
COAGULANTS		
protamine sulfate	T1	

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List of Prescription Medications

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
COMPLEMENT INHIBITORS		
BKEMV	T3	PA SP
EMPAVELI	T2	PA SP
ENJAYMO	T3	PA SP
EPYSQLI	T3	PA SP
FABHALTA	T2	PA QL(2 CAPS/DAY) SP
PIASKY	T3	PA SP
SOLIRIS	T2	PA SP
TAVNEOS	T3	PA QL(6 CAPS/DAY) SP
ULTOMIRIS	T3	PA SP HD
VOYDEYA	T2	PA QL(1 PACKET/28 Days) SP
YARTEMLEA	T3	PA SP
FACTOR IX COMPLEX (PCC) PREPARATIONS		
KCENTRA	T3	SP
FACTOR X PREPARATIONS		
COAGADEX	T3	PA SP HD
FACTOR XIII PREPARATIONS		
CORIFACT	T3	PA SP HD
TRETTEN	T3	PA SP
HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT		
ALHEMO PEN	T2	PA SP
HEMLIBRA	T2	PA SP HD
HYMPAVZI PEN	T2	PA SP HD
QFITLIA	T3	PA SP
QFITLIA PEN	T3	PA SP
PROTEIN C PREPARATIONS		
CEPROTIN	T3	PA SP HD
PYRUVATE KINASE ACTIVATORS		
AQVESME	T3	PA QL(2 TABS/DAY) SP
PYRUKYND 20 MG TABLET	T3	PA QL(2 TABS/DAY) SP
PYRUKYND 20-5 MG TAPER PACK	T3	PA QL(2 PACKS/270 DAYS) SP
PYRUKYND 5 MG TABLET	T3	PA QL(2 TABS/DAY) SP
PYRUKYND 5 MG TAPER PACK	T3	PA QL(2 PACKS/270 DAYS) SP
PYRUKYND 50 MG TABLET	T3	PA QL(2 TABS/DAY) SP
PYRUKYND 50-20 MG TAPER PACK	T3	PA QL(2 PACKS/270 DAYS) SP

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SICKLE CELL ANEMIA AGENTS		
ADAKVEO	T3	PA SP
DROXIA	T2	
OXBRYTA 300 MG TABLET	T3	PA QL(3 TABS/DAY) SP
OXBRYTA 300 MG TABLET FOR SUSP	T3	PA QL(5 TABS/DAY) SP
OXBRYTA 500 MG TABLET	T3	PA QL(3 TABS/DAY) SP
SIKLOS	T3	PA
XROMI	T3	PA
TOPICAL HEMOSTATICS		
ASTRINGYN	T3	
AVITENE	T3	
ENDO-AVITENE	T3	
EVICEL	T3	
gelatin sponge, absorb/porcine (Gelfoam)	T1	
GELFOAM	T3	
GELFOAM (*gelatin sponge,absorb/porcine*)	T3	
GELFOAM COMPRESSED	T3	
MONSEL's	T3	
RECOTHROM	T3	
SURGICEL	T3	
SURGIFOAM	T1	
SYRINGE AVITENE	T3	
THROMBI-GEL (*thrombin/cal/cmc/gel/dress,hem*)	T3	
THROMBIN-JMI	T3	
THROMBI-PAD	T3	
ULTRAFOAM	T3	
BLOOD (Blood Thinners/Anti-Clotting)		
ANTICOAGULANT REVERSAL AGENT FOR FACTOR XA INHIB.		
ANDEXXA	T3	SP
ANTICOAGULANT REVERSAL AGENT,DIRECT THROMBIN INHIB		
PRAXBIND	T3	SP
HEMORRHEOLOGIC AGENTS		
pentoxifylline	T1	HD
THROMBOLYTIC - NUCLEOTIDE TYPE		
DEFITELIO	T3	PA SP

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BLOOD (Blood Thinners/Anti-Clotting) *(con't.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
THROMBOLYTIC ENZYMES		
ACTIVASE	T3	
CATHFLO ACTIVASE	T3	
RETAVASE	T3	
TNKASE	T3	
CARDIAC DRUGS (Blood Pressure/Heart Medications)		
ANTI-ANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC		
ranolazine	T1	QL(4 TABS/DAY) HD
ANTI-ARRHYTHMICS		
adenosine	T1	
amiodarone 150 mg/3 ml syringe	T1	
amiodarone 150 mg/3 ml vial	T1	
amiodarone 450 mg/9 ml vial	T1	
amiodarone 900 mg/18 ml vial	T1	
amiodarone hcl 100 mg tablet	T1	HD
amiodarone hcl 200 mg tablet	T1	HD
amiodarone hcl 400 mg tablet	T1	HD
CORVERT *(ibutilide fumarate)*	T3	PA
disopyramide phosphate (Norpace)	T1	HD
dofetilide 125 mcg capsule (Tikosyn)	T1	QL(8 CAPS/DAY) HD
dofetilide 250 mcg capsule (Tikosyn)	T1	QL(4 CAPS/DAY) HD
dofetilide 500 mcg capsule (Tikosyn)	T1	QL(2 CAPS/DAY) HD
flecainide acetate	T1	HD
ibutilide fumarate (Corvert)	T1	
lidocaine hcl/dextrose 5 %/pf	T1	
lidocaine hcl/pf	T1	
mexiletine hcl	T1	HD
MULTAQ	T2	HD
NEXTERONE	T3	
NORPACE (*disopyramide phosphate*)	T3	PA HD
NORPACE CR	T3	HD
pacerone 100 mg tablet	T1	PA HD
pacerone 200 mg tablet	T1	HD
propafenone hcl	T1	HD

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List of Prescription Medications

CARDIAC DRUGS (Blood Pressure/Heart Medications) *(con't.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-ARRHYTHMICS *(con't.)*		
PROCAINAMIDE HCL	T1	HD
propafenone hcl	T1	HD
quinidine gluconate	T1	HD
quinidine sulfate	T1	HD
TIKOSYN 125 MCG CAPSULE (*dofetilide*)	T3	PA QL(8 CAPS/DAY) HD
TIKOSYN 250 MCG CAPSULE (*dofetilide*)	T3	PA QL(4 CAPS/DAY) HD
TIKOSYN 500 MCG CAPSULE (*dofetilide*)	T3	PA QL(2 CAPS/DAY) HD
CALCIUM CHANNEL BLOCKER AND NSAID, COX-2 INHIBITOR		
CONSENSI	T3	PA QL(1 TAB/DAY)
CALCIUM CHANNEL BLOCKING AGENTS		
amlodipine besylate (Norvasc)	T1	HD
CARDAMYST	T3	PA HD
CARDENE I.V.	T3	
CARDENE I.V. (*nicardipine hcl*)	T3	
CARDIZEM (*diltiazem hcl*)	T3	PA HD
CARDIZEM CD (*diltiazem 24hr er (cd)*)	T3	PA HD
CARDIZEM LA 120 MG TABLET	T3	PA QL(1 TAB/DAY) HD
CARDIZEM LA 180 MG TABLET (*matzim la*)	T3	PA HD
CARDIZEM LA 240 MG TABLET (*matzim la*)	T3	PA HD
CARDIZEM LA 300 MG TABLET (*matzim la*)	T3	PA HD
CARDIZEM LA 360 MG TABLET (*matzim la*)	T3	PA HD
CARDIZEM LA 420 MG TABLET (*matzim la*)	T3	PA HD
CLEVIPREX	T3	
CONJUPRI	T3	PA HD
diltiazem 100 mg add-van vial	T1	
*diltiazem 120 mg tablet (*Cardizem*)*	T1	HD
diltiazem 125 mg/25 ml vial	T1	
*diltiazem 24h er(la) 120 mg tb (*Cardizem La*)*	T1	QL(1 TAB/DAY) HD
*diltiazem 24h er(la) 180 mg tb (*Cardizem La*)*	T1	HD
*diltiazem 24h er(la) 240 mg tb (*Cardizem La*)*	T1	HD
*diltiazem 24h er(la) 300 mg tb (*Cardizem La*)*	T1	HD
*diltiazem 24h er(la) 360 mg tb (*Cardizem La*)*	T1	HD
*diltiazem 24h er(la) 420 mg tb (*Cardizem La*)*	T1	HD
diltiazem 25 mg/5 ml vial	T1	

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List of Prescription Medications

CARDIAC DRUGS (Blood Pressure/Heart Medications) *(con't.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CALCIUM CHANNEL BLOCKING AGENTS *(con't.)*		
diltiazem 30 mg tablet (Cardizem)	T1	HD
diltiazem 50 mg/10 ml vial	T1	
diltiazem 60 mg tablet (Cardizem)	T1	HD
diltiazem 90 mg tablet	T1	HD
diltiazem hcl	T1	HD
diltiazem hcl (Cardizem Cd)	T1	HD
diltiazem hcl (Cardizem La)	T1	HD
diltiazem hcl (Tiazac)	T1	HD
felodipine	T1	HD
isradipine	T1	
KATERZIA	T3	PA QL(10 MLS/DAY) HD
LEVAMLODIPINE MALEATE	T3	PA HD
nicardipine 20 mg capsule	T1	HD
nicardipine 25 mg/10 ml ampule (Cardene I.V.)	T1	
nicardipine 25 mg/10 ml vial (Cardene I.V.)	T1	
nicardipine 30 mg capsule	T1	HD
NICARDIPINE HCL-0.9% NACL	T1	
nicardipine in nacl, iso-osm	T1	
nifedipine	T1	HD
nifedipine (Procardia XI)	T1	HD
nimodipine 30 mg capsule	T1	HD
nimodipine 60 mg/20 ml soln	T1	
nisoldipine (Sular)	T1	HD
NORLIQVA	T2	PA QL(10 MLS/DAY) HD
NORVASC (*amlodipine besylate*)	T3	PA
NYMALIZE	T3	
PROCARDIA XL (*nifedipine*)	T3	PA HD
SDAMLO	T3	PA QL HD
SULAR (*nisoldipine*)	T3	HD
TIAZAC (*diltiazem hcl*)	T3	HD
verapamil hcl	T1	HD
verapamil hcl (Verelan Pm)	T1	HD
VERELAN PM *(verapamil hcl)*	T3	HD

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CARDIAC DRUGS (Blood Pressure/Heart Medications) *(con't.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CARDIAC MYOSIN INHIBITOR		
CAMZYOS	T3	PA QL(1 CAP/DAY) SP HD
MYQORZO	T3	PA QL SP
CARDIOPLEGIC SOLUTIONS		
CARDIOPLEGIA DEL NIDO FORMULA	T3	
CARDIOPLEGIA HIGH POTASSIUM	T3	
CARDIOPLEGIA IND 8:1 NON-ENRCH	T3	
CARDIOPLEGIA INDUCTION 4:1	T3	
CARDIOPLEGIA INDUCTION 8:1	T3	
CARDIOPLEGIA MAINTENANCE 4:1	T3	
CARDIOPLEGIA MAINTENANCE 8:1	T3	
CARDIOPLEGIA REPERFUSATE 4:1	T3	
cardioplegic solution no.1	T1	
PLEGISOL	T3	
DIGITALIS GLYCOSIDES		
digoxin	T1	HD
digoxin (Lanoxin)	T1	HD
LANOXIN 125 MCG TABLET (*digoxin*)	T3	PA HD
LANOXIN 250 MCG TABLET (*digoxin*)	T3	PA HD
LANOXIN 500 MCG/2 ML AMPULE (*digoxin*)	T3	HD
LANOXIN 500 MCG/2 ML VIAL	T3	HD
LANOXIN 62.5 MCG TABLET (*digoxin*)	T3	PA HD
LANOXIN PEDIATRIC	T3	HD
HEART RATE REDUCING, SA SELECTIVE I(F) CURRENT INH.		
CORLANOR 5 MG TABLET (*ivabradine hcl*)	T3	PA HD
CORLANOR 5 MG/5 ML ORAL SOLN	T2	PA SP HD
CORLANOR 7.5 MG TABLET (*ivabradine hcl*)	T3	PA HD
ivabradine hcl (Corlanor)	T1	PA HD
INOTROPIC DRUGS		
dobutamine hcl	T1	
dobutamine hcl in dextrose 5 %	T1	
milrinone lactate	T1	
milrinone lactate/d5w	T1	
SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR		
VERQUVO	T2	PA QL(1 TAB/DAY)

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CARDIAC DRUGS (Blood Pressure/Heart Medications) *(con't.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
VASODILATORS, CORONARY		
GONITRO	T3	HD
ISORDIL (*isosorbide dinitrate*)	T3	PA HD
ISORDIL TITRADOSE (*isosorbide dinitrate*)	T3	PA HD
isosorbide dinitrate 10 mg tab	T1	HD
isosorbide dinitrate 20 mg tab	T1	HD
isosorbide dinitrate 30 mg tab	T1	HD
isosorbide dinitrate 40 mg tab (Isordil)	T1	PA HD
isosorbide dinitrate 5 mg tab (Isordil Titradose)	T1	HD
isosorbide mononitrate	T1	HD
MINITRAN	T1	HD
NITRO-DUR 0.1 MG/HR PATCH	T3	HD
NITRO-DUR 0.2 MG/HR PATCH	T3	HD
NITRO-DUR 0.3 MG/HR PATCH	T2	HD
NITRO-DUR 0.4 MG/HR PATCH	T3	HD
NITRO-DUR 0.6 MG/HR PATCH	T3	HD
NITRO-DUR 0.8 MG/HR PATCH	T2	HD
nitroglycerin	T1	HD
nitroglycerin 0.3 mg tablet sl (Nitrostat)	T1	HD
nitroglycerin 0.4 mg tablet sl (Nitrostat)	T1	HD
nitroglycerin 0.6 mg tablet sl (Nitrostat)	T1	HD
nitroglycerin 2% ointment	T1	HD
nitroglycerin 400 mcg spray (Nitrolingual)	T1	HD
nitroglycerin 50 mg/10 ml vial	T1	
nitroglycerin in 5 % dextrose	T1	
NITROLINGUAL (*nitroglycerin*)	T3	HD
NITROMIST (*nitroglycerin*)	T3	HD
NITROSTAT (*nitroglycerin*)	T3	HD
CARDIOVASCULAR (Allergy/Nasal Sprays)		
SYMPATHOMIMETIC AGENTS		
AKOVAZ	T3	
BIORPHEN	T3	
ephedrine sulfate	T1	
EPHEDRINE SULFATE	T1	

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CARDIOVASCULAR (Allergy/Nasal Sprays) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SYMPATHOMIMETIC AGENTS *(con't.)*		
ephedrine sulfate/0.9% nacl/pf	T1	
EPHEDRINE SULFATE-0.9% NACL	T1	
EPHEDRINE SULFATE-NACL	T1	
IMMPHENTIV	T3	
phenylephrine hcl	T1	
phenylephrine hcl (Vazculep)	T1	
phenylephrine hcl in 0.9% nacl	T1	
PHENYLEPHRINE HCL-0.9% NACL	T1	
VAZCULEP (phenylephrine hcl)	T3	
CARDIOVASCULAR (Asthma/COPD/Respiratory)		
PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	T2	PA SP HD
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB		
ADCIRCA (*tadalafil*)	T3	PA SP HD
REVATIO (*sildenafil citrate*)	T3	PA SP HD
REVATIO (sildenafil citrate)	T3	PA SP HD
sildenafil 10 mg/12.5 ml vial	T1	PA SP HD
sildenafil 10 mg/ml oral susp	T1	PA SP HD
sildenafil 20 mg tablet (Revatio)	T1	PA SP HD
tadalafil (Adcirca)	T1	PA SP HD
tadalafil 20 mg tablet (Adcirca)	T1	PA SP HD
TADLIQ	T3	PA SP HD
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST		
ambrisentan (Letairis)	T1	PA SP HD
bosentan (Tracleer)	T1	PA SP HD
LETAIRIS (*ambrisentan*)	T3	PA SP HD
macitentan (Opsumit)	T1	PA SP HD
OPSUMIT (*macitentan*)	T2	PA SP HD
TRACLEER (*bosentan*)	T3	PA SP HD
PULMONARY ANTIHYPER AGENT, ACTRIIA-FC		
WINREVAIR	T3	PA SP HD
WINREVAIR (2 PACK)	T3	PA SP HD

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CARDIOVASCULAR (Asthma/COPD/Respiratory) *(con't.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE		
epoprostenol sodium	T1	PA SP HD
epoprostenol sodium 0.5 mg vl	T1	PA SP
epoprostenol sodium 0.5 mg vl	T1	PA SP HD
epoprostenol sodium 1.5 mg vl	T1	PA SP
epoprostenol sodium 1.5 mg vl	T1	PA SP HD
ORENITRAM ER	T3	PA SP HD
ORENITRAM MONTH 1 TITRATION KT	T3	PA QL(168 TABS/180 DAYS) SP HD
ORENITRAM MONTH 2 TITRATION KT	T3	PA QL(336 TABS/180 DAYS) SP HD
ORENITRAM MONTH 3 TITRATION KT	T3	PA QL(252 TABS/180 DAYS) SP HD
REMODULIN	T3	PA SP HD
REMODULIN (*treprostinil sodium*)	T3	PA SP HD
treprostinil sodium (Remodulin)	T1	PA SP HD
TYVASO	T3	PA SP HD
TYVASO DPI	T2	PA SP HD
TYVASO INSTITUTIONAL START KIT	T3	PA SP HD
TYVASO REFILL KIT	T3	PA SP HD
TYVASO STARTER KIT	T3	PA SP HD
UPTRAVI 1,000 MCG TABLET	T2	PA SP HD
UPTRAVI 1,200 MCG TABLET	T2	PA SP HD
UPTRAVI 1,400 MCG TABLET	T2	PA SP HD
UPTRAVI 1,600 MCG TABLET	T2	PA SP HD
UPTRAVI 1,800 MCG VIAL	T3	PA SP
UPTRAVI 100 MCG TABLET	T2	PA SP HD
UPTRAVI 150 MCG TABLET	T2	PA SP HD
UPTRAVI 200 MCG TABLET	T2	PA SP HD
UPTRAVI 200-800 TITRATION PACK	T2	PA SP HD
UPTRAVI 400 MCG TABLET	T2	PA SP HD
UPTRAVI 600 MCG TABLET	T2	PA SP HD
UPTRAVI 800 MCG TABLET	T2	PA SP HD
YUTREPIA	T2	PA SP HD
PULMONARY HTN-ENDOTHELIN RECEPT ANTG-CGMP PDE5 INH		
OPSYNVI	T3	PA QL(1 TAB/DAY) SP HD

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List of Prescription Medications

CARDIOVASCULAR (Blood Pressure/Heart Medications)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION		
amlodipine besylate/benazepril	T1	HD
PRESTALIA 14 MG-10 MG TABLET	T3	HD
PRESTALIA 3.5 MG-2.5 MG TABLET	T3	QL (1 tab/day) HD
PRESTALIA 7 MG-5 MG TABLET	T3	QL (1 tab/day) HD
trandolapril/verapamil hcl	T1	HD
ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC		
ACCURETIC (*quinapril-hydrochlorothiazide*)	T3	ST HD
benazepril/hydrochlorothiazide	T1	HD
benazepril/hydrochlorothiazide (Lotensin Hct)	T1	HD
captopril-hctz 25-15 mg tablet	T1	QL(3 TABS/DAY) HD
captopril-hctz 25-25 mg tablet	T1	QL(2 TABS/DAY) HD
captopril-hctz 50-15 mg tablet	T1	QL(3 TABS/DAY) HD
captopril-hctz 50-25 mg tablet	T1	QL(2 TABS/DAY) HD
enalapril/hydrochlorothiazide	T1	HD
enalapril/hydrochlorothiazide (Vaseretic)	T1	HD
fosinopril/hydrochlorothiazide	T1	HD
lisinopril/hydrochlorothiazide (Zestoretic)	T1	HD
LOTENSIN HCT (*benazepril-hydrochlorothiazide*)	T3	ST HD
quinapril/hydrochlorothiazide (Accuretic)	T1	HD
VASERETIC (*enalapril-hydrochlorothiazide*)	T3	ST HD
ZESTORETIC (*lisinopril-hydrochlorothiazide*)	T3	ST HD
ALDOSTERONE SYNTHASE INHIBITOR (ASI)		
BAXFENDY	T3	PA QL(0 TABS/DAY)
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS		
carvedilol (Coreg)	T1	HD
carvedilol er 10 mg capsule (Coreg Cr)	T1	QL(1 CAP/DAY) HD
carvedilol er 20 mg capsule (Coreg Cr)	T1	QL(1 CAP/DAY) HD
carvedilol er 40 mg capsule (Coreg Cr)	T1	QL(1 CAP/DAY) HD
carvedilol er 80 mg capsule (Coreg Cr)	T1	HD
COREG (*carvedilol*)	T3	PA HD
COREG CR 10 MG CAPSULE (*carvedilol phosphate*)	T3	PA QL(1 CAP/DAY) HD
COREG CR 20 MG CAPSULE (*carvedilol phosphate*)	T3	PA QL(1 CAP/DAY) HD
COREG CR 40 MG CAPSULE (*carvedilol phosphate*)	T3	PA QL(1 CAP/DAY) HD
COREG CR 80 MG CAPSULE (*carvedilol phosphate*)	T3	PA HD

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List of Prescription Medications

CARDIOVASCULAR (Blood Pressure/Heart Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS *(con't.)*		
LABETALOL HCL 10 MG/2 ML SYRNG	T3	
labetalol hcl 100 mg tablet	T1	HD
labetalol hcl 100 mg/20 ml vl	T1	
labetalol hcl 20 mg/4 ml crpjt	T1	
labetalol hcl 20 mg/4 ml syrng	T1	
labetalol hcl 20 mg/4 ml vial	T1	
labetalol hcl 200 mg tablet	T1	HD
labetalol hcl 200 mg/40 ml vl	T1	
labetalol hcl 300 mg tablet	T1	HD
labetalol hcl 400 mg tablet	T1	HD
LABETALOL HCL-DEXTROSE	T3	
LABETALOL HCL-NACL	T3	
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA (*doxazosin mesylate*)	T3	PA HD
CARDURA XL	T3	HD
doxazosin mesylate (Cardura)	T1	HD
MINIPRESS (*prazosin hcl*)	T3	HD
prazosin hcl	T1	HD
prazosin hcl (Minipress)	T1	HD
terazosin hcl	T1	HD
TEZRULY	T3	PA HD
ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE		
amlodipine/valsartan/hcthiazid (Exforge Hct)	T1	HD
EXFORGE HCT (*amlodipine/valsartan/hcthiazid*)	T3	PA HD
olmesartan/amlodipin/hcthiazid (Tribenzor)	T1	HD
TRIBENZOR (*olmesartan-amlodipine-hctz*)	T3	PA HD
WIDAPLIK	T3	PA QL(1 TAB/DAY) HD
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB (ARNI)		
ENTRESTO (*sacubitril/valsartan*)	T3	PA QL(2 TABS/DAY)
ENTRESTO SPRINKLE	T2	HD
sacubitril/valsartan (Entresto)	T1	QL(2 TABS/DAY) HD
ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB		
ATACAND HCT (*candesartan-hydrochlorothiazid*)	T3	PA HD
AVALIDE (*irbesartan-hydrochlorothiazide*)	T3	PA HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB *(con't.)*		
BENICAR HCT 20-12.5 MG TABLET (*olmesartan-hydrochlorothiazide*)	T3	PA QL(1 TAB/DAY) HD
BENICAR HCT 40-12.5 MG TABLET (*olmesartan-hydrochlorothiazide*)	T3	PA HD
BENICAR HCT 40-25 MG TABLET (*olmesartan-hydrochlorothiazide*)	T3	PA HD
candesartan/hydrochlorothiazid (Atacand Hct)	T1	HD
DIOVAN HCT (*valsartan-hydrochlorothiazide*)	T3	PA HD
EDARBYCLOR	T3	PA HD
HYZAAR (*losartan-hydrochlorothiazide*)	T3	PA HD
irbesartan/hydrochlorothiazide (Avalide)	T1	HD
losartan/hydrochlorothiazide (Hyzaar)	T1	HD
MICARDIS HCT 40-12.5 MG TABLET (*telmisartan-hydrochlorothiazid*)	T3	ST QL(1 TAB/DAY) HD
MICARDIS HCT 80-12.5 MG TABLET (*telmisartan-hydrochlorothiazid*)	T3	ST HD
MICARDIS HCT 80-25 MG TABLET (*telmisartan-hydrochlorothiazid*)	T3	ST HD
olmesartan-hctz 20-12.5 mg tab (Benicar Hct)	T1	QL(1 TAB/DAY) HD
olmesartan-hctz 40-12.5 mg tab (Benicar Hct)	T1	HD
olmesartan-hctz 40-25 mg tab (Benicar Hct)	T1	HD
telmisartan-hctz 40-12.5 mg tb (Micardis Hct)	T1	QL(1 TAB/DAY) HD
telmisartan-hctz 80-12.5 mg tb (Micardis Hct)	T1	HD
telmisartan-hctz 80-25 mg tab (Micardis Hct)	T1	HD
valsartan/hydrochlorothiazide (Diovan Hct)	T1	HD
ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR		
amlodipine besylate/valsartan (Exforge)	T1	HD
amlodipine-olmesartan 10-20 mg (Azor)	T1	HD
amlodipine-olmesartan 10-40 mg (Azor)	T1	HD
amlodipine-olmesartan 5-20 mg (Azor)	T1	QL(1 TAB/DAY) HD
amlodipine-olmesartan 5-40 mg (Azor)	T1	HD
AZOR 10-20 MG TABLET (*amlodipine-olmesartan*)	T3	PA HD
AZOR 10-40 MG TABLET (*amlodipine-olmesartan*)	T3	PA HD
AZOR 5-20 MG TABLET (*amlodipine-olmesartan*)	T3	PA QL(1 TAB/DAY) HD
AZOR 5-40 MG TABLET (*amlodipine-olmesartan*)	T3	PA HD
EXFORGE (*amlodipine besylate/valsartan*)	T3	PA HD
telmisartan-amlodipine 40-10	T1	HD
telmisartan-amlodipine 40-5 mg	T1	QL(1 TAB/DAY) HD
telmisartan-amlodipine 80-10	T1	HD
telmisartan-amlodipine 80-5 mg	T1	HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-HYPERTENSIVES, ACE INHIBITORS		
ACCUPRIL (*quinapril hcl*)	T3	ST HD
ALTACE (*ramipril*)	T3	PA HD
benazepril hcl	T1	HD
benazepril hcl (Lotensin)	T1	HD
captopril	T1	HD
enalapril maleate (Epaned)	T1	HD
enalapril maleate (Vasotec)	T1	HD
enalaprilat dihydrate	T1	
EPANED (*enalapril maleate*)	T3	PA HD
fosinopril sodium	T1	HD
lisinopril (Zestril)	T1	HD
LOTENSIN (*benazepril hcl*)	T3	ST HD
moexipril hcl	T1	HD
perindopril erbumine	T1	HD
QBRELIS	T3	PA HD
quinapril hcl (Accupril)	T1	HD
ramipril	T1	HD
ramipril (Altace)	T1	HD
trandolapril	T1	HD
VASOTEC (*enalapril maleate*)	T3	PA HD
ZESTRIL (*lisinopril*)	T3	PA HD
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST		
ARBLI	T3	PA HD
ATACAND (*candesartan cilexetil*)	T3	PA HD
AVAPRO (*irbesartan*)	T3	PA HD
azilsartan medoxomil 40 mg tab (Edarbi)	T1	QL(1 TAB/DAY) HD
azilsartan medoxomil 80 mg tab (Edarbi)	T1	HD
BENICAR 5 MG TABLET (*olmesartan medoxomil*)	T3	PA QL(1 TAB/DAY) HD
BENICAR 20 MG TABLET (*olmesartan medoxomil*)	T3	PA HD
BENICAR 40 MG TABLET (*olmesartan medoxomil*)	T3	PA HD
candesartan cilexetil (Atacand)	T1	HD
COZAAR (*losartan potassium*)	T3	PA HD
DIOVAN (*valsartan*)	T3	PA HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST *(cont.)*		
EDARBI 40 MG TABLET (*azilsartan medoxomil*)	T3	PA QL(1 TAB/DAY) HD
EDARBI 80 MG TABLET (*azilsartan medoxomil*)	T3	PA HD
irbesartan	T1	HD
irbesartan (Avapro)	T1	HD
losartan potassium (Cozaar)	T1	HD
olmesartan medoxomil 20 mg tab (Benicar)	T1	QL(1 TAB/DAY) HD
olmesartan medoxomil 40 mg tab (Benicar)	T1	HD
olmesartan medoxomil 5 mg tab (Benicar)	T1	HD
telmisartan 20 mg tablet	T1	QL(1 TAB/DAY) HD
telmisartan 40 mg tablet	T1	QL(1 TAB/DAY) HD
telmisartan 80 mg tablet	T1	HD
valsartan 160 mg tablet (Diovan)	T1	HD
valsartan 20 mg/5 ml solution	T1	HD
VALSARTAN 20 MG/5 ML SOLUTION	T3	ST HD
valsartan 320 mg tablet (Diovan)	T1	HD
valsartan 40 mg tablet (Diovan)	T1	HD
valsartan 80 mg tablet (Diovan)	T1	HD
ANTI-HYPERTENSIVES, GANGLIONIC BLOCKERS		
VECAMYL	T1	
ANTI-HYPERTENSIVES, MISCELLANEOUS		
DEMSER (*metyrosine*)	T3	PA HD
metyrosine (Demser)	T1	PA HD
nitroprusside sodium	T1	
ANTI-HYPERTENSIVES, SYMPATHOLYTIC		
CATAPRES-TTS 1 (*clonidine*)	T3	PA HD
CATAPRES-TTS 2 (*clonidine*)	T3	PA HD
CATAPRES-TTS 3 (*clonidine*)	T3	PA HD
clonidine (Catapres-tts 1)	T1	HD
clonidine (Catapres-tts 2)	T1	HD
clonidine (Catapres-tts 3)	T1	HD
CLONIDINE HCL 0.05 MG TABLET	T3	PA QL(2 TABS/DAY) HD
clonidine hcl 0.1 mg tablet	T1	HD
clonidine hcl 0.2 mg tablet	T1	HD
clonidine hcl 0.3 mg tablet	T1	HD

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CARDIOVASCULAR (Blood Pressure/Heart Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST *(cont.)*		
CLONIDINE HCL ER 0.17 MG TAB	T3	PA QL(2 TABS/DAY) HD
guanfacine hcl	T1	HD
JAVADIN	T3	PA HD
methyldopa	T1	HD
NEXICLON XR	T3	PA QL(2 TABS/DAY) HD
ANTI-HYPERTENSIVES, VASODILATORS		
hydralazine hcl	T1	HD
minoxidil	T1	HD
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	T1	HD
atenolol (Tenormin)	T1	HD
BETAPACE (*sotalol af*)	T3	PA HD
BETAPACE AF (*sotalol af*)	T3	PA HD
betaxolol hcl	T1	HD
bisoprolol fumarate 10 mg tab	T1	HD
BISOPROLOL FUMARATE 2.5 MG TAB	T3	PA QL(1 TAB/DAY) HD
bisoprolol fumarate 5 mg tab	T1	HD
BREVIBLOC	T3	
BYSTOLIC 10 MG TABLET (*nebivolol hcl*)	T3	PA QL(1 TAB/DAY) HD
BYSTOLIC 2.5 MG TABLET (*nebivolol hcl*)	T3	PA QL(1 TAB/DAY) HD
BYSTOLIC 20 MG TABLET (*nebivolol hcl*)	T3	PA HD
BYSTOLIC 5 MG TABLET (*nebivolol hcl*)	T3	PA QL(1 TAB/DAY) HD
esmolol hcl	T1	
ESMOLOL HCL-WATER	T1	
esmolol in sodium chloride,iso	T1	
HEMANGEOL	T3	PA
INDERAL LA (*propranolol hcl er*)	T3	PA HD
INDERAL XL	T3	PA HD
INNOPRAN XL	T3	PA HD
KAPSPARGO SPRINKLE	T3	PA HD
LOPRESSOR 10 MG/ML ORAL SOLN	T3	PA HD
LOPRESSOR 100 MG TABLET (*metoprolol tartrate*)	T3	PA HD
LOPRESSOR 12.5 MG TABLET	T3	HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BETA-ADRENERGIC BLOCKING AGENTS *(cont.)*		
LOPRESSOR 50 MG TABLET (*metoprolol tartrate*)	T3	PA HD
metoprolol succinate (Toprol XL)	T1	HD
metoprolol tart 5 mg/5 ml vial	T1	HD
metoprolol tartrate 100 mg tab (Lopressor)	T1	HD
METOPROLOL TARTRATE 12.5 MG TB	T3	PA HD
metoprolol tartrate 25 mg tab	T1	HD
metoprolol tartrate 37.5 mg tb	T1	HD
metoprolol tartrate 50 mg tab (Lopressor)	T1	HD
metoprolol tartrate 75 mg tab	T1	HD
nadolol	T1	HD
nebivolol 10 mg tablet (Bystolic)	T1	QL(1 TAB/DAY) HD
nebivolol 2.5 mg tablet (Bystolic)	T1	QL(1 TAB/DAY) HD
nebivolol 20 mg tablet (Bystolic)	T1	HD
nebivolol 5 mg tablet (Bystolic)	T1	QL(1 TAB/DAY) HD
pindolol	T1	HD
propranolol hcl	T1	HD
propranolol hcl (Inderal La)	T1	HD
SOTALOL HCL	T1	
sotalol hcl (Betapace Af)	T1	HD
sotalol hcl (Betapace)	T1	HD
SOTYLIZE	T3	HD
TENORMIN (*atenolol*)	T3	PA HD
timolol maleate	T1	HD
TOPROL XL (*metoprolol succinate*)	T3	PA HD
BETA-BLOCKERS AND THIAZIDE, THIAZIDE-LIKE DIURETICS		
atenolol/chlorthalidone (Tenoretic 100)	T1	HD
atenolol/chlorthalidone (Tenoretic 50)	T1	HD
bisoprolol/hydrochlorothiazide	T1	HD
metoprolol/hydrochlorothiazide	T1	HD
TENORETIC 100 (*atenolol-chlorthalidone*)	T3	PA HD
TENORETIC 50 (*atenolol-chlorthalidone*)	T3	PA HD
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO	T3	PA SP

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CARDIOVASCULAR (Blood Pressure/Heart Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MUSCARINIC RECEPTOR ANTAGONISTS (ANTICHOLINERGIC)		
ATROPEN	T3	
ATROPINE 2 MG/0.7 ML AUTOINJ	T3	
PATENT DUCTUS ARTERIOSUS TREAT. AGENTS, NSAID-TYPE		
ibuprofen lysine/pf (Neoprofen)	T1	
indomethacin 1 mg vial	T1	
NEOPROFEN (*ibuprofen lysine/pf*)	T3	
RENIN INHIBITOR, DIRECT		
aliskiren 150 mg tablet (Tekturna)	T1	QL(1 TAB/DAY) HD
aliskiren 300 mg tablet (Tekturna)	T1	HD
TEKTURNA 150 MG TABLET (*aliskiren hemifumarate*)	T3	PA QL(1 TAB/DAY) HD
TEKTURNA 300 MG TABLET (*aliskiren hemifumarate*)	T3	PA HD
RENIN INHIBITOR, DIRECT AND THIAZIDE DIURETIC COMB		
TEKTURNA HCT	T2	HD
VASODILATORS, COMBINATION		
BIDIL (*isosorbide dinit/hydralazine*)	T3	PA QL(6 TABS/DAY) HD
isosorbide dinit/hydralazine (Bidil)	T1	QL(6 TABS/DAY) HD
VASODILATORS,MISCELLANEOUS		
alprostadil	T1	
PROSTIN VR PEDIATRIC	T3	
VASODILATORS, PERIPHERAL		
ergoloid mesylates	T1	
papaverine hcl	T1	
CARDIOVASCULAR (Cholesterol Medications)		
ANTI-HYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB		
ezetimibe/simvastatin (Vytorin)	T1	HD
ROSUVASTATIN-EZETIMIBE	T3	PA HD
ROSZET	T3	PA HD
VYTORIN (*ezetimibe-simvastatin*)	T3	PA HD
ANTI-HYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER		
amlodipine-atorvast 10-10 mg (Caduet)	T1	HD
amlodipine-atorvast 10-20 mg (Caduet)	T1	HD
amlodipine-atorvast 10-40 mg (Caduet)	T1	HD

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CARDIOVASCULAR (Cholesterol Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-HYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER *(cont.)*		
amlodipine-atorvast 10-80 mg (Caduet)	T1	HD
amlodipine-atorvast 2.5-10 mg	T1	HD
amlodipine-atorvast 2.5-20 mg	T1	QL(1 TAB/DAY) HD
amlodipine-atorvast 2.5-40 mg	T1	QL(1 TAB/DAY) HD
amlodipine-atorvast 5-10 mg (Caduet)	T1	HD
amlodipine-atorvast 5-20 mg (Caduet)	T1	QL(1 TAB/DAY) HD
amlodipine-atorvast 5-40 mg (Caduet)	T1	QL(1 TAB/DAY) HD
amlodipine-atorvast 5-80 mg (Caduet)	T1	HD
CADUET 10 MG-10 MG TABLET (*amlodipine-atorvastatin*)	T3	HD
CADUET 10 MG-20 MG TABLET (*amlodipine-atorvastatin*)	T3	HD
CADUET 10 MG-40 MG TABLET (*amlodipine-atorvastatin*)	T3	HD
CADUET 10 MG-80 MG TABLET (*amlodipine-atorvastatin*)	T3	HD
CADUET 5 MG-10 MG TABLET (*amlodipine-atorvastatin*)	T3	HD
CADUET 5 MG-20 MG TABLET (*amlodipine-atorvastatin*)	T3	QL(1 TAB/DAY) HD
CADUET 5 MG-40 MG TABLET (*amlodipine-atorvastatin*)	T3	QL(1 TAB/DAY) HD
CADUET 5 MG-80 MG TABLET (*amlodipine-atorvastatin*)	T3	HD
ANTIHYPERLIPIDEMIC - ANGIOPOIETIN-LIKE 3 INHIBITOR		
EVKEEZA	T3	PA SP
ANTI-HYPERLIPIDEMIC - APOLIPOPROTEIN INHIBITOR		
REDEMPLO	T3	PA QL(1 SYRINGE/90 DAYS) SP
TRYNGOLZA	T3	PA QL(1 AUTO-INJ/28 DAYS) SP HD
ANTI-HYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR		
NEXLETOL	T2	PA QL(1 TAB/DAY)
ANTI-HYPERLIPIDEMIC - MTP INHIBITOR		
JUXTAPID 2 MG CAPSULE	T3	PA QL(1 CAP/DAY) SP HD
JUXTAPID 5 MG CAPSULE	T3	PA QL(1 CAP/DAY) SP HD
JUXTAPID 10 MG CAPSULE	T3	PA QL(1 CAP/DAY) SP HD
JUXTAPID 20 MG CAPSULE	T3	PA QL(2 CAPS/DAY) SP HD
JUXTAPID 30 MG CAPSULE	T3	PA QL(2 CAPS/DAY) SP HD
ANTI-HYPERLIPIDEMIC - PCSK9 INHIBITORS		
LEQVIO	T3	PA SP
LEROCHOL	T3	PA
PRALUENT PEN	T3	PA
REPATHA SURECLICK	T2	
REPATHA SYRINGE	T2	

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List of Prescription Medications

CARDIOVASCULAR (Cholesterol Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-HYPERLIPIDEMIC-ACLY AND CHOLES ABSORP INHIB		
NEXLIZET	T2	PA QL(1 TAB/DAY)
ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (Statins)		
ALTOPREV 20 MG TABLET	T3	ST QL(1 TAB/DAY) HD
ALTOPREV 40 MG TABLET	T3	ST HD
ALTOPREV 60 MG TABLET	T3	ST HD
ATORVALIQ	T3	ST HD
atorvastatin 10 mg tablet (Lipitor)	T1	HD PPACA
atorvastatin 20 mg tablet (Lipitor)	T1	HD PPACA
atorvastatin 40 mg tablet (Lipitor)	T1	HD
atorvastatin 80 mg tablet (Lipitor)	T1	HD
CRESTOR 10 MG TABLET (*rosuvastatin calcium*)	T3	PA QL(1 TAB/DAY) HD
CRESTOR 20 MG TABLET (*rosuvastatin calcium*)	T3	PA QL(1 TAB/DAY) HD
CRESTOR 40 MG TABLET (*rosuvastatin calcium*)	T3	PA HD
CRESTOR 5 MG TABLET (*rosuvastatin calcium*)	T3	PA QL(1 TAB/DAY) HD
FLOLIPID	T3	ST HD
fluvastatin sodium	T1	PA HD PPACA
fluvastatin sodium (Lescol Xl)	T1	PA HD PPACA
LESCOL XL (*fluvastatin er*)	T3	PA HD
LIPITOR (*atorvastatin calcium*)	T3	PA HD
LIVALO 1 MG TABLET *(pitavastatin calcium)*	T3	PA QL(1 TAB/DAY) HD
LIVALO 2 MG TABLET *(pitavastatin calcium)*	T3	PA QL(1 TAB/DAY) HD
LIVALO 4 MG TABLET *(pitavastatin calcium)*	T3	PA HD
lovastatin 10 mg tablet	T1	HD
lovastatin 20 mg tablet	T1	HD PPACA
lovastatin 40 mg tablet	T1	HD PPACA
pitavastatin 1 mg tablet (Livalo)	T1	QL(1 TAB/DAY) HD PPACA
*pitavastatin 2 mg tablet (*Livalo)	T1	QL(1 TAB/DAY) HD PPACA
pitavastatin 4 mg tablet (Livalo)	T1	HD PPACA
pravastatin sodium	T1	HD PPACA
rosuvastatin calcium 10 mg tab (Crestor)	T1	QL(1 TAB/DAY) HD PPACA
rosuvastatin calcium 20 mg tab (Crestor)	T1	QL(1 TAB/DAY) HD
rosuvastatin calcium 40 mg tab (Crestor)	T1	HD
rosuvastatin calcium 5 mg tab (Crestor)	T1	QL(1 TAB/DAY) HD PPACA
simvastatin 10 mg tablet (Zocor)	T1	HD PPACA

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List of Prescription Medications

CARDIOVASCULAR (Cholesterol Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (Statins) *(cont.)*		
simvastatin 20 mg tablet (Zocor)	T1	HD PPACA
simvastatin 40 mg tablet (Zocor)	T1	HD PPACA
simvastatin 5 mg tablet	T1	HD
simvastatin 80 mg tablet	T1	QL(1 TAB/DAY) HD
ZOCOR	T3	PA HD
ZYPITAMAG	T3	ST HD
BILE SALT SEQUESTRANTS		
cholestyramine	T1	HD
cholestyramine (Questran Light)	T1	HD
cholestyramine (with sugar) (Questran)	T1	HD
colesevelam hcl (Welchol)	T1	HD
COLESTID	T3	HD
COLESTID (*colestipol hcl*)	T3	HD
colestipol hcl	T1	HD
colestipol hcl (Colestid)	T1	HD
QUESTRAN (*cholestyramine (with sugar)*)	T3	HD
QUESTRAN LIGHT (*cholestyramine*)	T3	HD
WELCHOL (*colesevelam hcl*)	T3	PA HD
LIPOTROPICS		
ezetimibe (Zetia)	T1	HD
fenofibrate 120 mg tablet (Fenoglide)	T1	HD
fenofibrate 130 mg capsule	T1	HD
fenofibrate 134 mg capsule	T1	HD
fenofibrate 145 mg tablet	T1	HD
FENOFIBRATE 150 MG CAPSULE	T1	HD
fenofibrate 160 mg tablet	T1	HD
fenofibrate 200 mg capsule	T1	HD
fenofibrate 40 mg tablet (Fenoglide)	T1	HD
fenofibrate 43 mg capsule	T1	HD
fenofibrate 48 mg tablet	T1	HD
FENOFIBRATE 50 MG CAPSULE	T1	HD
fenofibrate 54 mg tablet	T1	HD
fenofibrate 67 mg capsule	T1	HD

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CARDIOVASCULAR (Cholesterol Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
LIPOTROPICS *(cont.)*		
FENOFIBRATE 90 MG CAPSULE	T3	PA HD
fenofibric acid	T1	HD
fenofibric acid (choline)	T1	HD
fenofibric acid (Fibricor)	T1	HD
FENOGLIDE (*fenofibrate*)	T3	PA HD
FIBRICOR (*fenofibric acid*)	T3	ST HD
gemfibrozil (Lopid)	T1	HD
LIPOFEN	T3	ST HD
LOPID (*gemfibrozil*)	T3	HD
niacin	T1	HD
niacin	T1	PA HD
NIACOR	T3	PA HD
ZETIA (*ezetimibe*)	T3	PA HD
CARDIOVASCULAR (MISCELLANEOUS)		
ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST		
FILSPARI	T2	PA QL(1 TAB/DAY) SP
ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST		
ASCLERA	T3	PA SP
ETHAMOLIN	T3	
sodium tetradecyl sulfate (Sotradecol)	T1	
SOTRADECOL	T3	
SOTRADECOL (*sodium tetradecyl sulfate*)	T3	
CNS DRUGS (Alzheimer's Disease)		
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS		
memantine hcl	T1	HD
MEMANTINE HCL	T1	HD
memantine hcl er 14 mg capsule (Namenda Xr)	T1	QL(1 CAP/DAY) HD
memantine hcl er 21 mg capsule	T1	HD
memantine hcl er 28 mg capsule (Namenda Xr)	T1	HD
memantine hcl er 7 mg capsule	T1	QL(1 CAP/DAY) HD
NAMENDA XR 14 MG CAPSULE (*memantine hcl er*)	T3	PA QL(1 CAP/DAY) HD
NAMENDA XR 28 MG CAPSULE (*memantine hcl er*)	T3	PA HD

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List of Prescription Medications

CNS DRUGS (Alzheimer's Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ALZHEIMER'S THX,NMDA RECEPTOR ANTAG-CHOLINES INHIB		
memantine hcl/donepezil hcl (Namzaric)	T1	QL(2 CAPS/DAY) HD
NAMZARIC 14 MG-10 MG CAPSULE (*memantine hcl/donepezil hcl*)	T3	PA QL(2 CAPS/DAY) HD
NAMZARIC 21 MG-10 MG CAPSULE (*memantine hcl/donepezil hcl*)	T3	PA QL(2 CAPS/DAY) HD
NAMZARIC 28 MG-10 MG CAPSULE (*memantine hcl/donepezil hcl*)	T3	PA QL(2 CAPS/DAY) HD
NAMZARIC 7 MG-10 MG CAPSULE	T3	PA QL(2 CAPS/DAY) HD
NAMZARIC TITRATION PACK	T3	PA QL(112 CAPS/365 DAYS) HD
AMYLOID DIRECTED MONOCLONAL ANTIBODY		
KISUNLA	T3	PA SP
LEQEMBI	T3	PA SP
LEQEMBI IQLIK	T3	PA SP
CNS DRUGS (Miscellaneous)		
ALCOHOL,SYSTEMIC USE		
ALCOHOL,DEHYDRATED	T1	
ethyl alcohol	T1	
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
edaravone	T1	PA SP
RADICAVA	T3	PA SP
RADICAVA ORS 105 MG/5 ML SUSP	T3	PA QL(50 MLS/30 DAYS) SP HD
RADICAVA ORS STARTER KIT SUSP	T3	PA QL(70 MLS/365 DAYS) SP HD
RILUTEK (riluzole)	T3	PA SP HD
*riluzole (*Rilutek*)*	T1	SP HD
TEGLUTIK	T3	PA SP
TIGLUTIK	T3	PA SP
CENTRAL NERVOUS SYSTEM STIMULANTS		
DOPRAM	T3	
DRUGS TO TREAT MOVEMENT DISORDERS		
AUSTEDO	T3	PA SP HD
AUSTEDO XR 6 MG TABLET	T3	PA QL(3 TABS/DAY) SP HD
AUSTEDO XR 12 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD
AUSTEDO XR 18 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD
AUSTEDO XR 24 MG TABLET	T3	PA QL(2 TABS/DAY) SP HD
AUSTEDO XR 30 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD
AUSTEDO XR 36 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD

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List of Prescription Medications

CNS DRUGS (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DRUGS TO TREAT MOVEMENT DISORDERS *(cont.)*		
AUSTEDO XR 42 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD
AUSTEDO XR 48 MG TABLET	T3	PA QL(1 TAB/DAY) SP HD
AUSTEDO XR TITRATION KT(WK1-4)	T3	PA QL(1 KIT/180 DAYS) SP HD
HORIZANT	T3	PA
INGREZZA	T2	PA QL(1 CAP/DAY) SP
INGREZZA INITIATION PK (TARDIV)	T2	PA QL(28 CAPS/365 DAYS) SP
INGREZZA SPRINKLE	T2	PA QL(1 CAP/DAY) SP
tetrabenazine (Xenazine)	T1	PA SP HD
XENAZINE (*tetrabenazine*)	T3	PA SP HD
GLYPROMATE (GPE) ANALOGS		
DAYBUE	T3	PA QL(120 MLS/DAY) SP
DAYBUE STIX 5,000 MG PACKET	T3	PA QL(4 PACKS/DAY) SP
DAYBUE STIX 6,000 MG PACKET	T3	PA QL(4 PACKS/DAY) SP
DAYBUE STIX 8,000 MG PACKET	T3	PA QL(2 PACKS/DAY) SP
PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS		
dextromethorphan hbr/quinidine (Nuedexta)	T1	QL(4 CAPS/DAY)
NUEDEXTA (*dextromethorphan hbr/quinidine*)	T3	QL(4 CAPS/DAY)
XANTHINES		
CAFCIT *(caffeine citrate)*	T3	HD
CAFFEINE AND SODIUM BENZOATE	T1	HD
caffeine citrate	T1	HD
caffeine citrate (Cafcit)	T1	HD
caffeine/sodium benzoate	T1	HD
CNS DRUGS (Multiple Sclerosis)		
AGENTS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO (*teriflunomide*)	T3	PA SP HD
AVONEX (4 PACK)	T2	PA SP HD
AVONEX PEN (4 PACK)	T2	PA SP HD
BAFIERTAM	T2	PA SP HD
BETASERON	T2	PA SP HD
BRIUMVI	T3	PA SP
*cladribine 10 mg x 10 tab pk (*Mavenclad*)*	T1	SP HD
*cladribine 10 mg x 4 tablet pk (*Mavenclad*)*	T1	SP HD

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List of Prescription Medications

CNS DRUGS (Multiple Sclerosis) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
AGENTS TO TREAT MULTIPLE SCLEROSIS *(cont.)*		
cladribine 10 mg x 5 tablet pk (Mavenclad)	T1	SP HD
cladribine 10 mg x 6 tablet pk (Mavenclad)	T1	SP HD
cladribine 10 mg x 7 tablet pk (Mavenclad)	T1	SP HD
cladribine 10 mg x 8 tablet pk (Mavenclad)	T1	SP HD
cladribine 10 mg x 9 tablet pk (Mavenclad)	T1	SP HD
COPAXONE (*glatiramer acetate*)	T3	PA SP HD
dimethyl fumarate 30d start pk (Tecfidera)	T1	SP HD
dimethyl fumarate dr 120 mg cp (Tecfidera)	T1	
dimethyl fumarate dr 240 mg cp (Tecfidera)	T1	
fingolimod 0.5 mg capsule (Gilenya)	T1	SP HD
GILENYA 0.25 MG CAPSULE	T3	PA QL(1 CAP/DAY) SP
GILENYA 0.5 MG CAPSULE (*fingolimod hcl*)	T3	PA SP HD
glatiramer acetate (Copaxone)	T1	SP HD
KESIMPTA PEN	T2	PA SP HD
LEMTRADA	T3	PA SP HD
MAVENCLAD (*cladribine*)	T3	PA SP HD
MAYZENT	T2	PA SP HD
OCREVUS	T2	PA SP HD
OCREVUS ZUNOVO	T2	PA SP
PLEGRIDY	T2	PA SP HD
PLEGRIDY PEN	T2	PA SP HD
PONVORY	T3	PA SP HD
REBIF	T2	PA SP HD
REBIF REBIDOSE	T2	PA SP HD
TASCENSO ODT	T3	PA QL(1 TAB/DAY) SP HD
TECFIDERA (*dimethyl fumarate*)	T3	PA SP HD
teriflunomide (Aubagio)	T1	SP HD
VUMERITY	T2	PA SP HD
AGTS TX NEUROMUSC TRANSMISSION DIS, POT-CHAN BLKR		
AMPYRA (*dalfampridine*)	T3	PA SP HD
dalfampridine er 10 mg tablet (Ampyra)	T1	PA SP HD
FIRDAPSE	T3	PA QL(8 TABS/DAY) SP
SPHINGOSINE I-PHOSPHATE (SIP) RECEPTOR MODULATOR		
ZEPOSIA	T2	PA SP HD

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List of Prescription Medications

CNS DRUGS (Pain Relief And Inflammatory Disease)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS		
EMGALITY SYRINGE	T2	PA
POSTHERPETIC NEURALGIA AGENTS		
gabapentin (Gralise)	T1	
GRALISE ER (*gabapentin*)	T3	PA
SPHINGOSINE I-PHOSPHATE (SIP) RECEPTOR MODULATOR		
VELSIPITY	T2	PA QL(30 TABS/30 DAYS) SP HD
ZEPOSIA	T2	PA SP HD
CNS DRUGS (Seizure Disorders)		
ANTI-CONVULSANT - BENZODIAZEPINE TYPE		
clobazam (Onfi)	T1	HD
clonazepam 0.125 mg dis tab	T1	HD
clonazepam 0.125 mg odt	T1	HD
clonazepam 0.25 mg odt	T1	HD
clonazepam 0.5 mg dis tablet	T1	HD
clonazepam 0.5 mg odt	T1	HD
clonazepam 0.5 mg tablet (Klonopin)	T1	HD
clonazepam 1 mg dis tablet	T1	HD
clonazepam 1 mg odt	T1	HD
clonazepam 1 mg tablet (Klonopin)	T1	HD
clonazepam 2 mg odt	T1	HD
clonazepam 2 mg tablet (Klonopin)	T1	HD
DIASTAT (*diazepam*)	T3	PA HD
diazepam 10 mg rectal gel syst	T1	HD
diazepam 10mg rectal gel (2pk)	T1	HD
diazepam 2.5 mg rectal gel sys (Diastat)	T1	HD
diazepam 20 mg rectal gel syst	T1	HD
diazepam 20mg rectal gel (2pk)	T1	HD
KLONOPIN (*clonazepam*)	T3	PA HD
LIBERVANT	T3	PA QL(10 FILMS/30 DAYS) HD
NAYZILAM	T2	PA QL(10 UNITS/30 DAYS) HD
ONFI (*clobazam*)	T3	PA HD
SYMPAZAN	T3	PA HD
VALTOCO	T2	PA QL(10 BLISTER PACKS/30 DAYS) HD

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List of Prescription Medications

CNS DRUGS (Seizure Disorders) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CONVULSANT - CANNABINOID TYPE		
EPIDIOLEX	T3	PA SP HD
ANTI-CONVULSANTS		
APTIOM 200 MG TABLET (*eslicarbazepine acetate*)	T3	PA QL(1 TAB/DAY) HD
APTIOM 400 MG TABLET (*eslicarbazepine acetate*)	T3	PA QL(1 TAB/DAY) HD
APTIOM 600 MG TABLET (*eslicarbazepine acetate*)	T3	PA HD
APTIOM 800 MG TABLET (*eslicarbazepine acetate*)	T3	PA HD
BANZEL 200 MG TABLET (*rufinamide*)	T3	PA QL(16 TABS/DAY) HD
BANZEL 40 MG/ML SUSPENSION (*rufinamide*)	T3	PA QL(80 MLS/DAY) HD
BANZEL 400 MG TABLET (*rufinamide*)	T3	PA QL(8 TABS/DAY) HD
brivaracetam (Briviact)	T1	HD
BRIVIACT 10 MG TABLET (brivaracetam)	T3	PA HD
BRIVIACT 10 MG/ML ORAL SOLN (brivaracetam)	T3	PA HD
BRIVIACT 100 MG TABLET (brivaracetam)	T3	PA HD
BRIVIACT 25 MG TABLET (brivaracetam)	T3	PA HD
BRIVIACT 50 MG TABLET (brivaracetam)	T3	PA HD
BRIVIACT 50 MG/5 ML VIAL (brivaracetam)	T3	HD
BRIVIACT 75 MG TABLET (brivaracetam)	T3	PA HD
carbamazepine (Carbatrol)	T1	HD
carbamazepine (Tegretol Xr)	T1	HD
carbamazepine (Tegretol)	T1	HD
carbamazepine 100 mg tab chew	T1	HD
carbamazepine 100 mg/5 ml cup	T1	HD
carbamazepine 100 mg/5 ml susp (Tegretol)	T1	HD
CARBAMAZEPINE 200 MG TAB CHEW	T3	HD
carbamazepine 200 mg tablet (Tegretol)	T1	HD
carbamazepine 200 mg/10 ml cup	T1	HD
CARBATROL (*carbamazepine*)	T3	PA HD
CELONTIN (*methsuximide*)	T3	HD
CEREBYX (*fosphenytoin sodium*)	T3	
DEPAKOTE (*divalproex sodium*)	T3	PA HD
DEPAKOTE ER (*divalproex sodium er*)	T3	PA HD
DEPAKOTE SPRINKLE (*divalproex sodium*)	T3	PA HD
DIACOMIT	T3	PA SP HD

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CNS DRUGS (Seizure Disorders) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CONVULSANTS *(cont.)*		
DILANTIN	T3	PA HD
DILANTIN (*phenytoin sodium extended*)	T3	PA HD
DILANTIN (*phenytoin*)	T3	PA HD
DILANTIN-125 (*phenytoin*)	T3	PA HD
divalproex sodium (Depakote Er)	T1	HD
divalproex sodium (Depakote Sprinkle)	T1	HD
divalproex sodium (Depakote)	T1	HD
ELEPSIA XR	T3	PA HD
EPRONTIA (*topiramate*)	T3	PA HD
eslicarbazepine 200 mg, 400 mg tablet (Aptiom)	T1	QL(1 TAB/DAY) HD
eslicarbazepine 600 mg, 800 mg tablet (Aptiom)	T1	HD
ethosuximide (Zarontin)	T1	HD
felbamate	T1	HD
felbamate (Felbatol)	T1	HD
FELBATOL (*felbamate*)	T3	PA HD
FINTEPLA	T3	PA SP HD
fosphenytoin sodium (Cerebyx)	T1	
FYCOMPA 0.5 MG/ML ORAL SUSP (*perampanel*)	T3	PA HD
FYCOMPA 2 MG TABLET (*perampanel*)	T3	PA HD
FYCOMPA 4 MG TABLET (*perampanel*)	T3	PA QL(1 TAB/DAY) HD
FYCOMPA 6 MG TABLET (*perampanel*)	T3	PA QL(1 TAB/DAY) HD
FYCOMPA 8 MG TABLET (*perampanel*)	T3	PA HD
FYCOMPA 10 MG TABLET (*perampanel*)	T3	PA HD
FYCOMPA 12 MG TABLET (*perampanel*)	T3	PA HD
gabapentin	T1	HD
gabapentin (Neurontin)	T1	HD
GABARONE	T3	PA HD
KEPPRA 1,000 MG TABLET (*levetiracetam*)	T3	PA HD
KEPPRA 100 MG/ML ORAL SOLN (*levetiracetam*)	T3	PA HD
KEPPRA 250 MG TABLET (*levetiracetam*)	T3	PA HD
KEPPRA 500 MG TABLET (*levetiracetam*)	T3	PA HD
KEPPRA 500 MG/5 ML VIAL (*levetiracetam*)	T3	
KEPPRA 750 MG TABLET (*levetiracetam*)	T3	PA HD
KEPPRA XR (*levetiracetam*)	T3	PA HD

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CNS DRUGS (Seizure Disorders) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CONVULSANTS *(cont.)*		
lacosamide (Vimpat)	T1	HD
LAMICTAL (BLUE) (*lamotrigine*)	T3	PA HD
LAMICTAL (GREEN) (*lamotrigine*)	T3	PA HD
LAMICTAL (*lamotrigine*)	T3	PA HD
LAMICTAL (ORANGE) (*lamotrigine*)	T3	PA HD
LAMICTAL ODT (BLUE) (*lamotrigine*)	T3	PA HD
LAMICTAL ODT (GREEN) (*lamotrigine*)	T3	PA HD
LAMICTAL ODT (*lamotrigine*)	T3	PA HD
LAMICTAL ODT (ORANGE) (*lamotrigine*)	T3	PA HD
LAMICTAL XR (BLUE)	T3	PA HD
LAMICTAL XR (GREEN)	T3	PA HD
LAMICTAL XR (*lamotrigine*)	T3	PA HD
LAMICTAL XR (ORANGE)	T3	PA HD
lamotrigine (Lamictal (blue))	T1	HD
lamotrigine (Lamictal (green))	T1	HD
lamotrigine (Lamictal (orange))	T1	HD
lamotrigine (Lamictal Odt (blue))	T1	HD
lamotrigine (Lamictal Odt (green))	T1	HD
lamotrigine (Lamictal Odt (orange))	T1	HD
lamotrigine (Lamictal Odt)	T1	HD
lamotrigine (Lamictal Xr)	T1	HD
lamotrigine (Lamictal)	T1	HD
levetiracetam (Keppra Xr)	T1	HD
levetiracetam (Keppra)	T1	HD
levetiracetam 1,000 mg tablet (Keppra)	T1	HD
levetiracetam 1,000mg/10ml cup (Keppra)	T1	HD
*levetiracetam 100 mg/ml soln (*Keppra*)*	T1	HD
LEVETIRACETAM 250 MG TAB SUSP	T3	PA HD
*levetiracetam 250 mg tablet (*Keppra*)*	T1	HD
*levetiracetam 500 mg tablet (*Keppra*)*	T1	HD
LEVETIRACETAM 500 MG TAB SUSP	T3	PA HD
levetiracetam 500 mg/5 ml cup	T1	HD
levetiracetam 500 mg/5 ml vial (Keppra)	T1	

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List of Prescription Medications

CNS DRUGS (Seizure Disorders) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CONVULSANTS *(cont.)*		
*levetiracetam 750 mg tablet (*Keppra*)*	T1	HD
levetiracetam-nacl 1,000mg/100	T1	
levetiracetam-nacl 1,500mg/100	T1	
LEVETIRACETAM-NACL 250 MG/50ML	T3	
levetiracetam-nacl 500 mg/100	T1	
LYRICA (*pregabalin*)	T3	PA HD
methsuximide (Celontin)	T1	HD
MOTPOLY XR 100 MG CAPSULE	T3	PA QL(1 CAP/DAY) HD
MOTPOLY XR 150 MG CAPSULE	T3	PA QL(2 CAPS/DAY) HD
MOTPOLY XR 200 MG CAPSULE	T3	PA QL(2 CAPS/DAY) HD
MYSOLINE (*primidone*)	T3	PA HD
NEURONTIN *(gabapentin)*	T3	PA HD
*oxcarbazepine (*Oxtellar Xr*)*	T1	HD
oxcarbazepine (Trileptal)	T1	HD
OXTELLAR XR (*oxcarbazepine*)	T3	PA HD
perampanel 0.5 mg/ml oral susp (Fycompa)	T1	HD
perampanel 10 mg tablet (Fycompa)	T1	HD
*perampanel 12 mg tablet (*Fycompa*)*	T1	HD
*perampanel 2 mg tablet (*Fycompa*)*	T1	HD
*perampanel 4 mg tablet (*Fycompa*)*	T1	QL(1 TAB/DAY) HD
*perampanel 6 mg tablet (*Fycompa*)*	T1	QL(1 TAB/DAY) HD
*perampanel 8 mg tablet (*Fycompa*)*	T1	HD
PHENYTEK *(phenytoin sodium extended)*	T3	PA HD
phenytoin	T1	HD
*phenytoin (*Dilantin*)*	T1	HD
*phenytoin (*Dilantin-125*)*	T1	HD
phenytoin sodium	T1	HD
*phenytoin sodium extended (*Dilantin*)*	T1	HD
*phenytoin sodium extended (*Phenytek*)*	T1	HD
*pregabalin (*Lyrica*)*	T1	HD
PRIMIDONE 125 MG TABLET	T3	PA HD
*primidone 250 mg tablet (*Mysoline*)*	T1	HD
*primidone 50 mg tablet (*Mysoline*)*	T1	HD
RELGAABI 200 MG CAPSULE	T3	PA HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CONVULSANTS *(cont.)*		
*relgaabi 300 mg capsule (*Neurontin*)*	T1	HD
*relgaabi 400 mg capsule (*Neurontin*)*	T1	HD
*rufinamide 200 mg tablet (*Banzel*)*	T1	PA QL(16 TABS/DAY) HD
rufinamide 40 mg/ml suspension (Banzel)	T1	PA QL(80 MLS/DAY) HD
rufinamide 400 mg tablet (Banzel)	T1	PA QL(8 TABS/DAY) HD
SABRIL (*vigabatrin*)	T3	PA SP HD
SPRITAM	T3	PA HD
SUBVENITE 10 MG/ML SUSPENSION	T3	PA HD
*subvenite 100 mg tablet (*Lamictal*)*	T1	HD
*subvenite 150 mg tablet (*Lamictal*)*	T1	HD
*subvenite 200 mg tablet (*Lamictal*)*	T1	HD
*subvenite 25 mg tablet (*Lamictal*)*	T1	HD
TEGRETOL (*carbamazepine*)	T3	PA HD
TEGRETOL XR (*carbamazepine*)	T3	PA HD
tiagabine hcl 12 mg tablet	T1	QL(8 TABS/DAY) HD
tiagabine hcl 16 mg tablet	T1	QL(6 TABS/DAY) HD
tiagabine hcl 2 mg tablet	T1	HD
tiagabine hcl 4 mg tablet	T1	HD
TOPAMAX (*topiramate*)	T3	PA HD
topiramate	T1	HD
*topiramate 100 mg tablet (*Topamax*)*	T1	HD
*topiramate 15 mg sprinkle cap (*Topamax*)*	T1	HD
*topiramate 200 mg tablet (*Topamax*)*	T1	HD
*topiramate 25 mg sprinkle cap (*Topamax*)*	T1	HD
*topiramate 25 mg tablet (*Topamax*)*	T1	HD
*topiramate 25 mg/ml solution (*Eprontia*)*	T1	HD
topiramate 50 mg sprinkle cap	T1	HD
TOPIRAMATE 50 MG SPRINKLE CAP	T3	PA HD
topiramate 50 mg tablet (Topamax)	T1	HD
topiramate er 100 mg capsule (Trokendi Xr)	T1	QL(1 CAP/DAY) HD
topiramate er 200 mg capsule (Trokendi Xr)	T1	HD
topiramate er 25 mg capsule (Trokendi Xr)	T1	QL(1 CAP/DAY) HD
topiramate er 50 mg capsule (Trokendi Xr)	T1	HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CONVULSANTS *(cont.)*		
TRILEPTAL (*oxcarbazepine*)	T3	PA HD
TROKENDI XR 100 MG CAPSULE (*topiramate*)	T3	PA QL(1 CAP/DAY) HD
TROKENDI XR 200 MG CAPSULE (*topiramate*)	T3	PA HD
TROKENDI XR 25 MG CAPSULE (*topiramate*)	T3	PA QL(1 CAP/DAY) HD
TROKENDI XR 50 MG CAPSULE (*topiramate*)	T3	PA HD
valproic acid	T1	HD
valproic acid (as sodium salt)	T1	HD
vigabatrin (Sabril)	T1	SP HD
vigadrone 500 mg powder packet (Sabril)	T1	SP HD
vigadrone 500 mg tablet (Sabril)	T1	PA SP HD
VIGAFYDE	T3	PA SP
VIMPAT 10 MG/ML SOLUTION (*lacosamide*)	T3	PA HD
VIMPAT 100 MG TABLET (*lacosamide*)	T3	PA HD
VIMPAT 150 MG TABLET (*lacosamide*)	T3	PA HD
VIMPAT 200 MG TABLET (*lacosamide*)	T3	PA HD
VIMPAT 200 MG/20 ML VIAL (*lacosamide*)	T3	HD
VIMPAT 50 MG TABLET (*lacosamide*)	T3	PA HD
XCOPRI 100 MG TABLET	T3	PA QL(1 TABLET/DAY) HD
XCOPRI 12.5-25 MG TITRATION PK	T3	PA QL(28 TABS/28 DAYS) HD
XCOPRI 150 MG TABLET	T3	PA QL(1 TABLET/DAY) HD
XCOPRI 150-200 MG TITRATION PK	T3	PA QL(28 TABS/28 DAYS) HD
XCOPRI 200 MG TABLET	T3	PA QL(2 TABS/DAY) HD
XCOPRI 25 MG TABLET	T3	PA QL(1 TABLET/DAY) HD
XCOPRI 250 MG DAILY DOSE PACK	T3	PA QL(56 TABS/28 DAYS) HD
XCOPRI 350 MG DAILY DOSE PACK	T3	PA QL(56 TABS/28 DAYS) HD
XCOPRI 50 MG TABLET	T3	PA QL(1 TABLET/DAY) HD
XCOPRI 50-100 MG TITRATION PAK	T3	PA QL(28 TABS/28 DAYS) HD
ZARONTIN (*ethosuximide*)	T3	PA HD
ZONEGRAN (*zonisamide*)	T3	PA HD
ZONISADE	T3	PA QL(6 MLS/30 DAYS) HD
zonisamide	T1	HD
zonisamide (Zonegran)	T1	HD

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CNS DRUGS (Sleep Disorders/Sedatives)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST		
WAKIX	T3	PA QL(2 TABS/DAY) SP HD
COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders)		
ERYTHROPOIESIS-STIMULATING AGENTS		
ARANESP	T2	PA SP
EPOGEN	T2	PA SP
MIRCERA	T3	PA SP
PROCRIT	T2	PA SP
RETACRIT	T2	PA SP
LEUKOCYTE (WBC) STIMULANTS		
FILKRI	T3	PA SP
FULPHILA	T3	PA SP HD
FYLNETRA	T3	PA SP
GRANIX	T3	PA SP HD
LEUKINE	T2	SP HD
NEULASTA	T2	PA SP HD
NEULASTA ONPRO	T2	PA SP HD
NEUPOGEN	T3	PA SP HD
NIVESTYM	T2	SP HD
NYPOZI	T3	PA SP
NYVEPRIA	T2	PA SP
RYZNEUTA	T3	PA SP
STIMUFEND	T3	PA SP
UDENYCA	T2	PA SP HD
UDENYCA AUTOINJECTOR	T2	PA SP HD
UDENYCA ONBODY	T2	PA SP HD
ZARXIO	T2	SP HD
ZIEXTENZO	T3	PA SP HD
THROMBOPOIETIN RECEPTOR AGONISTS		
ALVAIZ 18 MG, 54 MG TABLET	T3	PA QL(1 TAB/DAY) SP
ALVAIZ 36 MG, 54 MG TABLET	T3	PA QL(2 TABS/DAY) SP
DOPTELET	T2	PA SP HD
DOPTELET SPRINKLE	T2	PA SP HD
eltrombopag olamine (Promacta)	T1	PA SP HD

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COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
THROMBOPOIETIN RECEPTOR AGONISTS *(cont.)*		
MULPLETA	T3	PA SP HD
NPLATE	T3	PA SP
PROMACTA (*eltrombopag olamine*)	T3	PA SP HD
COLONY STIMULATING FACTORS (Blood Pressure/Heart Medications)		
LEUKOCYTE (WBC) STIMULANTS		
RELEUKO	T3	PA SP HD
ROLVEDON	T3	PA SP
COLONY STIMULATING FACTORS (Cancer)		
CXCR4 CHEMOKINE RECEPTOR ANTAGONIST		
APHEXDA	T3	PA SP
MOZOBIL (*plerixafor*)	T3	PA SP
plerixafor (Mozobil)	T1	PA SP
XOLREMDI	T3	PA QL(4 CAPS/DAY) SP CSL
CONTRACEPTIVES (Contraception Products)		
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC		
ANNOVERA	T3	PPACA
etonogestrel/ethinyl estradiol (Nuvaring)	T1	PPACA
NUVARING (*etonogestrel-ethinyl estradiol*)	T3	PPACA
CONTRACEPTIVES, IMPLANTABLE		
NEXPLANON	T2	SP PPACA
CONTRACEPTIVES, INJECTABLE		
DEPO-PROVERA (*medroxyprogesterone acetate*)	T3	PPACA
DEPO-SUBQ PROVERA 104	T3	PPACA
medroxyprogesterone 150 mg/ml (Depo-provera)	T1	PPACA
CONTRACEPTIVES, INTRAVAGINAL		
PHEXX	T3	PA PPACA
PHEXXI	T3	PA PPACA
CONTRACEPTIVES, ORAL		
AVERI	T3	PA HD PPACA
BALCOLTRA *(levonorgest/eth.estradiol/iron)*	T3	HD PPACA
BEYAZ (*rajani*)	T3	HD PPACA
desog-e.estradiol/e.estradiol	T1	HD PPACA
desog-e.estradiol/e.estradiol	T1	PPACA

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CONTRACEPTIVES (Contraception Products) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CONTRACEPTIVES, ORAL *(cont.)*		
desogestrel-ethinyl estradiol	T1	HD PPACA
drospir/eth estra/levomefol ca (Beyaz)	T1	HD PPACA
drospir/eth estra/levomefol ca (Safyral)	T1	HD PPACA
ELLA	T3	HD PPACA
ESTROSTEP FE (*tri-legest fe*)	T1	HD PPACA
ethinyl estradiol/drospirenone (Yasmin 28)	T1	PPACA
ethinyl estradiol/drospirenone (Yasmin 28)	T1	HD PPACA
ethinyl estradiol/drospirenone (Yaz)	T1	HD PPACA
ethynodiol d-ethinyl estradiol	T3	PA HD PPACA
FEMLYV	T1	HD PPACA
levonorgest/eth.estradiol/iron (Balcoltra)	T1	HD PPACA
levonorgestrel/ethin.estradiol	T1	HD PPACA
l-norgest/e.estradiol-e.estrad	T3	PA PPACA
LO LOESTRIN FE	T3	HD PPACA
LOESTRIN (*norethindrone ac/eth estradiol*)	T3	HD PPACA
LOESTRIN FE (*norethindrone-e.estradiol-iron*)	T3	HD PPACA
NATAZIA	T3	HD PPACA
NEXTSTELLIS	T1	HD PPACA
noreth-ethinyl estradiol/iron	T1	HD PPACA
norethind-eth estrad 1-0.02 mg (Loestrin)	T1	HD PPACA
norethindrone	T1	HD PPACA
norethindrone ac-eth estradiol (Loestrin)	T1	HD PPACA
norethindrone-e.estradiol-iron	T1	HD PPACA
norethindrone-e.estradiol-iron (Loestrin Fe)	T1	HD PPACA
norethindrone-e.estradiol-iron (Taytulla)	T1	HD PPACA
norethindrone-ethin. estradiol	T1	HD PPACA
norethin-ee 1.5-0.03 mg (21) tb (Loestrin)	T1	HD PPACA
norgestimate-ethinyl estradiol	T1	HD PPACA
norgestrel-ethinyl estradiol	T1	HD PPACA
SAFYRAL (*drospir/eth estra/levomefol ca*)	T3	HD PPACA
SLYND	T3	HD PPACA
TAYTULLA (*norethindrone-e.estradiol-iron*)	T3	HD PPACA
TYBLUME	T3	HD PPACA

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CONTRACEPTIVES (Contraception Products) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CONTRACEPTIVES, ORAL *(cont.)*		
YASMIN 28 (ethinyl estradiol/drospirenone)	T3	HD PPACA
YAZ (ethinyl estradiol/drospirenone)	T3	HD PPACA
CONTRACEPTIVES,TRANSDERMAL		
norelgestromin/ethin.estradiol	T1	HD PPACA
TWIRLA	T3	HD PPACA
DIAPHRAGMS/CERVICAL CAP		
CAYA CONTOURED	T2	PPACA
FEMCAP	T2	PPACA
WIDE SEAL DIAPHRAGM	T3	PPACA
INTRA-UTERINE DEVICES (IUDS)		
KYLEENA	T3	SP PPACA
LILETTA	T3	SP HD PPACA
MIRENA	T3	SP PPACA
MIUDELLA	T3	PPACA
PARAGARD T 380-A	T3	SP PPACA
PARAGARD T 380A (SINGLE HAND)	T3	SP PPACA
SKYLA	T3	SP PPACA
COUGH/COLD PREPARATIONS (Allergy/Nasal Sprays)		
IST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB		
RESPA A.R. (*pseudoephed/chlor-mal/bell alk*)	T3	
COUGH/COLD PREPARATIONS (Cough/Cold Medications)		
ANTI-TUSSIVES, NON-OPIOID		
benzonatate 100 mg capsule	T1	
benzonatate 150 mg capsule	T1	PA
benzonatate 200 mg capsule	T1	
NON-OPIOID ANTITUS-IST GEN.ANTIHISTAMINE-DECONGEST		
BROMFED DM (*brompheniramine-pseudoephed-dm*)	T3	PA
brompheniramine/pseudoephed/dm (Bromfed Dm)	T1	
NON-OPIOID ANTITUSSIVE-IST GEN ANTIHISTAMINE COMB.		
promethazine/dextromethorphan	T1	
OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGEST		
CAPCOF	T3	
HISTEX-AC	T3	
MAXI-TUSS CD	T3	

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COUGH/COLD PREPARATIONS (Cough/Cold Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGEST *(cont.)*		
POLY-TUSSIN AC	T3	
promethazine/phenyleph/codeine	T1	PA QL(480 MLS/30 DAYS)
OPIOID ANTI-TUSSIVE-IST GENERATION ANTIHISTAMINE		
DURATUSS AC	T3	
hydrocodone/chlorphen p-stirex	T1	PA
promethazine-codeine solution	T1	PA QL(480 MLS/30 DAYS)
TUXARIN ER	T3	PA QL(2 TABS/DAY)
TUZISTRA XR	T3	PA QL(960 MLS/30 DAYS)
OPIOID ANTI-TUSSIVE-ANTI-CHOLINERGIC COMBINATIONS		
HYCODAN 5 MG-1.5 MG TABLET (*hydrocodone bit/homatrop me-br*)	T3	PA QL(180 TABS/30 DAYS)
HYCODAN 5 MG-1.5 MG/5 ML CUP	T3	PA QL(480 MLS/30 DAYS)
HYCODAN 5 MG-1.5 MG/5 ML SOLN (*hydrocodone bit/homatrop me-br*)	T3	PA QL(480 MLS/30 DAYS)
hydrocodone-homatropine 5-1.5	T1	PA QL(480 MLS/30 DAYS)
hydrocodone-homatropine 5-1.5 (Hycodan)	T1	PA QL(180 TABS/30 DAYS)
hydrocodone-homatropine soln (Hycodan)	T1	PA QL(480 MLS/30 DAYS)
OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMB		
CODITUSSIN DAC	T3	
OPIOID ANTI-TUSSIVE-EXPECTORANT COMBINATION		
codeine phosphate/guaifenesin	T1	
CODITUSSIN AC	T1	
GUAIFENESIN-CODEINE	T1	
MAR-COF CG	T3	
NINJACOF-XG	T1	
DIAGNOSTIC (Diabetes)		
BLOOD SUGAR DIAGNOSTICS		
ACCU-CHEK AVIVA PLUS	T2	
ACCU-CHEK GUIDE TEST STRIP	T2	
ACCU-CHEK SMARTVIEW TEST STRIP	T2	
ACCUTREND GLUCOSE TEST STRIP	T2	
ADVANCED GLUCOSE TEST STRIP	T3	
ADVANCED GLUCOSE TEST STRIPS	T3	
ADVOCATE REDI-CODE+	T3	
AGAMATRIX AMP	T3	

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DIAGNOSTIC (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BLOOD SUGAR DIAGNOSTICS *(cont.)*		
AGAMATRIX JAZZ TEST STRIP	T3	
AGAMATRIX PRESTO	T3	
ASSURE 4 TEST STRIPS	T3	
ASSURE PLATINUM	T3	
ASSURE PLATINUM TEST STRIP	T3	
ASSURE PRISM MULTI	T3	
ASSURE TITANIUM TEST STRIP	T3	
BLOOD GLUCOSE TEST STRIP	T3	
BLULINK GLUCOSE TEST STRIP	T3	
CARESENS N	T3	
CARESENS S TEST STRIP	T3	
CARETOUCH TEST STRIP	T3	
CLEVER CHOICE MICRO TEST STRIP	T3	
CLEVER CHOICE PRO	T3	
CLEVER CHOICE TALK	T3	
CLEVER CHOICE TEST STRIPS	T3	
CLEVER CHOICE VOICE+ TST STRIP	T3	
CONTOUR NEXT TEST STRIP	T3	
CONTOUR PLUS TEST STRIP	T3	
CONTOUR TEST STRIP	T3	
CVS TRUE METRIX GLUC TEST STRP	T3	
DIATRUE PLUS	T3	
EASY PLUS II TEST STRIP	T3	
EASY STEP	T3	
EASY TALK GLUCOSE TEST STRIP	T3	
EASY TALK PLUS II TEST STRIP	T3	
EASY TOUCH BLULINK TEST STRIP	T3	
EASY TOUCH TEST STRIP	T3	
EASY TRAK GLUCOSE TEST STRIP	T3	
EASY TRAK II TEST STRIP	T3	
EASYGLUCO TEST STRIPS	T3	
EASYMAX 15 GLUCOSE TEST STRIP	T3	
EASYMAX GLUCOSE TEST STRIPS	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BLOOD SUGAR DIAGNOSTICS *(cont.)*		
ELEMENT COMPACT	T3	
ELEMENT TEST STRIPS	T3	
EMBRACE EVO TEST STRIPS	T3	
EMBRACE GLUCOSE TEST STRIPS	T3	
EMBRACE PRO TEST STRIP	T3	
EMBRACE TALK TEST STRIP	T3	
EMBRACE TEST STRIPS	T3	
EMBRACE WAVE GLUCOSE TEST STRP	T3	
EVENCARE G2 TEST STRIP	T3	
EVENCARE G3 TEST STRIP	T3	
EVENCARE MINI GLUCOSE TEST STR	T3	
EVENCARE PROVIEW TEST STRIP	T3	
EVOLUTION TEST STRIPS	T3	
EZ SMART	T3	
EZ SMART PLUS	T3	
FORA 6 CONNECT GLUCOSE STRIP	T3	
FORA 6CONN-GTEL-TN'G ADV STRIP	T3	
FORA D15G	T3	
FORA D20	T3	
FORA D40-G31 TEST STRIPS	T3	
FORA G20	T3	
FORA G30-PREMIUM V10 TEST STRP	T3	
FORA GD50 TEST STRIPS	T3	
FORA GTEL GLUCOSE TEST STRIP	T3	
FORA TEST STRIP	T3	
FORA TN'G ADVAN PRO TEST STRIP	T3	
FORA TN'G VOICE TEST STRIPS	T3	
FORA V10	T3	
FORA V10-V12-D10-D20 STRIPS	T3	
FORA V12	T3	
FORA V20	T3	
FORA V30A	T3	
FORACARE GD20	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BLOOD SUGAR DIAGNOSTICS *(cont.)*		
FORACARE GD40	T3	
FORTISCARE G1 TEST STRIP	T3	
FORTISCARE GLUCOSE TEST STRIPS	T3	
FREESTYLE INSULINX	T2	
FREESTYLE INSULINX TEST STRIPS	T2	
FREESTYLE LITE TEST STRIP	T2	
FREESTYLE PRECISION NEO	T2	
FREESTYLE TEST STRIPS	T2	
GE100 BLOOD GLUCOSE TEST STRIP	T3	
GE333 BLOOD GLUCOSE TEST STRIP	T3	
GENSTRIP	T3	
GLUCO NAVII	T3	
GLUCOCARD 01 SENSOR PLUS	T3	
GLUCOCARD EXPRESSION TEST STRP	T3	
GLUCOCARD SHINE TEST STRIPS	T3	
GLUCOCARD VITAL	T3	
GLUCOCARD VITAL SENSOR	T3	
GLUCOCOM GLUCOSE	T3	
GLUCOSE TEST STRIP	T3	
GNP TRUE METRIX TEST STRIP	T3	
GOJJI BLOOD GLUCOSE TEST STRIP	T3	
HARMONY GLUCOSE TEST STRIP	T3	
HEALTHPRO GLUCOSE TEST STRIPS	T3	
HUMANA TRUE METRIX TEST STRIP	T3	
IGLUCOSE TEST STRIP	T3	
IHEALTH GLUCOSE TEST STRIP	T3	
INFINITY TEST STRIPS	T3	
MICRO	T3	
MICRODOT TEST STRIPS	T3	
MICRODOT XTRA	T3	
MOBI BLOOD GLUCOSE TEST STRIP	T3	
MYGLUCOHEALTH	T3	
NEUTEK 2TEK TEST STRIPS	T3	

T1 – Typically Generics
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List of Prescription Medications

DIAGNOSTIC (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BLOOD SUGAR DIAGNOSTICS *(cont.)*		
NOVA MAX GLUCOSE TEST STRIPS	T3	
ON CALL EXPRESS TEST STRIP	T3	
ON CALL PLUS TEST STRIP	T3	
ON CALL VIVID TEST STRIP	T3	
ONETOUCH ULTRA TEST STRIP	T3	PA
ONETOUCH VERIO TEST STRIP	T3	PA
OPTIUM EZ	T3	
OPTUMRX TEST STRIP	T3	
PHARMACIST CHOICE	T3	
PIP BLOOD GLUCOSE TEST STRIP	T3	
PLATINUM TEST STRIP	T3	
PRECISION POINT OF CARE	T3	
PRECISION Q-I-D	T3	
PRECISION XTRA TEST STRIPS	T2	
PREMIER TEST STRIP	T3	
PREMIUM BLOOD GLUCOSE TEST	T3	
PREMIUM V10	T3	
PRO VOICE V8-V9 TEST STRIP	T3	
PRODIGY NO CODING	T3	
QUINTET	T3	
QUINTET AC	T3	
REFUAH PLUS	T3	
RELION CONFIRM-MICRO	T3	
RELION PRIME TEST STRIPS	T3	
RELION TRUE METRIX TEST STRIP	T2	
REVEAL TEST STRIP	T3	
RIGHTEST GS100 TEST STRIP	T3	
RIGHTEST GS300 TEST STRIP	T3	
RIGHTEST GS550 TEST STRIP	T3	
RIGHTEST GT333 TEST STRIP	T3	
SMART SENSE TEST STRIPS	T3	
SMARTEST TEST	T3	
SOLUS V2 TEST STRIPS	T3	

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List of Prescription Medications

DIAGNOSTIC (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BLOOD SUGAR DIAGNOSTICS *(cont.)*		
SURE-TEST EASYPLUS MINI STRIP	T3	
TELCARE TEST STRIPS	T3	
TEST N'GO	T3	
TEST STRIPS	T3	
TRUE METRIX GLUCOSE TEST STRIP	T2	
TRUE METRIX GLUCOSE TEST STRIP	T3	
TRUENESS GLUCOSE TEST STRIP	T3	
TRUETEST TEST STRIPS	T3	
TRUETRACK TEST STRIP	T3	
ULTIMA	T3	
ULTRATRAK TEST STRIP	T3	
ULTRATRAK ULTIMATE TEST STRIPS	T3	
UNISTRIP1	T3	
VIVAGUARD INO TEST STRIP	T3	
URINE GLUCOSE TEST AIDS		
DIASTIX REAGENT	T3	
DIAGNOSTIC (Miscellaneous)		
ADRENAL RADIOACTIVE DIAGNOSTICS		
ADREVIEW	T3	
BLOOD TESTING PREPARATIONS		
FORA GTEL KETONE TEST STRIP	T3	
FORA TN'G ADV VOICE KETO STRIP	T3	
GOJJI BLOOD KETONE TEST STRIP	T3	
NOVAMAX PLUS	T3	
PRECISION XTR B-KETONE STRIP	T3	
CARDIOVASCULAR DIAGNOSTICS,NON-RADIOPAQUE AGENTS		
adenosine	T1	
CARDIOVASCULAR DIAGNOSTICS-RADIOPAQUE		
ULTRAVIST	T3	
DIAGNOSTIC PREPARATIONS, MISCELLANEOUS		
ADVANCED DNA MEDICATED COLLECT	T3	
ARIDOL	T3	
gadobutrol	T1	

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DIAGNOSTIC (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIAGNOSTIC PREPARATIONS, MISCELLANEOUS *(cont.)*		
GLUCAGON HCL	T1	
lidocaine hcl/glycerin	T1	
PROVOCHOLINE	T3	
TC99M SULFUR COLLOID PREP	T1	
EYE DIAGNOSTIC AGENTS		
fluorescein sodium	T1	
lissamine green	T1	
GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS		
diatrizoate meglumine, sodium (Gastrografin)	T1	
ENTERO VU	T3	
E-Z DISK	T3	
E-Z-HD	T3	
E-Z-PAQUE	T3	
E-Z-PASTE	T3	
GASTROGRAFIN (*diatrizoate meglumine, sodium*)	T3	
GASTROMARK	T3	
LIQUID E-Z PAQUE	T3	
LIQUID POLIBAR PLUS	T3	
NEULUMEX	T3	
POLIBAR ACB	T3	
READI-CAT 2	T3	
SITZMARKS	T3	
TAGITOL V	T3	
VANILLA SILQ	T3	
VARIBAR HONEY	T3	
VARIBAR NECTAR	T3	
VARIBAR PUDDING	T3	
VARIBAR THIN HONEY	T3	
VARIBAR THIN LIQUID	T3	
METABOLIC FUNCTION DIAGNOSTICS		
METOPIRONE	T3	

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DIAGNOSTIC (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
URINARY TRACT RADIOPAQUE DIAGNOSTICS		
CYSTO-CONRAY II	T3	
CYSTOGRAFIN	T3	
CYSTOGRAFIN-DILUTE	T3	
DIURETICS (Diuretics)		
URINE ACETONE TEST AIDS		
KETONE CARE TEST STRIP	T3	
KETONE TEST STRIP	T3	
KETOSTIX REAGENT	T3	
TRUEPLUS KETONE TEST STRIP	T3	
CHEK-STIX	T3	
CHEMSTRIP	T2	
CHEMSTRIP 10 WITH SG	T2	
CHEMSTRIP 2 GP	T2	
CHEMSTRIP 50B	T2	
CHEMSTRIP 7	T2	
CHEMSTRIP 9	T2	
COMBISTIX REAGENT	T3	
HEMA-COMBISTIX	T3	
KETO-DIASTIX REAGENT	T3	
LABSTIX REAGENT	T3	
MULTISTIX	T3	
MULTISTIX 10 SG	T3	
MULTISTIX 5	T3	
MULTISTIX 7	T3	
MULTISTIX 8 SG	T3	
MULTISTIX 9	T3	
MULTISTIX 9 SG	T3	
URISTIX 4	T3	
URISTIX REAGENT	T3	
ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS		
SAMSCA (*tolvaptan*)	T3	PA SP
tolvaptan 15 mg tablet (Samsca)	T1	SP HD
tolvaptan 30 mg tablet (Samsca)	T1	SP HD
VAPRISOL-5% DEXTROSE	T3	

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DIURETICS (Diuretics) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	T1	HD
acetazolamide sodium	T1	
methazolamide	T1	HD
LOOP DIURETICS		
bumetanide	T1	HD
EDECRIN (*ethacrynic acid*)	T3	PA
ENBUMYST	T3	PA SP
ethacrynate sodium (Sodium Edecrin)	T1	
*ethacrynic acid (*Edecrin*)*	T1	PA
FUROSCIX	T3	PA QL(2 KITS/30 DAYS) SP
furosemide 1,000 mg/100 ml vl	T1	
furosemide 10 mg/ml solution	T1	HD
furosemide 100 mg/10 ml vial	T1	
furosemide 20 mg tablet (Lasix)	T1	HD
furosemide 20 mg/2 ml vial	T1	
furosemide 40 mg tablet (Lasix)	T1	HD
furosemide 40 mg/4 ml vial	T1	
furosemide 40 mg/5 ml soln	T1	HD
furosemide 500 mg/50 ml vial	T1	
furosemide 80 mg tablet (Lasix)	T1	HD
FUROSEMIDE-0.9% NACL *(furosemide in 0.9 % nacl)*	T3	
LASIX *(furosemide)*	T3	PA HD
LASIX ONYU 80 MG/2.67 ML KIT	T3	PA QL(2 KITS/30 DAYS)
SOAANZ	T3	PA HD
SODIUM EDECRIN (*ethacrynate sodium*)	T3	
torsemide	T1	HD
OSMOTIC DIURETICS		
mannitol	T1	
OSMITROL 10% (50 GM/500 ML) *(mannitol)*	T3	
osmitrol 20% (100 gm/500 ml)	T2	
osmitrol 20% (50 gm/250 ml)	T2	

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DIURETICS (Diuretics) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEP. ANTAG		
JYNARQUE *(tolvaptan)*	T3	PA SP
tolvaptan 15 mg tablet (Jynarque)	T1	SP HD
tolvaptan 15 mg-15 mg tablet (Jynarque)	T1	PA SP HD
tolvaptan 30 mg tablet (Jynarque)	T1	SP HD
tolvaptan 30 mg-15 mg tablet (Jynarque)	T1	PA SP HD
tolvaptan 45 mg-15 mg tablet (Jynarque)	T1	PA SP HD
tolvaptan 60 mg-30 mg tablet (Jynarque)	T1	PA SP HD
tolvaptan 90 mg-30 mg tablet (Jynarque)	T1	PA SP HD
POTASSIUM SPARING DIURETICS		
ALDACTONE (*spironolactone*)	T3	PA HD
amiloride hcl	T1	HD
CAROSPIR (*spironolactone*)	T2	PA
DYRENIUM (*triamterene*)	T3	PA HD
eplerenone (Inspra)	T1	HD
INSPRA *(eplerenone)*	T3	PA HD
KERENDIA	T2	PA QL(1 TAB/DAY)
spironolactone 100 mg tablet (Aldactone)	T1	HD
spironolactone 25 mg tablet (Aldactone)	T1	HD
spironolactone 25 mg/5 ml susp (Carospir)	T1	
spironolactone 50 mg tablet (Aldactone)	T1	HD
triamterene (Dyrenium)	T1	HD
POTASSIUM SPARING DIURETICS IN COMBINATION		
amiloride/hydrochlorothiazide	T1	HD
spironolact/hydrochlorothiazid	T1	HD
triamterene/hydrochlorothiazid	T1	HD
THIAZIDE AND RELATED DIURETICS		
chlorothiazide sodium	T1	
chlorthalidone	T1	HD
DIURIL	T2	HD
HEMICLOR	T3	PA QL(1 TAB/DAY) HD
hydrochlorothiazide	T1	HD
indapamide	T1	HD
INZIRQO	T3	PA HD
metolazone	T1	HD
THALITONE	T3	PA HD

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List of Prescription Medications

EENT PREPS (Allergy/Nasal Sprays)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NASAL ANTIHISTAMINE		
azelastine 0.1% (137 mcg) spry	T1	HD
olopatadine 665 mcg nasal spry (Patanase)	T1	HD
PATANASE (*olopatadine hcl*)	T3	HD
NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.		
azelastine/fluticasone (Dymista)	T1	PA HD
DYMISTA (*azelastine-fluticasone*)	T3	ST HD
RYALTRIS	T3	PA QL(1 GM/30 DAYS) HD
NASAL ANTI-INFLAMMATORY STEROIDS		
flunisolide	T1	HD
fluticasone prop 50 mcg spray	T1	HD
mometasone furoate 50 mcg spry	T1	QL(68 GMS/30 DAYS) HD
OMNARIS	T3	ST HD
QNASL	T3	ST
QNASL CHILDREN	T3	
SINUVA	T3	PA SP
XHANCE	T3	ST HD
ZETONNA	T3	ST HD
NOSE PREPARATIONS, MISCELLANEOUS (RX)		
ipratropium 0.03% spray	T1	HD
ipratropium 0.06% spray	T1	HD
NOSE PREPARATIONS, VASOCONSTRICTORS (RX)		
ADRENALIN CHLORIDE	T3	
epinephrine hcl	T1	
EENT PREPS (Ear Medications)		
EAR PREPARATIONS ANTI-INFLAMMATORY		
DERMOTIC (*fluocinolone acetonide oil*)	T3	
fluocinolone acetonide oil (Dermotic)	T1	
EAR PREPARATIONS, MISC. ANTI-INFECTIVES		
acetic acid	T1	
hydrocortisone/acetic acid	T1	
EENT PREPS (Eye Conditions)		
ARTIFICIAL TEARS		
LACRISERT	T3	
MIEBO	T2	QL(1 BOTTLE/30 DAYS)

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List of Prescription Medications

EENT PREPS (Eye Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
EYE ANTI-INFECTIVES (RX ONLY)		
BETADINE	T2	
EYE ANTI-INFLAMMATORY AGENTS		
ACULAR (*ketorolac tromethamine*)	T3	PA
ACULAR LS (*ketorolac tromethamine*)	T3	PA
ACUVAIL	T3	PA
ALREX (*loteprednol etabonate)*	T3	PA
bromfenac sodium	T1	
bromfenac sodium (Bromsite)	T1	
bromfenac sodium (Prolensa)	T1	
BROMSITE *(bromfenac sodium)*	T3	PA
BYQLOVI	T3	PA
CLOBETASOL 0.05% EYE DROP	T3	PA
dexamethasone sodium phosphate	T1	
diclofenac 0.1% eye drops	T1	
difluprednate (Durezol)	T1	
DUREZOL (*difluprednate*)	T3	PA
EYSUVIS	T2	QL(8.3 ML/14 DAYS)
FLAREX	T3	PA
fluorometholone (Fml)	T1	
flurbiprofen sodium	T1	
FML (*fluorometholone*)	T3	PA
FML FORTE	T3	PA
ILEVRO	T3	
ILUVIEN	T3	SP
INVELTYS	T3	ST
ketorolac 0.4% ophth solution (Acular Ls)	T1	
ketorolac 0.5% ophth solution (Acular)	T1	
LOTEMAX 0.5% EYE DROPS (*loteprednol etabonate*)	T3	PA
LOTEMAX 0.5% EYE OINTMENT	T3	ST
LOTEMAX 0.5% OPHTHALMIC GEL (*loteprednol etabonate*)	T3	PA
LOTEMAX SM	T3	ST
loteprednol etabonate (Alrex)	T1	
loteprednol etabonate (Lotemax)	T1	

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List of Prescription Medications

EENT PREPS (Eye Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
EYE ANTI-INFLAMMATORY AGENTS *(con't.)*		
MAXIDEX	T3	PA
NEVANAC	T3	PA
OZURDEX	T3	SP HD
PRED FORTE (*prednisolone acetate*)	T3	PA
PRED MILD	T3	PA
prednisolone acetate (Pred Forte)	T1	
prednisolone sodium phosphate	T1	
PROLENSA (*bromfenac sodium*)	T3	PA
TRIESENCE	T3	
XIPERE	T3	PA SP HD
EYE IRRIGATIONS		
balanced salt irrig soln no.2	T3	
BSS PLUS	T3	
EYE LOCAL ANESTHETICS		
AKTEN	T3	
ALCAINE (*proparacaine hcl*)	T3	
ALTAFLUOR BENOX (*benoxinate hcl/fluorescein sod*)	T3	
FLUORESCEIN-BENOXINATE	T3	
proparacaine hcl (Alcaine)	T1	
proparacaine/fluorescein sod	T1	
tetracaine hcl	T1	
TETRACAINE HCL	T1	
EYE MAST CELL STABILIZERS		
cromolyn 4% eye drops	T1	
EYE MYDRIATIC AND NSAID COMBINATIONS		
OMIDRIA	T3	
EYE PREPARATIONS, MISCELLANEOUS (OTC)		
GELFILM	T3	
EYE VASOCONSTRICTORS		
phenylephrine hcl	T1	
UPNEEQ	T3	PA
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
ALPHAGAN P (*brimonidine tartrate*)	T3	PA HD
apraclonidine hcl	T1	HD

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EENT PREPS (Eye Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS *(con't.)*		
AZOPT (*brinzolamide*)	T3	PA HD
betaxolol hcl	T1	HD
BETIMOL	T3	PA HD
BETIMOL (*timolol*)	T3	PA HD
BETOPTIC S	T2	HD
bimatoprost 0.01% eye drops (Lumigan)	T1	PA HD
bimatoprost 0.03% eye drops	T1	PA QL(10 MLS/30 DAYS) HD
brimonidine tartrate	T1	HD
brimonidine tartrate (Alphagan P)	T1	HD
brimonidine tartrate/timolol (Combigan)	T1	HD
brinzolamide (Azopt)	T1	HD
carbachol	T3	HD
carteolol hcl	T1	HD
COMBIGAN (*brimonidine tartrate/timolol*)	T3	PA HD
COSOPT (*dorzolamide hcl/timolol maleat*)	T3	PA HD
COSOPT PF (*dorzolamide-timolol*)	T3	PA HD
dorzolamide hcl	T1	HD
dorzolamide hcl/timolol maleat (Cosopt)	T1	HD
dorzolamide/timolol/pf (Cosopt Pf)	T1	HD
DURYSTA	T3	PA SP HD
IOPIDINE	T3	PA HD
ISTALOL (*timolol maleate*)	T3	PA HD
IYUZEH	T3	PA QL(30 VIALS/30 DAYS) HD
latanoprost (Xalatan)	T1	PA HD
levobunolol hcl	T1	HD
LUMIGAN (*bimatoprost*)	T3	PA HD
MIOCHOL-E	T3	HD
OMLONTI	T3	PA HD
PHOSPHOLINE IODIDE	T2	SP HD
pilocarpine 1% eye drops	T1	HD
pilocarpine 2% eye drops	T1	HD
pilocarpine 4% eye drops	T1	HD
pilocarpine hcl 1.25% eye drop (Vuity)	T1	PA HD
QLOSI	T3	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS *(con't.)*		
RHOPRESSA	T3	
ROCKLATAN	T3	
SIMBRINZA	T2	HD
tafluprost/pf (Zioptan)	T1	PA QL(60 DROPPERS/30 DAYS) HD
timolol (Betimol)	T1	HD
timolol maleate (Istalol)	T1	HD
timolol maleate (Timoptic)	T1	HD
timolol maleate (Timoptic-xe)	T1	HD
timolol maleate/pf	T1	HD
timolol maleate/pf (Timoptic Ocudose)	T1	HD
TIMOPTIC (*timolol maleate*)	T3	PA HD
TIMOPTIC OCUDOSE	T3	PA HD
TIMOPTIC OCUDOSE (*timolol maleate/pf*)	T3	PA HD
TIMOPTIC-XE (*timolol maleate*)	T3	PA HD
TRAVATAN Z (*travoprost*)	T3	PA HD
travoprost (Travatan Z)	T1	PA HD
VIZZ	T3	PA HD
VUITY (*pilocarpine hcl*)	T3	PA HD
VYZULTA	T3	PA
XALATAN (*latanoprost*)	T3	PA HD
YUVEZZI	T3	PA HD
ZIOPTAN (*tafluprost/pf*)	T3	PA QL(60 DROPPERS/30 DAYS) HD
ZOLYMBUS	T3	PA QL HD
MYDRIATICS		
atropine 1% eye drop	T1	HD
atropine 1% eye drops	T1	HD
ATROPINE 1% EYE DROPS	T3	PA HD
atropine 1% eye ointment	T1	HD
CYCLOGYL 0.5% EYE DROPS	T2	HD
CYCLOGYL 1% EYE DROPS	T3	HD
CYCLOGYL 1% EYE DROPS (*cyclopentolate hcl*)	T3	HD
CYCLOGYL 2% EYE DROPS	T3	HD
CYCLOMYDRIL	T2	HD

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MYDRIATICS *(con't.)*		
cyclopentolate hcl (Cyclogyl)	T1	HD
homatropine hbr	T1	HD
MYDRIACYL (*tropicamide*)	T3	HD
tropicamide	T1	HD
tropicamide (Mydriacyl)	T1	HD
OPHTH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS		
EYLEA	T3	PA SP
EYLEA HD	T3	PA SP
PAVBLU	T3	PA SP
YESAFILI	T3	PA SP
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY		
BEOVU	T3	PA SP
BYOOVIZ	T3	PA SP
CIMERLI	T3	PA SP
LUCENTIS	T3	PA SP HD
NUFYMCO	T3	PA SP
SUSVIMO	T3	PA SP
OPHTHALMIC ANTI-FIBROTIC AGENTS		
MITOSOL	T3	
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE		
CEQUA	T2	
cyclosporine 0.05% eye emuls (Restasis)	T1	HD
RESTASIS (cyclosporine)	T2	HD
RESTASIS MULTIDOSE	T3	PA HD
VERKAZIA	T3	PA QL(1 BOX/30 DAYS) HD
VEVYE	T3	PA HD
XIIDRA	T2	HD
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	T3	PA SP
SYFOVRE	T3	PA SP HD
OPHTHALMIC CYSTINE DEPLETING AGENTS		
CYSTADROPS	T3	PA QL(20 MLS/28 DAYS) SP
CYSTARAN	T3	PA QL(120 MLS/28 DAYS) SP

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List of Prescription Medications

EENT PREPS (Eye Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)		
OXERVATE	T3	PA SP HD
OPHTHALMIC SURGICAL AIDS		
CELLUGEL	T3	
hypromellose	T1	
VISIONBLUE	T3	
OPHTHALMIC TRPM8 AGONISTS		
TRYPTYR	T3	
OPHTHALMIC VEGF-A AND ANG-2 INHIB, BISPECIFIC AB		
VABYSMO	T3	
ELECT/CALORIC/H2O (Eye Conditions)		
ORAL LIPID SUPPLEMENTS		
DOJOLVI	T3	PA SP HD
ELECT/CALORIC/H2O (Dental Products)		
FLUORIDE PREPARATIONS		
CLINPRO 5000	T3	
FLORIVA	T3	PPACA
fluoride (sodium)	T1	
fluoride (sodium) (Prevident 5000 Plus)	T1	
fluoride (sodium) (Prevident)	T1	
FLUORIDEX	T1	
FLUORIDEX SENSITIVITY RELIEF	T3	
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
FRAICHE 5000 PREVI	T3	
JUST RIGHT 5000	T3	
PREVIDENT 0.2% RINSE (*fluoride (sodium)*)	T3	
PREVIDENT 1.1% GEL (*sodium fluoride*)	T3	
PREVIDENT 5000 BOOSTER PLUS	T2	
PREVIDENT 5000 DRY MOUTH	T2	
PREVIDENT 5000 ENAMEL PROTECT	T2	
PREVIDENT 5000 ORTHO DEFENSE	T2	
PREVIDENT 5000 PLUS (*fluoride (sodium)*)	T3	PA
PREVIDENT 5000 SENSITIVE	T2	
PREVIDENT DENTAL RINSE (*fluoride (sodium)*)	T3	
PREVIDENT KIDS	T2	

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List of Prescription Medications

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELECT/CALORIC/H2O (Dental Products) *(cont.)*		
FLUORIDE PREPARATIONS *(con't.)*		
sodium fluoride 0.2% rinse (Prevident)	T1	
sodium fluoride 1.1% cream (Prevident 5000 Plus)	T1	
sodium fluoride 1.1% gel (Prevident)	T1	
sodium fluoride 5000 ppm paste	T1	
sodium fluoride/potassium nit	T1	
PEDIATRIC VITAMIN PREPARATIONS		
fluoride (sodium)	T1	PPACA
sodium fluoride 0.25 (0.55) mg	T1	PPACA
sodium fluoride 0.5 mg(1.1 mg)	T1	PPACA
sodium fluoride 0.5 mg/ml drop	T1	PPACA
sodium fluoride 1 mg (2.2 mg)	T1	PPACA
ELECT/CALORIC/H2O (Diabetes)		
AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)		
BAQSIMI	T2	QL(2 UNITS/30 DAYS)
diazoxide (Proglycem)	T1	
glucagon 1 mg emergency kit	T1	QL(2 VIALS/30 DAYS)
GLUCAGON 1 MG EMERGENCY KIT	T3	QL(2 KITS/30 DAYS)
GVOKE	T2	QL(2 VIALS/30 DAYS)
GVOKE HYPOPEN 1-PACK	T2	QL(2 SYR/AUTO-INJ/30 DAYS)
GVOKE HYPOPEN 2-PACK	T2	QL(2 SYR/AUTO-INJ/30 DAYS)
GVOKE PFS 1-PACK SYRINGE	T2	QL(2 SYR/AUTO-INJ/30 DAYS)
GVOKE PFS 2-PACK SYRINGE	T2	QL(2 SYR/AUTO-INJ/30 DAYS)
PROGLYCEM (*diazoxide*)	T3	PA
ZEGALOGUE AUTOINJECTOR	T2	QL(1.2 ML/30 DAYS)
ZEGALOGUE SYRINGE	T2	QL(1.2 ML/30 DAYS)
ELECT/CALORIC/H2O (Miscellaneous)		
BICARBONATE PRODUCING/CONTAINING AGENTS		
sodium acetate	T1	
sodium bicarbonate	T1	
sodium bicarbonate in d5w	T1	
DRUGS USED TO TREAT ACIDOSIS		
THAM	T3	
tromethamine	T1	

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ELECT/CALORIC/H2O (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS		
dextrose 5%-lactated ringers	T1	
IV SOLUTIONS: DEXTROSE-SALINE		
dextrose 10 % and 0.2 % nacl	T1	
dextrose 10 % and 0.45 % nacl	T1	
dextrose 2.5 % and 0.45 % nacl	T1	
dextrose 5 % and 0.3 % nacl	T1	
dextrose 5 % and 0.9 % nacl	T1	
dextrose 5 %-0.2 % sod chlorid	T1	
dextrose 5 %-0.45 % sod chlord	T1	
dextrose 10%-water iv solution	T1	
dextrose 20%-water iv soln	T1	
dextrose 25%-water syringe	T1	
DEXTROSE 30%-WATER IV SOLN	T3	
DEXTROSE 40%-WATER IV SOLN	T3	
dextrose 5%-water 100 ml	T1	
dextrose 5%-water 100 ml (Glucose In Water)	T1	
dextrose 5%-water 50 ml (Glucose In Water)	T1	
dextrose 5%-water iv soln	T1	
dextrose 5%-water iv soln (Glucose In Water)	T1	
dextrose 50%-water abboject	T1	
DEXTROSE 50%-WATER IV SOLN	T3	
dextrose 50%-water syringe	T1	
dextrose 50%-water vial	T1	
dextrose 70%-water 3,000 ml	T1	
dextrose 70%-water iv soln	T1	
GLUCOSE IN WATER (*dextrose 5 % in water*)	T1	
NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS		
XURIDEN	T3	PA SP
PARENTERAL AMINO ACID SOLUTIONS AND COMBINATIONS		
AMINOSYN II	T3	
AMINOSYN-PF	T3	
CLINIMIX	T3	
CLINIMIX E	T3	
CLINISOL	T3	

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ELECT/CALORIC/H2O (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PARENTERAL AMINO ACID SOLUTIONS AND COMBINATIONS *(con't.)*		
KABIVEN	T3	
parenteral amino acid 10% no.6	T3	
parenteral amino acid 10% no.7	T3	
PERIKABIVEN	T3	
PLENAMINE	T3	
PROSOL	T3	
TROPHAMINE	T3	
ELECT/CALORIC/H2O (Nutritional/Dietary)		
CALCIUM REPLACEMENT		
calcium chloride	T1	
CALCIUM GLU 1,000MG/100ML-NACL	T3	
calcium glu 2,000mg/100ml-nacl	T1	
CALCIUM GLU 2,000MG/100ML-NACL	T3	
calcium gluc 1,000mg/50ml-nacl	T1	
CALCIUM GLUC 1,000MG/50ML-NACL	T1	
calcium gluconate	T1	
calcium gluconate in 0.9% nacl	T1	
calcium/mag/d3/b12/fa/b6/boron	T1	
CARBOHYDRATES		
ENFAMIL	T3	
GLUTOL	T3	
ELECTROLYTE DEPLETERS		
AURYXIA (*ferric citrate*)	T3	QL(12 TABS/DAY)
calcium acetate	T1	
ferric citrate (Auryxia)	T1	QL(12 TABS/DAY)
FOSRENOL	T3	PA
FOSRENOL (*lanthanum carbonate*)	T3	PA
lanthanum carbonate (Fosrenol)	T1	
LOKELMA	T2	
MAGNEBIND 400	T3	
RENVELA (*sevelamer carbonate*)	T3	PA
sevelamer carbonate (Renvela)	T1	

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ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ELECTROLYTE DEPLETERS *(con't.)*		
sevelamer hcl	T1	
sodium polystyrene sulfonate	T1	
sodium polystyrene sulfon/sorb	T1	
VELPHORO	T3	PA
VELTASSA	T2	
XPHOZAH	T3	PA SP
ELECTROLYTE MAINTENANCE		
electrolyte-148 solution	T1	
electrolyte-a solution	T1	
IONOSOL MB-DEXTROSE 5%	T3	
ISOLYTE P WITH DEXTROSE	T3	
ISOLYTE S	T3	
NORMOSOL-M AND DEXTROSE	T3	
NORMOSOL-R	T3	
NORMOSOL-R AND DEXTROSE	T3	
NORMOSOL-R PH 7.4	T3	
PLASMA-LYTE A PH 7.4	T3	
ringer's solution	T1	
ringer's solution,lactated	T1	
TPN ELECTROLYTES *(sodium/pot/mag/calc/chlor/acet)*	T3	
FLUORIDE PREPARATIONS		
CLINPRO 5000	T3	
fluoride (sodium)	T1	
fluoride (sodium) (Prevident 5000 Plus)	T1	
fluoride (sodium) (Prevident)	T1	
FLUORIDEX	T1	
FLUORIMAX 5000	T3	
JUST RIGHT 5000	T3	
PREVIDENT 0.2% RINSE (*fluoride (sodium)*)	T3	
PREVIDENT 1.1% GEL (*fluoride (sodium)*)	T3	
PREVIDENT 5000 BOOSTER PLUS	T2	
PREVIDENT 5000 DRY MOUTH	T2	
PREVIDENT 5000 ORTHO DEFENSE	T2	
PREVIDENT 5000 PLUS (*fluoride (sodium)*)	T3	PA

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ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
FLUORIDE PREPARATIONS *(con't.)*		
PREVIDENT DENTAL RINSE (*fluoride (sodium)*)	T3	
PREVIDENT KIDS	T2	
sodium fluoride 0.2% rinse (Prevident)	T1	
sodium fluoride 1.1% cream (Prevident 5000 Plus)	T1	
sodium fluoride 1.1% gel (Prevident)	T1	
sodium fluoride 5000 ppm paste	T1	
IODINE CONTAINING AGENTS		
IODOPEN	T3	
potassium iodide	T1	
potassium iodide/iodine	T1	
SSKI	T3	
IRON REPLACEMENT		
ACCRUFER	T3	
ACTIVE FE	T3	
CITRANATAL BLOOM	T3	
CORVITE 150	T3	
CORVITE FE	T3	
FERAHEME (*ferumoxytol*)	T3	PA
FERIVA 21-7	T3	
FERRALET 90	T3	
ferric carboxymaltose (Injectafer)	T1	PA
FERRLECIT (*sodium ferric gluconat/sucrose*)	T3	
ferrous fum/vit c/b12-if/folic	T1	
ferrous fumarate/folic acid	T1	
*ferumoxytol (*Feraheme*)*	T1	PA
FUSION PLUS	T3	
HEMATRON-AF	T3	
HEMOCYTE PLUS (*mv-mins no.73/iron fum/folic*)	T3	
INFED	T3	
INJECTAFER (*ferric carboxymaltose*)	T3	PA
INTEGRA F (*iron fum,ps/folic acid/vitc/b3*)	T3	
INTEGRA PLUS (*iron fum,ps/folic/bcomp,c no.9*)	T3	
iron aspgly,ps/c/b12/fa/ca/suc	T1	
iron aspgly/c/b12/fa/ca-th/suc	T1	

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ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
IRON REPLACEMENT *(con't.)*		
iron bg,ps/vitc/b12/fa/calcium	T1	
iron fum,ag/c/b12/folic/ca/suc	T1	
iron fum,ps/folic acid/vitc/b3 (Integra F)	T1	
iron fum,ps/folic/bcomp,c no.9 (Integra Plus)	T1	
iron fumarate/vit c/vit b12/fa	T1	
iron ps complex/b12/folic acid	T1	
iron sucrose complex (Venofer)	T1	
iron/c/folic acd/mv cmb11/calc	T1	
iron/folic ac/vit bcomp,c/min	T1	
iron/folic acid/b12/c/docusate	T1	
iron/folic acid/c/b6/b12/zinc	T1	
IROSPAN	T3	
MONOFERRIC	T3	PA
NEONATAL FE	T3	
NUFERA	T3	
PROFERRIN-FORTE	T3	
sodium ferric gluconat/sucrose (Ferrlecit)	T1	
VENOFER (*iron sucrose complex*)	T3	
VITAFOL	T2	
MINERAL REPLACEMENT, MISCELLANEOUS		
magnesium chloride	T1	
magnesium sulf 2 g/50 ml bag	T1	
magnesium sulf 20 g/500 ml bag	T1	
MAGNESIUM SULF 3 G/100 ML BAG	T3	
magnesium sulf 4 g/100 ml bag	T1	
magnesium sulf 4 g/50 ml bag	T1	
magnesium sulf 40 g/1,000 ml	T1	
magnesium sulfate 50% 1 g/2 ml	T1	
magnesium sulfate 50% 10g/20ml	T1	
magnesium sulfate 50% 25g/50ml	T1	
magnesium sulfate 50% 5 g/10ml	T1	
magnesium sulfate 50% syringe	T1	
MAGNESIUM SULFATE-D5W	T1	

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ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MINERAL REPLACEMENT, MISCELLANEOUS		
chromic chloride	T1	
cupric chloride	T1	
manganese chloride	T1	
MULTRYS	T3	
SELENIOUS ACID 12 MCG/2 ML VL	T3	
selenious acid 400 mcg/10 ml	T1	
SELENIOUS ACID 600 MCG/10 ML	T1	
TRALEMENT	T3	
ZYCUBO	T3	PA QL(2 VIALS/DAY) SP
PEDIATRIC VITAMIN PREPARATIONS		
fluoride (sodium)	T1	PPACA
sodium fluoride 0.25 (0.55) mg	T1	PPACA
sodium fluoride 0.5 mg(1.1 mg)	T1	PPACA
sodium fluoride 0.5 mg/ml drop	T1	PPACA
sodium fluoride 1 mg (2.2 mg)	T1	PPACA
PHOSPHATE REPLACEMENT		
potassium phos,m-basic-d-basic	T1	
POTASSIUM PHOSPHATE-0.9% NACL	T3	
sod phosphate,monobasic-dibas	T1	
POTASSIUM REPLACEMENT		
EFFER-K 10 MEQ TABLET EFF	T3	
EFFER-K 20 MEQ TABLET EFF	T3	
effer-k 25 meq tablet eff	T1	
POKONZA	T3	PA
potassium acetate	T1	
potassium bicarbonate/cit ac	T1	
potassium chloride	T1	
potassium chloride in 0.9%nacl	T1	
potassium chloride in d5w	T1	
potassium chloride in lr-d5	T1	
potassium chloride in water	T1	
potassium chloride/d5-0.2%nacl	T1	
potassium chloride/d5-0.45nacl	T1	
potassium chloride/d5-0.9%nacl	T1	

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ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
POTASSIUM REPLACEMENT *(con't.)*		
potassium chloride-0.45% nacl	T1	
potassium cl 10 meq/100 ml sol	T1	
potassium cl 10 meq/5 ml conc	T1	
potassium cl 10 meq/50 ml sol	T1	
potassium cl 10% (20 meq/15ml)	T1	
POTASSIUM CL 2 MEQ/ML CONC *(potassium chloride)*	T3	
potassium cl 20 meq packet	T1	
potassium cl 20 meq/10 ml conc	T1	
potassium cl 20 meq/100 ml sol	T1	
potassium cl 20 meq/50 ml sol	T1	
potassium cl 20% (40 meq/15ml)	T1	
POTASSIUM CL 40 MEQ PACKET	T3	PA
potassium cl 40 meq/100 ml sol	T1	
potassium cl 40 meq/20 ml conc	T1	
potassium cl 60 meq/30 ml conc	T1	
potassium cl er 10 meq capsule	T1	
potassium cl er 10 meq tablet	T1	
potassium cl er 15 meq tablet	T1	
POTASSIUM CL ER 15 MEQ TABLET	T3	
potassium cl er 20 meq tablet	T1	
potassium cl er 8 meq capsule	T1	
potassium cl er 8 meq tablet	T1	
potassium cl10%(20meq/15ml)cup	T1	
potassium cl10%(40meq/30ml)cup	T1	
potassium cl20%(40meq/15ml)cup	T1	
POTASSIUM CL-LIDOCAINE-NS *(potassium cl/lido/0.9 % nacl)*	T3	
SODIUM/SALINE PREPARATIONS		
0.9 % sodium chloride	T1	
KENDALL 0.9% NACL WITH CAP	T1	
sodium chloride	T1	
sodium chloride 0.45 %	T1	
sodium chloride 0.9 % (flush)	T1	
sodium chloride 3 %	T1	
sodium chloride 5 %	T1	
SWABFLUSH	T3	

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ELECT/CALORIC/H2O (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ZINC REPLACEMENT		
zinc chloride	T1	
zinc sulfate	T1	
Elect/Caloric/H2O (Urinary Tract Conditions)		
DIALYSIS SOLUTIONS		
DELFLEX WITH 1.5% DEXTROSE	T3	
DELFLEX WITH 2.5% DEXTROSE	T3	
DIANEAL PD-2 W-1.5% DEXTROSE	T3	
DIANEAL PD-2 W-2.5% DEXTROSE	T2	
DIANEAL PD-2 W-4.25% DEXTROSE	T3	
DIANEAL WITH 1.5% DEXTROSE	T3	
DIANEAL WITH 2.5% DEXTROSE	T3	
DIANEAL WITH 4.25% DEXTROSE	T3	
EXTRANEAL ICODEXTRIN DIALYSIS	T3	
perit. dialysis no.6-dex 1.5 %	T3	
periton.dialysis 7-dextr 2.5 %	T3	
periton.dialysis 8-dext 4.25 %	T3	
PHOXILLUM	T3	
PRISMASOL	T3	
URINARY PH MODIFIERS		
citric acid/sodium citrate	T1	HD
K-PHOS NO.2	T2	HD
K-PHOS ORIGINAL	T2	HD
ORACIT	T3	HD
potassium citrate	T1	HD
potassium citrate (Urocit-k)	T1	HD
potassium citrate/citric acid	T1	HD
RENACIDIN	T3	HD
sod/pot/k cit/sod cit/cit acid	T1	HD
UROCIT-K (*potassium citrate er*)	T3	HD
UROQID-ACID NO.2	T2	HD
GASTROINTESTINAL (Cholesterol Medications)		
LIPOTROPICS		
icosapent ethyl (Vascepa)	T1	HD
LOVAZA (*omega-3 acid ethyl esters*)	T3	PA HD

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GASTROINTESTINAL (Cholesterol Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
LIPOTROPICS *(con't.)*		
omega-3 acid ethyl esters (Lovaza)	T1	HD
VASCEPA (*icosapent ethyl*)	T2	PA HD
GASTROINTESTINAL (Gastrointestinal/Heartburn)		
AMMONIA INHIBITORS		
AMMONUL (*sodium benzoate/sod phenylacet*)	T3	
BUPHENYL (*sodium phenylbutyrate*)	T3	PA SP HD
glycerol phenylbutyrate (Ravicti)	T1	SP HD
lactulose	T1	
lactulose	T1	HD
lactulose 10 gm/15 ml solution	T1	
LITHOSTAT	T2	HD
OLPRUVA	T3	PA SP HD
PHEBURANE	T2	PA QL(8 BOTTLES/30 DAYS) SP HD
RAVICTI (*glycerol phenylbutyrate*)	T3	PA SP HD
sodium benzoate/sod phenylacet (Ammonul)	T1	
sodium phenylbutyrate (Buphenyl)	T1	SP HD
ANTI-CHOLINERGICS, QUATERNARY AMMONIUM		
chlordiazepoxide/clidinium br (Librax)	T1	
CUVPOSA (*glycopyrrolate*)	T3	
DARTISLA	T3	PA
GLYCATE	T3	
glycopyrrolate 0.2 mg/ml vial	T1	
glycopyrrolate 0.4 mg/2 ml vl	T1	
GLYCOPYRROLATE 0.6 MG/3 ML SYR	T1	
glycopyrrolate 1 mg tablet (Robinul)	T1	
glycopyrrolate 1 mg/5 ml soln (Cuvposa)	T1	
glycopyrrolate 1.5 mg tablet	T1	PA
GLYCOPYRROLATE 1 MG/5 ML SYRNG	T1	
glycopyrrolate 1 mg/5 ml vial	T1	
glycopyrrolate 1.5 mg tablet	T1	PA
glycopyrrolate 2 mg tablet (Robinul Forte)	T1	
glycopyrrolate 4 mg/20 ml vial	T1	
GLYCOPYRROLATE-WATER	T1	

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List of Prescription Medications

GASTROINTESTINAL (Gastrointestinal/Heartburn) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CHOLINERGICS, QUATERNARY AMMONIUM *(con't.)*		
LIBRAX (*chlordiazepoxide/clidinium br*)	T3	PA
ROBINUL (*glycopyrrolate*)	T3	PA
ROBINUL FORTE (*glycopyrrolate*)	T3	PA
ANTI-CHOLINERGICS/ANTI-SPASMODICS		
dicyclomine 10 mg capsule	T1	
dicyclomine 10 mg/5 ml soln	T1	
dicyclomine 20 mg tablet	T1	
dicyclomine 20 mg/2 ml ampul	T1	
dicyclomine 20 mg/2 ml vial	T1	
DICYCLOMINE 40 MG TABLET	T3	PA
ANTI-DIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS		
MYTESI	T3	SP
ANTI-DIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR		
XERMELO	T3	PA SP
ANTI-DIARRHEALS		
diphenoxylate hcl/atropine	T1	
diphenoxylate hcl/atropine (Lomotil)	T1	
LOMOTIL (*diphenoxylate-atropine*)	T3	PA
loperamide hcl	T1	
MOTOFEN	T3	
opium tincture	T1	PA
ANTI-EMETIC, CANNABINOID-TYPE		
dronabinol 10 mg capsule (Marinol)	T1	
dronabinol 2.5 mg capsule (Marinol)	T1	
dronabinol 5 mg capsule (Marinol)	T1	
DRONABINOL 5 MG/ML SOLUTION	T3	
MARINOL (*dronabinol*)	T3	PA
SYNDROS	T3	PA
ANTI-EMETIC/ANTI-VERTIGO AGENTS		
AKYNZEO 235-0.25 MG VIAL	T3	
AKYNZEO 235-0.25 MG/20 ML VIAL	T3	
AKYNZEO 300-0.5 MG CAPSULE	T3	PA QL(4 CAPS/28 DAYS)
ANTIVERT (*meclizine hcl*)	T3	PA
ANZEMET	T3	PA
aprepitant 125 mg capsule	T1	QL(4 CAPS/28 DAYS)

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GASTROINTESTINAL (Gastrointestinal/Heartburn) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-EMETIC/ANTI-VERTIGO AGENTS *(cont.)*		
aprepitant 125-80-80 mg pack (Emend)	T1	QL(12 CAPS/28 DAYS)
aprepitant 40 mg capsule	T1	QL(1 CAP/28 DAYS)
aprepitant 80 mg capsule (Emend)	T1	QL(8 CAPS/28 DAYS)
BARHEMSYS	T3	
BONJESTA	T3	
CINVANTI	T3	
COMPAZINE (*prochlorperazine maleate*)	T3	
COMPAZINE (*prochlorperazine*)	T3	
DICLEGIS (*doxylamine succinate/vit b6*)	T3	PA QL(4 TABS/DAY)
dimenhydrinate	T1	
doxylamine succinate/vit b6 (Diclegis)	T1	QL(4 TABS/DAY)
EMEND 125 MG POWDER PACKET	T3	PA QL(12 PACKS/28 DAYS)
EMEND 150 MG VIAL (*fosaprepitant dimeglumine*)	T3	
EMEND 80 MG CAPSULE (*aprepitant*)	T3	PA QL(8 CAPS/28 DAYS)
EMEND TRIPACK (*aprepitant*)	T3	PA QL(12 CAPS/28 DAYS)
FOCINVEZ	T3	
fosaprepitant dimeglumine (Emend)	T1	
fosaprepitant dimeglumine (Navitrux)	T1	
granisetron hcl	T1	
granisetron hcl/pf	T1	
GRANISOL	T3	PA
meclizine hcl (Antivert)	T1	PA
NAVITRUX (*fosaprepitant dimeglumine*)	T3	
NEREUS 85 MG CAPSULE	T3	PA QL(2 CAPS/DAY)
ondansetron hcl	T1	
ondansetron hcl/pf	T1	
ONDANSETRON ODT 16 MG TABLET	T3	PA
ondansetron odt 4 mg tablet	T1	
ondansetron odt 8 mg tablet	T1	
palonosetron 0.25 mg/5 ml vial (Posfrea)	T1	
palonosetron hcl 0.25 mg/5 ml	T1	PA
POSFREA *(palonosetron hcl)*	T3	
prochlorperazine (Compazine)	T1	

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ANTI-EMETIC/ANTI-VERTIGO AGENTS *(cont.)*		
prochlorperazine edisylate	T1	
prochlorperazine maleate (Compazine)	T1	
promethazine hcl	T1	
SANCUSO	T3	PA QL(4 PATCHES/30 DAYS)
scopolamine (Transderm-scop)	T1	
SUSTOL	T3	
TIGAN	T3	
TRANSDERM-SCOP (*scopolamine*)	T3	
trimethobenzamide hcl	T1	
VARUBI	T3	PA QL(4 TABS/28 DAYS)
ANTI-ULCER PREPARATIONS		
CARAFATE (*sucralfate*)	T3	PA HD
CYTOTEC (*misoprostol*)	T3	HD
misoprostol (Cytotec)	T1	HD
sucralfate	T1	HD
sucralfate (Carafate)	T1	HD
ANTI-ULCER-H.PYLORI AGENTS		
bismuth/metronid/tetracycline (Pylera)	T1	
lansoprazole/amoxiciln/clarith	T1	
OMECLAMOX-PAK	T3	PA
PYLERA (*bismuth/metronid/tetracycline*)	T3	PA
TALICIA	T3	PA
VOQUEZNA TRIPLE PAK	T3	PA
VOQUEZNA DUAL PAK	T3	PA
BELLADONNA ALKALOIDS		
atropine 0.25 mg/5 ml syringe	T1	
atropine 0.4 mg/ml vial	T1	
atropine 0.5 mg/5 ml abboject	T1	
atropine 0.5 mg/5 ml syringe	T1	
atropine 0.8 mg/2 ml syringe	T1	
atropine 1 mg/10 ml abboject	T1	
atropine 1 mg/10 ml syringe	T1	
ATROPINE 1 MG/2.5 ML SYRINGE	T1	
ATROPINE 1 MG/2.5 ML SYRINGE	T3	

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BELLADONNA ALKALOIDS *(cont.)*		
atropine 1 mg/ml vial	T1	
atropine 8 mg/20 ml vial	T1	
DONNATAL	T3	PA HD
DONNATAL (*phenobarb/hyoscy/atropine/scop*)	T3	PA HD
hyoscyamine 0.125 mg odt (Nulev)	T1	HD
hyoscyamine 0.125 mg tab sl (Levsin-SL)	T1	HD
hyoscyamine 0.125 mg/5 ml elix	T1	HD
hyoscyamine 0.125 mg/ml drop	T1	HD
hyoscyamine sulf 0.125 mg tab (Levsin)	T1	HD
hyoscyamine sulfate	T1	HD
hyoscyamine sulfate (Levbid)	T1	HD
hyoscyamine sulfate (Levsin)	T1	HD
hyoscyamine sulfate (Levsin-SL)	T1	HD
hyoscyamine sulfate (Nulev)	T1	HD
HYOSCYAMINE SULFATE 0.5 MG/ML	T3	HD
LEVBID *(hyoscyamine sulfate)*	T3	PA HD
LEVSIN *(hyoscyamine sulfate)*	T3	HD
LEVSIN-SL *(hyoscyamine sulfate)*	T3	PA HD
methscopolamine bromide	T1	HD
NULEV *(hyoscyamine sulfate)*	T3	HD
phenobarb/hyoscy/atropine/scop	T1	HD
phenobarb/hyoscy/atropine/scop (Donnatal)	T1	HD
phenobarb/hyoscy/atropine/scop (Phenobarbital-Belladonna)	T1	HD
PHENOBARBITAL-BELLADONNA *(phenobarb/hyoscy/atropine/scop)*	T3	HD
SYMAX DUOTAB	T2	HD
BILE SALTS		
CHENODAL	T3	PA SP HD
CHOLBAM	T3	PA SP HD
CTEXLI	T3	PA SP
RELTONE	T3	PA HD
URSO FORTE (*ursodiol*)	T3	HD
ursodiol 200 mg capsule	T1	PA HD
ursodiol 250 mg tablet	T1	HD

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BILE SALTS *(cont.)*		
ursodiol 300 mg capsule	T1	HD
ursodiol 400 mg capsule	T1	PA HD
ursodiol 500 mg tablet (Urso Forte)	T1	HD
CHOLERETICS		
KINEVAC	T3	
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX		
CANASA (*mesalamine*)	T3	PA
mesalamine 1,000 mg supp (Canasa)	T1	
mesalamine 4 gm/60 ml enema (Sfrowasa)	T1	
mesalamine 4 gm/60 ml kit (Rowasa)	T1	
ROWASA (*mesalamine w/cleansing wipes*)	T3	PA
SFROWASA (*mesalamine*)	T3	
DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT		
APRISO (*mesalamine*)	T3	HD
AZULFIDINE (*sulfasalazine*)	T3	PA HD
balsalazide disodium (Colazal)	T1	HD
COLAZAL (*balsalazide disodium*)	T3	ST HD
DIPENTUM	T3	ST HD
LIALDA (*mesalamine*)	T3	ST
mesalamine	T1	HD
mesalamine (Apriso)	T1	HD
mesalamine (Pentasa)	T1	HD
mesalamine 800 mg dr tablet	T1	HD
mesalamine dr 1.2 gm tablet (Lialda)	T1	HD
PENTASA (*mesalamine*)	T3	HD
sulfasalazine (Azulfidine)	T1	HD
FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG		
OCALIVA	T3	PA SP HD
FECAL MICROBIOTA TRANSPLANTATION (FMT)		
VOWST	T3	PA QL(12 CAPS/56 DAYS) SP
GASTRIC ENZYMES		
SUCRAID	T3	PA SP

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
HEMORRHOID PREP,ANTI-INFLAM STEROID-LOCAL ANESTHET		
ANALPRAM HC 1% CREAM	T3	
ANALPRAM HC 2.5%-1% CREAM (*hydrocortisone/pramoxine*)	T3	PA
ANALPRAM HC 2.5%-1% CRM SINGLE (*hydrocortisone/pramoxine*)	T3	PA
hydrocortisone/pramoxine	T1	
hydrocortisone/pramoxine (Analpram Hc)	T1	
PROCORT	T3	
PROCTOFOAM-HC	T2	
HISTAMINE H2-RECEPTOR INHIBITORS		
cimetidine	T1	HD
cimetidine hcl	T1	HD
famotidine 20 mg piggyback	T1	
famotidine 20 mg tablet (Pepcid)	T1	HD
famotidine 20 mg/2 ml vial	T1	
FAMOTIDINE 20 MG/5 ML VIAL	T3	
famotidine 200 mg/20 ml vial	T1	
FAMOTIDINE 200 MG/50 ML VIAL	T3	
*famotidine 40 mg tablet (*Pepcid*)*	T1	HD
FAMOTIDINE 40 MG/10 ML VIAL	T3	
famotidine 40 mg/4 ml vial	T1	
famotidine 40 mg/5 ml susp	T1	HD
famotidine 500 mg/50 ml vial	T1	
nizatidine	T1	HD
PEPCID *(famotidine)*	T3	PA HD
ranitidine hcl	T1	HD
IBS AGENTS, MIXED OPIOID RECEP AGONISTS/ANTAGONISTS		
VIBERZI	T2	HD
IBS AGENTS,SODIUM-HYDROGEN EXCHANGER 3(NHE3) INHIB		
IBSRELA	T3	PA QL(2 TABS/DAY)
IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST		
LINZESS	T2	
TRULANCE	T2	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR		
BYLVAY	T3	PA SP HD

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ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR *(cont.)*		
LIVMARLI	T3	PA SP
LYNAVOY	T3	PA QL(2 TABS/DAY) SP
INTEGRIN RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY		
ENTYVIO	T2	PA SP HD
INTESTINAL MOTILITY STIMULANTS		
GIMOTI	T3	PA SP
metoclopramide hcl	T1	
metoclopramide hcl (Reglan)	T1	
MOTEGRITY (*prucalopride succinate*)	T3	PA
prucalopride succinate (Motegrity)	T1	
REGLAN (*metoclopramide hcl*)	T3	
IRRITABLE BOWEL SYND. AGENT, 5-HT4 PARTIAL AGONIST		
ZELNORM	T3	PA
IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST		
alosetron hcl (Lotronex)	T1	SP HD
LOTRONEX (*alosetron hcl*)	T3	PA SP HD
IV FAT EMULSIONS		
CLINOLIPID	T3	
fat emulsions (Nutrilipid)	T3	
INTRALIPID	T3	
NUTRILIPID (*fat emulsions*)	T3	
OMEGAVEN	T3	
SMOFLIPID	T3	
LAXATIVES AND CATHARTICS		
AMITIZA *(lubiprostone)*	T3	PA
CLENPIQ	T3	PA PPACA
GOLYTELY SOLUTION (*peg3350/sod sulf,bicarb,cl/kcl*)	T3	PA PPACA
KRISTALOSE (*lactulose*)	T3	PA
lactulose	T1	
lactulose 10 gm packet (Kristalose)	T1	PA
lactulose 10 gm/15 ml soln cup	T1	
lactulose 10 gm/15 ml solution	T1	
lactulose 20 gm packet (Kristalose)	T1	PA
lactulose 20 gm/30 ml soln cup	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
LAXATIVES AND CATHARTICS *(cont.)*		
lubiprostone (Amitiza)	T1	
MOVIPREP (*peg3350-sod sul-nacl-kcl-asb-c*)	T3	PA PPACA
peg3350/sod sul/nacl/kcl/asb/c (Moviprep)	T1	PPACA
peg3350/sod sulf,bicarb,cl/kcl	T1	PPACA
peg3350/sod sulf, bicarb, cl/kcl (Golytely)	T1	PPACA
PLENVU	T3	PA PPACA
sodium chloride/nahco3/kcl/peg	T1	PPACA
*sodium, potassium,mag sulfates (*Suprep*)*	T1	PPACA
SUFLAVE	T3	PA PPACA
SUPREP (sodium, potassium,mag sulfates)	T3	PA PPACA
SUTAB	T3	PA PPACA
LOCAL ANORECTAL NITRATE PREPARATIONS		
nitroglycerin 0.4% ointment (Rectiv)	T1	
RECTIV (*nitroglycerin*)	T3	
PANCREATIC ENZYMES		
CREON	T3	PA HD
PANCREAZE	T2	HD
PERTZYE	T3	PA HD
VIOKACE	T3	HD
ZENPEP	T2	HD
PANCREATIC ENZYMES		
VOQUENZA	T3	PA QL(1 TAB/DAY)
PROTON-PUMP INHIBITORS		
ACIPHEX (*rabeprazole sodium*)	T3	PA QL(1 TAB/DAY)
DEXILANT DR 30 MG CAPSULE	T3	PA QL(2 CAPS/DAY)
DEXILANT DR 60 MG CAPSULE	T3	PA QL(1 CAP/DAY)
dexlansoprazole dr 30 mg cap	T1	PA QL(2 CAPS/DAY)
dexlansoprazole dr 60 mg cap (Dexilant)	T1	PA QL(1 CAP/DAY)
esomeprazole dr 10 mg packet (Nexium)	T1	QL(4 PACKS/DAY) HD
esomeprazole dr 2.5 mg packet (Nexium)	T1	QL(16 PACKS/DAY) HD
esomeprazole dr 20 mg packet (Nexium)	T1	QL(2 PACKS/DAY) HD
esomeprazole dr 40 mg packet (Nexium)	T1	QL(1 PACK/DAY) HD
esomeprazole dr 5 mg packet (Nexium)	T1	QL(8 PACKS/DAY) HD
esomeprazole mag dr 20 mg cap (Nexium)	T1	QL(2 CAPS/DAY) HD

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PROTON-PUMP INHIBITORS *(cont.)*		
esomeprazole mag dr 40 mg cap (Nexium)	T1	QL(1 CAP/DAY) HD
esomeprazole sodium	T1	
KONVOMEP	T3	PA QL(20 MLS/DAY) HD
lansoprazole dr 15 mg capsule	T1	QL(2 CAPS/DAY) HD
lansoprazole dr 15 mg capsule (Prevacid)	T1	QL(2 TABS/DAY) HD
lansoprazole dr 30 mg capsule (Prevacid)	T1	QL(1 CAP/DAY) HD
lansoprazole odt 30 mg tablet (Prevacid)	T1	QL(1 TAB/DAY) HD
NEXIUM DR 10 MG PACKET (*esomeprazole magnesium*)	T3	PA QL(4 PACKS/DAY) HD
NEXIUM DR 2.5 MG PACKET (*esomeprazole magnesium*)	T3	PA QL(16 PACKS/DAY) HD
NEXIUM DR 20 MG CAPSULE (*esomeprazole magnesium*)	T3	PA QL(2 CAPS/DAY) HD
NEXIUM DR 20 MG PACKET (*esomeprazole magnesium*)	T3	PA QL(2 PACKS/DAY) HD
NEXIUM DR 40 MG CAPSULE (*esomeprazole magnesium*)	T3	PA QL(1 CAP/DAY) HD
NEXIUM DR 40 MG PACKET (*esomeprazole magnesium*)	T3	PA QL(1 PACK/DAY) HD
NEXIUM DR 5 MG PACKET (*esomeprazole magnesium*)	T3	PA QL(8 PACKS/DAY) HD
omeprazole dr 10 mg capsule	T1	QL(4 CAPS/DAY) HD
omeprazole dr 20 mg capsule	T1	QL(2 CAPS/DAY) HD
omeprazole dr 40 mg capsule	T1	QL(1 CAP/DAY) HD
omeprazole-bicarb 20-1, 100 cap (Zegerid)	T1	PA QL(2 CAPS/DAY) HD
omeprazole-bicarb 20-1, 680 pkt (Zegerid)	T1	PA QL(2 PACKS/DAY) HD
omeprazole-bicarb 40-1, 100 cap	T1	PA QL(1 CAP/DAY) HD
omeprazole-bicarb 40-1, 680 pkt (Zegerid)	T1	PA QL(1 PACK/DAY) HD
pantoprazole 40 mg suspension (Protonix)	T1	QL(1 PACK/DAY) HD
PANTOPRAZOLE SOD 40 MG/50ML-NS	T3	
PANTOPRAZOLE SOD 40MG/100ML-NS	T3	HD
PANTOPRAZOLE SOD 80MG/100ML-NS	T3	HD
pantoprazole sod dr 20 mg tab (Protonix)	T1	QL(2 TABS/DAY) HD
pantoprazole sod dr 40 mg tab (Protonix)	T1	QL(1 TAB/DAY) HD
pantoprazole sodium 40 mg vial (Protonix Iv)	T1	
PREVACID DR 15 MG SOLUTAB (*lansoprazole*)	T3	PA QL(2 TABS/DAY)
PREVACID DR 30 MG CAPSULE (*lansoprazole*)	T3	PA QL(1 CAP/DAY)
PREVACID DR 30 MG SOLUTAB (*lansoprazole*)	T3	PA QL(1 TAB/DAY)
PRILOSEC DR 10 MG SUSPENSION	T3	QL(4 PACKS/DAY) HD
PRILOSEC DR 2.5 MG SUSPENSION	T3	QL(16 PACKS/DAY) HD

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PROTON-PUMP INHIBITORS *(cont.)*		
PROTONIX 40 MG SUSPENSION (*pantoprazole sodium*)	T3	PA QL(1 PACK/DAY)
PROTONIX DR 20 MG TABLET (*pantoprazole sodium*)	T3	PA QL(2 TABS/DAY)
PROTONIX DR 40 MG TABLET (*pantoprazole sodium*)	T3	PA QL(1 TAB/DAY)
PROTONIX IV (*pantoprazole sodium*)	T3	
RABEPRAZOLE DR 10 MG SPRNKL CP	T3	QL(2 CAPS/DAY) HD
rabeprazole sod dr 20 mg tab (Aciphex)	T1	QL(1 TAB/DAY) HD
ZEGERID 20 MG CAPSULE (*omeprazole-sodium bicarbonate*)	T3	PA QL(2 CAPS/DAY) HD
ZEGERID 20 MG PACKET (*omeprazole-sodium bicarbonate*)	T3	PA QL(2 PACKS/DAY) HD
ZEGERID 40 MG PACKET (*omeprazole-sodium bicarbonate*)	T3	PA QL(1 PACK/DAY) HD
RECTAL PREPARATIONS		
ANUSOL-HC (*hydrocortisone acetate*)	T3	PA
hydrocortisone acetate	T1	
hydrocortisone acetate (Anusol-hc)	T1	
SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS		
GATTEX	T3	PA SP HD
GASTROINTESTINAL (Pain Relief And Inflammatory Disease)		
HEMORRHOID PREP, ANTI-INFLAM STEROID-LOCAL ANESTHET		
ANA-LEX	T1	
ANALPRAM HC 1% CREAM	T3	
ANALPRAM HC 2.5%-1% CREAM (*hydrocortisone/pramoxine*)	T3	PA
ANALPRAM HC 2.5%-1% CRM SINGLE (*hydrocortisone/pramoxine*)	T3	PA
hydrocortisone/lidocaine/aloe	T1	
hydrocortisone/pramoxine	T1	
hydrocortisone/pramoxine (Analpram Hc)	T1	
lidocaine/hydrocortisone ac	T1	
PROCORT	T3	
PROCTOFOAM-HC	T2	
GASTROINTESTINAL (Skin Conditions)		
KERATINOCYTE GROWTH FACTOR (KGF)		
KEPIVANCE	T3	SP
HEMATOPOIETIC GROWTH FACTORS (Miscellaneous)		
HYPOXIA INDUCIBLE FACTOR PROLYL HYDROXYLASE INH.		
VAFSEO 150 MG TABLET	T3	PA QL(1 TAB/DAY)
VAFSEO 300 MG TABLET	T3	PA QL(2 TABS/DAY)

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HORMONES (Gastrointestinal/Heartburn)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)		
budesonide 2 mg rectal foam (Uceris)	T1	QL(2 KITS/180 DAYS)
CORTENEMA (*hydrocortisone*)	T3	
CORTIFOAM	T3	PA
hydrocortisone (Cortenema)	T1	
UCERIS 2 MG RECTAL FOAM (*budesonide*)	T3	PA QL(2 KITS/180 DAYS)
HORMONES (Hormonal Agents)		
ADRENAL STEROID INHIBITORS		
ISTURISA 1 MG TABLET	T3	PA QL(8 TABS/DAY) SP
ISTURISA 5 MG TABLET	T3	PA QL(2 TABS/DAY) SP
RECORLEV	T3	PA QL(8 TABS/DAY) SP
ADRENOCORTICOTROPHIC HORMONES		
ACTHAR	T3	PA SP HD
ACTHAR SELFJECT	T3	PA SP HD
CORTROPHIN	T3	PA SP HD
CORTROSYN (*cosyntropin*)	T3	
cosyntropin (Cortrosyn)	T1	
ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC		
INTRAROSA	T3	QL(30 INSERTS/30 DAYS)
ANDROGENIC AGENTS		
ANDROGEL (*testosterone*)	T3	PA QL(150 GMS/30 DAYS)
AVEED	T3	PA SP
AZMIRO	T3	PA
DEPO-TESTOSTERONE	T3	
DEPO-TESTOSTERONE (*testosterone cypionate*)	T3	
JATENZO 158 MG CAPSULE	T3	PA QL(4 CAPS/DAY)
JATENZO 198 MG CAPSULE	T3	PA QL(4 CAPS/DAY)
JATENZO 237 MG CAPSULE	T3	PA QL(2 CAPS/DAY)
KYZATREX 100 MG CAPSULE	T3	PA QL(2 CAPS/DAY)
KYZATREX 150 MG CAPSULE	T3	PA QL(4 CAPS/DAY)
KYZATREX 200 MG CAPSULE	T3	PA QL(4 CAPS/DAY)
METHITEST	T1	
methyltestosterone	T1	
NATESTO	T3	PA QL(3 UNITS/30 DAYS)

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List of Prescription Medications

HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANDROGENIC AGENTS *(cont.)*		
oxandrolone	T1	PA
TESTIM (*testosterone*)	T3	PA QL(10 GMS/DAY)
TESTOPEL	T3	PA
testosterone 1% (25mg/2.5g) pk	T1	PA QL(150 GMS/30 DAYS)
testosterone 1% (50 mg/5 g) pk	T1	PA QL(300 GMS/30 DAYS)
testosterone 1.62% (2.5 g) pkt (Androgel)	T1	PA QL(150 GMS/30 DAYS)
testosterone 1.62% gel pump (Androgel)	T1	PA QL(150 GMS/30 DAYS)
testosterone 1.62% (1.25 g) pkt (Androgel)	T1	PA QL(75 GMS/30 DAYS)
testosterone 10 mg gel pump	T1	PA QL(120 GMS/30 DAYS)
testosterone 12.5 mg/1.25 gram	T1	PA QL(150 GMS/30 DAYS)
testosterone 30 mg/1.5 ml pump	T1	PA QL(180 MLS/30 DAYS)
testosterone 50 mg/5 gram gel (Testim)	T1	PA QL(10 GMS/DAY)
testosterone 50 mg/5 gram gel (Vogelxo)	T1	PA QL(10 GMS/DAY)
TESTOSTERONE 50 MG/5 GRAM PKT	T1	PA QL(300 GMS/30 DAYS)
testosterone cypionate	T1	
testosterone cypionate (Depo-Testosterone)	T1	
testosterone enanthate	T1	
TLANDO	T3	PA QL(4 CAPS/DAY)
VOGELXO 12.5 MG/1.25 GRAM PUMP	T3	PA QL(150 GMS/30 DAYS)
VOGELXO 50 MG/5 GRAM GEL (*testosterone*)	T3	PA QL(10 GMS/DAY)
VOGELXO 50 MG/5 GRAM GEL PACKT	T3	PA QL(300 GMS/30 DAYS)
XYOSTED	T3	PA QL(2 ML/28 DAYS)
ANTI-DIURETIC AND VASOPRESSOR HORMONES		
DDAVP 0.1 MG TABLET (*desmopressin acetate*)	T3	PA HD
DDAVP 0.2 MG TABLET (*desmopressin acetate*)	T3	PA HD
DDAVP 4 MCG/ML AMPUL (*desmopressin acetate*)	T3	PA SP
DDAVP 40 MCG/10 ML VIAL (*desmopressin acetate*)	T3	PA SP
DESMODA	T3	PA SP
desmopressin 0.01% solution	T1	HD
desmopressin 10 mcg/0.1 ml spr	T1	HD
*desmopressin 40 mcg/10 ml vial (*Ddavp*)*	T1	SP
*desmopressin ac 4 mcg/ml ampul (*Ddavp*)*	T1	SP
*desmopressin ac 4 mcg/ml vial (*Ddavp*)*	T1	SP
*desmopressin acetate 0.1 mg tb (*Ddavp*)*	T1	HD

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List of Prescription Medications

HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-DIURETIC AND VASOPRESSOR HORMONES *(cont.)*		
desmopressin acetate 0.2 mg tb (Ddavp)	T1	HD
NOCTIVA	T3	PA
vasopressin 20 unit/ml vial	T1	
VASOPRESSIN 20 UNIT/ML VIAL	T3	
vasopressin 200 unit/10 ml vl	T1	
VASOSTRICT	T3	
ESTROGEN AND PROGESTIN COMBINATIONS		
BIJUVA	T3	
ESTROGEN/ANDROGEN COMBINATIONS		
ESTRATEST H.S. (*estrogen,ester/me-testosterone*)	T3	PA HD
estrogen,ester/me-testosterone	T1	HD
estrogen, ester/me-testosterone (Estratest H.S.)	T1	HD
ESTROGENIC AGENTS		
ACTIVELLA (*estradiol/norethindrone acet*)	T3	PA HD
CLIMARA (*estradiol*)	T3	PA HD
CLIMARA PRO	T3	PA HD
COMBIPATCH	T2	
DELESTROGEN (*estradiol valerate*)	T3	PA HD
DEPO-ESTRADIOL	T3	HD
DIVIGEL (*estradiol*)	T3	PA HD
ELESTRIN	T3	PA HD
estradiol (Climara)	T1	HD
estradiol (Minivelle)	T1	QL(16 PATCHES/28 DAYS) HD
estradiol (Vivelle-dot)	T1	QL(16 PATCHES/28 DAYS) HD
estradiol 0.06% 1.25g gel pump (Estrogel)	T1	HD
estradiol 0.1% (0.25mg) gel pk (Divigel)	T1	HD
estradiol 0.1% (0.5mg) gel pkt (Divigel)	T1	HD
estradiol 0.1% (0.75mg) gel pk (Divigel)	T1	HD
estradiol 0.1% (1 mg) gel pkt (Divigel)	T1	HD
estradiol 0.1% (1.25mg) gel pk (Divigel)	T1	HD
estradiol 0.5 mg tablet	T1	HD
estradiol 1 mg tablet	T1	HD
estradiol 2 mg tablet	T1	HD

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HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ESTROGENIC AGENTS *(cont.)*		
estradiol valerate (Delestrogen)	T1	HD
estradiol/norethindrone acet	T1	HD
estradiol/norethindrone acet (Activella)	T1	HD
ESTROGEL *(estradiol)*	T3	PA HD
estrogens, conjugated (Premarin)	T1	HD
EVAMIST	T3	HD
MENEST	T3	HD
MENOSTAR	T3	QL(8 PATCHES/28 DAYS) HD
MINIVELLE (*Jyllana*)	T3	PA QL(16 PATCHES/28 DAYS) HD
norethind-eth estrad 0.5-2.5	T1	HD
norethindrone ac/eth estradiol	T1	HD
norethin-eth estrad 1 mg-5 mcg	T1	HD
PREMARIN 0.3 MG TABLET (*estrogens, conjugated*)	T3	PA HD
PREMARIN 0.45 MG TABLET (*estrogens, conjugated*)	T3	PA HD
PREMARIN 0.625 MG TABLET (*estrogens, conjugated*)	T3	PA HD
PREMARIN 0.9 MG TABLET (*estrogens, conjugated*)	T3	PA HD
PREMARIN 1.25 MG TABLET (*estrogens, conjugated*)	T3	PA HD
PREMARIN 25 MG VIAL	T2	HD
PREMPHASE	T2	HD
PREMPRO	T2	HD
VIVELLE-DOT (*estradiol*)	T3	PA QL(16 PATCHES/28 DAYS) HD
ESTROGEN-PROGESTIN WITH ANTI-MINERALOCORTICOID COMB		
ANGELIQ	T3	HD
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD (SERM) COMB		
DUAVEE	T2	
GLUCOCORTICOIDS		
AGAMREE	T3	PA QL(10 MLS/DAY) SP
ALKINDI SPRINKLE	T3	PA SP
BETA 1	T3	
betamethasone acetate,sod phos (Celestone)	T1	
BSP 0820	T3	
budesonide	T1	
budesonide (Uceris)	T1	PA QL(1 TAB/DAY)

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HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
GLUCOCORTICOIDS *(cont.)*		
CORTEF (*hydrocortisone*)	T3	PA
cortisone acetate	T1	
deflazacort (Emflaza)	T1	PA SP
deflazacort (Emflaza)	T1	PA SP HD
DEPO-MEDROL	T3	
dexamethasone	T1	
dexamethasone 0.5 mg tablet	T1	
dexamethasone 0.5 mg/5 ml cup	T1	
dexamethasone 0.5 mg/5 ml elx	T1	
dexamethasone 0.5 mg/5 ml liq	T1	
dexamethasone 0.75 mg tablet	T1	
dexamethasone 1 mg tablet	T1	
dexamethasone 1.5 mg tablet	T1	
dexamethasone 10 day 1.5 mg tb	T1	PA
dexamethasone 13 day 1.5 mg tb	T1	PA
dexamethasone 2 mg tablet	T1	
dexamethasone 4 mg tablet	T1	
dexamethasone 6 day 1.5 mg tab	T1	PA
dexamethasone 6 mg tablet	T1	
dexamethasone sodium phosp/pf	T1	
dexamethasone sodium phosphate	T1	
DEXLYT	T3	PA
EMFLAZA (*deflazacort*)	T3	PA SP HD
EOHILIA	T3	PA QL(1800 MLS/180 DAYS)
HEMADY	T3	
hydrocortisone (Cortef)	T1	
hydrocortisone sod succinate	T1	
KENALOG-10	T3	
KENALOG-40 (*triamcinolone acetonide*)	T3	
KENALOG-80	T3	
KHINDIVI	T3	PA SP
MEDROL 16 MG TABLET (*methylprednisolone*)	T3	
MEDROL 2 MG TABLET	T2	

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HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
GLUCOCORTICOIDS *(cont.)*		
MEDROL 4 MG DOSEPAK (*methylprednisolone*)	T3	
MEDROL 4 MG TABLET (*methylprednisolone*)	T3	
MEDROL 8 MG TABLET (*methylprednisolone*)	T3	
MEDROLOAN II SUIK	T3	
methylprednisolone	T1	
methylprednisolone (Medrol)	T1	
methylprednisolone acetate	T1	
methylprednisolone sod succ	T1	
methylprednisolone sod succ (Solu-Medrol)	T1	
ORAPRED ODT (*prednisolone sodium phos odt*)	T3	
prednisolone	T1	
prednisolone sodium phosphate	T1	
prednisolone sodium phosphate (Orapred Odt)	T1	
prednisone	T1	
PRO-C-DURE 5	T3	
PRO-C-DURE 6	T3	
SOLU-CORTEF	T3	
SOLU-MEDROL	T3	
SOLU-MEDROL (*methylprednisolone sod succ*)	T3	
TAPERDEX	T1	PA
TARPEYO	T3	PA QL(4 CAPS/DAY) SP
triamcinolone ace 800 mg/10 ml	T1	
triamcinolone acet 200 mg/5 ml (Kenalog-40)	T1	
triamcinolone acet 40 mg/ml vl (Kenalog-40)	T1	
triamcinolone acet 400 mg/10ml (Kenalog-40)	T1	
triamcinolone acet 50mg/5ml vl	T1	
UCERIS 9 MG ER TABLET (*budesonide*)	T3	PA QL(1 TAB/DAY)
ZCORT	T3	PA
ZILRETTA	T3	PA
GROWTH HORMONE RELEASING HORMONE (GHRH) AND ANALOGS		
EGRIFTA SV	T3	PA SP
EGRIFTA WR	T3	PA SP HD

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HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
GROWTH HORMONES		
GENOTROPIN	T2	PA SP HD
HUMATROPE	T3	PA SP HD
NGENLA	T2	PA SP HD
NORDITROPIN FLEXPRO	T3	PA SP HD
NUTROPIN AQ NUSPIN	T3	PA SP HD
OMNITROPE	T2	PA SP HD
SEROSTIM	T2	PA SP HD
SKYTROFA	T2	PA SP HD
SOGROYA	T3	PA SP HD
ZOMACTON	T3	PA SP HD
INSULIN-LIKE GROWTH FACTOR-I (IGF-I) HORMONES		
INCRELEX	T2	PA SP
LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT 11.25 MG 3MO KIT	T2	PA SP HD
LUPRON DEPOT 3.75 MG KIT	T2	PA SP HD
SYNAREL	T3	PA SP HD
LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMB		
MYFEMBREE	T2	PA QL(1 TAB/DAY)
ORIAHNN	T2	PA QL(2 CAPS/DAY)
LHRH (GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS		
cetrorelix acetate (Cetrotide)	T1	PA SP
CETROTIDE (*cetrorelix acetate*)	T2	PA SP
ganirelix acet 250 mcg/0.5 ml (Ganirelix Acetate)	T1	PA SP
GANIRELIX ACET 250 MCG/0.5 ML (*ganirelix acetate*)	T2	PA SP
ganirelix acetate (Ganirelix Acetate)	T1	PA SP
ORILISSA 150 MG TABLET	T2	PA QL(1 TAB/DAY)
ORILISSA 200 MG TABLET	T2	PA QL(2 TABS/DAY)
LHRH (GNRH) AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY		
FENSOLVI	T2	PA SP
LUPRON DEPOT-PED	T3	PA SP HD
SUPPRELIN LA	T3	PA SP HD
TRIPTODUR	T2	PA SP
MINERALOCORTICOIDS		
fludrocortisone acetate	T1	HD

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HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OXYTOCICS		
carboprost 250 mcg/ml ampul (Hemabate)	T1	
CARBOPROST 250 MCG/ML SYRINGE	T3	
carboprost 250 mcg/ml vial	T1	
CARBOPROST 250 MCG/ML VIAL	T1	
CERVIDIL	T3	
HEMABATE (*carboprost tromethamine*)	T3	
methylergonovine maleate	T1	
METHYLERGONOVINE MALEATE	T1	
oxytocin (Pitocin)	T1	
PITOCIN (*oxytocin*)	T3	
PREPIDIL	T3	
PARATHYROID HORMONES		
YORVIPATH	T3	PA SP
PITUITARY SUPPRESSIVE AGENTS		
cabergoline	T1	QL(16 TABS/28 DAYS) HD
CRENESSITY 25 MG CAPSULE	T3	PA QL(4 CAPS/DAY) SP
CRENESSITY 50 MG CAPSULE	T3	PA QL(2 CAPS/DAY) SP
CRENESSITY 100 MG CAPSULE	T3	PA QL(2 CAPS/DAY) SP
CRENESSITY 50 MG/ML SOLUTION	T3	PA QL(8 MLS/DAY) SP
danazol	T1	HD
PROGESTATIONAL AGENTS		
CRINONE 4% GEL	T3	PA HD
medroxyprogesterone 10 mg tab (Provera)	T1	HD
medroxyprogesterone 2.5 mg tab (Provera)	T1	HD
medroxyprogesterone 5 mg tab (Provera)	T1	HD
norethindrone acetate	T1	HD
progesterone 100 mg capsule (Prometrium)	T1	HD
progesterone 200 mg capsule (Prometrium)	T1	HD
progesterone 500 mg/10 ml vial	T1	SP HD
PROMETRIUM (*progesterone, micronized*)	T3	PA HD
PROVERA (*medroxyprogesterone acetate*)	T3	PA HD
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. (RAAS) HORMONES		
GIAPREZA	T3	SP

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HORMONES (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SOMATOSTATIC AGENTS		
BYNFEZIA	T3	PA SP
lanreotide 120 mg/0.5 ml syrng	T1	PA SP HD
LANREOTIDE 120 MG/0.5 ML SYRNG	T3	PA SP HD
MYCAPSSA	T3	PA QL(4 CAPS/DAY) SP
octreotide acetate	T1	PA SP HD
octreotide acetate (Sandostatin)	T1	PA SP HD
octreotide acetate,mi-spheres (Sandostatin Lar Depot)	T1	PA SP HD
PALSONIFY	T3	PA QL(2 TABS/DAY) SP
SANDOSTATIN 0.05 MG/ML AMPUL (*octreotide acetate*)	T2	PA SP HD
SANDOSTATIN 0.1 MG/ML AMPUL (*octreotide acetate*)	T3	PA SP HD
SANDOSTATIN 0.5 MG/ML AMPUL (*octreotide acetate*)	T3	PA SP HD
SANDOSTATIN LAR DEPOT 10 MG KT (*octreotide acetate,mi-spheres*)	T3	PA SP
SANDOSTATIN LAR DEPOT 10 MG VL (*octreotide acetate,mi-spheres*)	T3	PA SP HD
SANDOSTATIN LAR DEPOT 20 MG KT (*octreotide acetate,mi-spheres*)	T3	PA SP
SANDOSTATIN LAR DEPOT 20 MG VL (*octreotide acetate,mi-spheres*)	T3	PA SP HD
SANDOSTATIN LAR DEPOT 30 MG KT (*octreotide acetate,mi-spheres*)	T3	PA SP
SANDOSTATIN LAR DEPOT 30 MG VL (*octreotide acetate,mi-spheres*)	T3	PA SP HD
SIGNIFOR	T3	PA SP
SIGNIFOR LAR	T3	PA SP
SOMATULINE DEPOT	T2	PA SP HD
VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION		
IMVEXXY 10 MCG MAINTENANCE PAK	T3	PA QL(16 INSERTS/28 DAYS) HD
IMVEXXY 10 MCG STARTER PACK	T3	PA QL(36 INSERTS/28 DAYS) HD
IMVEXXY 4 MCG MAINTENANCE PACK	T3	PA QL(16 INSERTS/28 DAYS) HD
IMVEXXY 4 MCG STARTER PACK	T3	PA QL(36 INSERTS/28 DAYS) HD
VAGINAL ESTROGEN PREPARATIONS		
ESTRACE (*estradiol*)	T3	PA HD
estradiol (Vagifem)	T1	QL(36 TABS/28 DAYS)
estradiol 0.01% cream (Estrace)	T1	HD
estradiol 10 mcg vaginal insrt (Vagifem)	T1	QL(36 TABS/28 DAYS) HD
ESTRING	T3	PA QL(2 RINGS/90 DAYS) HD
FEMRING	T3	PA HD
PREMARIN VAGINAL CREAM-APPL	T2	HD
VAGIFEM (*estradiol*)	T3	PA QL(36 TABS/28 DAYS) HD

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HORMONES (Infertility)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
FERTILITY STIMULATING PREPARATIONS, NON-FSH		
clomiphene citrate	T1	
FOLLICLE-STIMULATING AND LUTEINIZING HORMONES		
MENOPUR	T3	PA SP
FOLLICLE-STIMULATING HORMONE (FSH)		
FOLLISTIM AQ	T3	PA SP
GONAL-F	T2	PA SP
GONAL-F RFF REDI-JECT	T2	PA SP
HUMAN CHORIONIC GONADOTROPIN (HCG)		
CHORIONIC GONADOTROPIN	T3	PA SP
NOVAREL	T3	PA SP
OVIDREL	T2	PA SP
PREGNYL	T2	PA SP
PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL		
CRINONE 8% GEL	T2	
ENDOMETRIN (*progesterone, micronized*)	T2	
progesterone 100 mg vag insert (Endometrin)	T1	
HORMONES (Miscellaneous)		
LEPTIN HORMONE ANALOGS		
MYALEPT	T3	PA SP HD
HORMONES (Osteoporosis Products)		
BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES		
TYMLOS	T3	PA QL(1 PEN/30 DAYS) SP HD
BONE RESORPTION INHIBITORS		
calcitonin, salmon, synthetic	T1	HD
calcitonin,salmon,synthetic (Miacalcin)	T1	HD
MIACALCIN (*calcitonin,salmon,synthetic*)	T3	HD
IMMUNOSUPPRESSANT-INTERFERON INHIBITOR, MAB		
GAMIFANT	T3	PA SP
SAPHNELO 120 MG/0.8 ML SYRINGE	T2	PA SP HD
SAPHNELO 300 MG/2 ML VIAL	T3	PA SP
SAPHNELO PEN	T2	PA SP HD

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List of Prescription Medications

IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-CD19 (B LYMPHOCYTE) MONOCLONAL ANTIBODY		
UPLIZNA	T3	PA SP HD
HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB		
IMULDOSA 130 MG/26 ML VIAL	T2	PA SP
IMULDOSA 45 MG/0.5 ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP
IMULDOSA 90 MG/ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP
OTULFI 130 MG/26 ML VIAL	T3	PA SP
OTULFI 45 MG/0.5 ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
OTULFI 45 MG/0.5 ML VIAL	T3	PA QL(1 SYRINGE/84 DAYS) SP
OTULFI 90 MG/ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
PYZCHIVA 130 MG/26 ML VIAL	T3	PA SP
PYZCHIVA 45 MG/0.5 ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
PYZCHIVA 45 MG/0.5 ML VIAL	T3	PA QL(1 SYRINGE/84 DAYS) SP
PYZCHIVA 90 MG/ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
SELARSDI 130 MG/26 ML VIAL	T2	PA SP
SELARSDI 45 MG/0.5 ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP
SELARSDI 45 MG/0.5 ML VIAL	T2	PA QL(1 SYRINGE/84 DAYS) SP
SELARSDI 90 MG/ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP
STARJEMZA 130 MG/26 ML VIAL	T3	PA SP
STARJEMZA 45 MG/0.5 ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
STARJEMZA 45 MG/0.5 ML VIAL	T3	PA QL(1 SYRINGE/84 DAYS) SP
STARJEMZA 90 MG/ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
STELARA 130 MG/26 ML VIAL	T3	PA SP HD
STELARA 45 MG/0.5 ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
STELARA 45 MG/0.5 ML VIAL	T3	PA QL(1 SYRINGE/84 DAYS) SP HD
STELARA 90 MG/ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
STEQEYMA 130 MG/26 ML VIAL	T3	PA SP
STEQEYMA 45 MG/0.5 ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
STEQEYMA 45 MG/0.5 ML VIAL	T3	PA QL(1 SYRINGE/84 DAYS) SP
STEQEYMA 90 MG/ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP
USTEKINUMAB 130 MG/26 ML VIAL	T3	PA SP HD
USTEKINUMAB 45 MG/0.5 ML VIAL	T3	PA QL(1 SYRINGE/84 DAYS) SP HD
USTEKINUMAB 45MG/0.5ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP HD
USTEKINUMAB 90 MG/ML SYRINGE	T3	PA QL(1 SYRINGE/84 DAYS) SP HD
USTEKINUMAB-AEKN	T3	PA QL(1 SYRINGE/84 DAYS) SP

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IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB *(con't)*		
USTEKINUMAB-TTWE 130MG/26ML VL	T2	PA SP HD
USTEKINUMAB-TTWE 45 MG SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
USTEKINUMAB-TTWE 45MG/0.5ML VL	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
USTEKINUMAB-TTWE 90 MG/ML SYR	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
YESINTEK 130 MG/26 ML VIAL	T2	PA SP HD
YESINTEK 45 MG/0.5 ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
YESINTEK 45 MG/0.5 ML VIAL	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
YESINTEK 90 MG/ML SYRINGE	T2	PA QL(1 SYRINGE/84 DAYS) SP HD
INTERLEUKIN-23 (IL-23) RECEPTOR ANTAGONIST		
OMVOH 100 MG/ML PEN	T2	PA QL(2 MLS/28 DAYS) SP HD
OMVOH 100 MG/ML SYRINGE	T2	PA QL(2 MLS/28 DAYS) SP HD
OMVOH 200 MG DOSE - 2 PENS	T2	PA QL(2 MLS/28 DAYS) SP HD
OMVOH 200 MG DOSE - 2 SYRINGES	T2	PA QL(2 MLS/28 DAYS) SP HD
OMVOH 200 MG/2 ML PEN	T2	PA QL(2 MLS/28 DAYS) SP HD
OMVOH 200 MG/2 ML SYRINGE	T2	PA QL(2 MLS/28 DAYS) SP HD
OMVOH 300 MG DOSE - 2 PENS	T2	PA QL(3 MLS/28 DAYS) SP HD
OMVOH 300 MG DOSE - 2 SYRINGES	T2	PA QL(3 MLS/28 DAYS) SP HD
OMVOH 300 MG/15 ML VIAL	T2	PA SP HD
SKYRIZI 600 MG/10 ML VIAL	T2	PA SP HD
SKYRIZI ON-BODY	T2	PA QL(1 CARTRIDGE/56 DAYS) SP HD
TREMFYA 100 MG/ML PEN	T2	PA QL(1 ML/56 DAYS) SP HD
TREMFYA 100 MG/ML SYRINGE	T2	PA QL(1 SYRINGE/56 DAYS) SP HD
TREMFYA 200 MG/2 ML PEN	T2	PA QL(2 SYRINGE/28 DAYS) SP HD
TREMFYA 200 MG/2 ML SYRINGE	T2	PA QL(1 SYRINGE/56 DAYS) SP HD
TREMFYA 200 MG/20 ML VIAL	T2	PA SP HD
TREMFYA ONE-PRESS	T2	PA QL(1 AUTO-INJ/56 DAYS) SP HD
TREMFYA PEN INDUCTION (2 PEN)	T2	PA QL(12 MLS/365 DAYS) SP HD
INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB		
DUPIXENT PEN	T2	PA QL(2 PENS/28 DAYS) SP HD
DUPIXENT SYRINGE	T2	PA QL(2 SYRINGES/28 DAYS) SP HD
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9 ML SYRINGE	T2	PA QL(3.6 ML/28 DAYS) SP HD
ACTEMRA 200 MG/10 ML VIAL	T3	PA SP HD
ACTEMRA 400 MG/20 ML VIAL	T3	PA SP HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS *(con't)*		
ACTEMRA 80 MG/4 ML VIAL	T3	PA SP HD
ACTEMRA ACTPEN	T2	PA QL(3.6 ML/28 DAYS) SP HD
AVTOZMA 162 MG/0.9 ML SYRINGE	T2	PA QL(3.6 ML/28 DAYS) SP HD
AVTOZMA 200 MG/10 ML VIAL	T2	PA SP HD
AVTOZMA 400 MG/20 ML VIAL	T2	PA SP HD
AVTOZMA 80 MG/4 ML VIAL	T2	PA SP HD
AVTOZMA AUTOINJECTOR	T2	PA QL(3.6 ML/28 DAYS) SP HD
ENSPRYNG	T3	PA SP HD
KEVZARA	T3	PA QL(2 PENS/SYRINGES/28 DAYS) SP HD
TOFIDENCE	T3	PA SP
TYENNE 162 MG/0.9 ML SYRINGE	T2	PA QL(3.6 ML/28 DAYS) SP HD
TYENNE 200 MG/10 ML VIAL	T2	PA SP HD
TYENNE 400 MG/20 ML VIAL	T2	PA SP HD
TYENNE 80 MG/4 ML VIAL	T2	PA SP HD
TYENNE AUTOINJECTOR	T2	PA QL(3.6 ML/28 DAYS) SP HD
IMMUNOSUPPRESSANTS (Skin Conditions)		
INTERLEUKIN-31(IL-31)RECEPTOR ALPHA ANTAGONIST,MAB		
NEMLUVIO	T2	PA QL(2 PENS/28 DAYS) SP HD
TOPICAL IMMUNOSUPPRESSIVE AGENTS		
ELIDEL (*pimecrolimus*)	T3	PA
HYFTOR	T3	PA SP
pimecrolimus (Elidel)	T1	
tacrolimus 0.03% ointment	T1	
tacrolimus 0.1% ointment	T1	
IMMUNOSUPPRESSANTS (Transplant Medications)		
IMMUNOSUPPRESSANT - MAB AND FUSION PROTEINS		
NIKTIMVO	T3	PA SP
SIMULECT	T2	SP
IMMUNOSUPPRESSIVES		
ASTAGRAF XL (*tacrolimus*)	T3	PA SP HD
AZASAN (*azathioprine*)	T3	PA SP HD
azathioprine 100 mg tablet (Azasan)	T1	PA SP HD
azathioprine 50 mg tablet (Imuran)	T1	SP HD

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IMMUNOSUPPRESSANTS (Transplant Medications) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
IMMUNOSUPPRESSIVES *(cont.)*		
azathioprine 75 mg tablet (Azasan)	T1	PA SP HD
azathioprine sodium	T1	
CELLCEPT 200 MG/ML ORAL SUSP (*mycophenolate mofetil*)	T3	PA SP HD
CELLCEPT 250 MG CAPSULE (*mycophenolate mofetil*)	T3	PA SP HD
CELLCEPT 500 MG TABLET (*mycophenolate mofetil*)	T3	PA SP HD
CELLCEPT 500 MG VIAL (*mycophenolate mofetil*)	T2	SP
cyclosporine 100 mg capsule (Sandimmune)	T1	SP HD
cyclosporine 25 mg capsule (Sandimmune)	T1	SP HD
cyclosporine 250 mg/5 ml ampul (Sandimmune)	T1	SP
cyclosporine, modified	T1	SP HD
cyclosporine, modified (Neoral)	T1	SP HD
ENVARSUS XR	T3	SP HD
everolimus 0.25 mg tablet (Zortress)	T1	SP HD
everolimus 0.5 mg tablet (Zortress)	T1	SP HD
everolimus 0.75 mg tablet (Zortress)	T1	SP HD
everolimus 1 mg tablet (Zortress)	T1	SP HD
IMURAN (*azathioprine*)	T3	PA SP HD
LUPKYNIS	T3	PA QL(6 CAPS/DAY) SP
mycophenolate 200 mg/ml susp (Cellcept)	T1	SP HD
mycophenolate 250 mg capsule (Cellcept)	T1	SP HD
mycophenolate 500 mg tablet (Cellcept)	T1	SP HD
mycophenolate 500 mg vial (Cellcept)	T1	SP
mycophenolate sodium (Myfortic)	T1	SP HD
MYFORTIC (*mycophenolate sodium*)	T3	PA SP HD
MYHIBBIN	T3	PA SP
NEORAL (*cyclosporine, modified*)	T3	PA SP HD
NULOJIX	T3	PA SP
PROGRAF 0.2 MG GRANULE PACKET	T3	SP HD
PROGRAF 0.5 MG CAPSULE (*tacrolimus*)	T3	PA SP HD
PROGRAF 1 MG CAPSULE (*tacrolimus*)	T3	PA SP HD
PROGRAF 1 MG GRANULE PACKET	T3	SP HD
PROGRAF 5 MG CAPSULE (*tacrolimus*)	T3	PA SP HD
SANDIMMUNE 100 MG CAPSULE (*cyclosporine*)	T3	PA SP HD

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
IMMUNOSUPPRESSIVES *(cont.)*		
SANDIMMUNE 25 MG CAPSULE (*cyclosporine*)	T3	PA SP HD
SANDIMMUNE 50 MG/ML AMPUL (*cyclosporine*)	T3	PA SP
sirolimus	T1	SP HD
tacrolimus (Astagraf XL)	T1	SP HD
tacrolimus 0.5 mg capsule (ir) (Prograf)	T1	SP HD
tacrolimus 1 mg capsule (ir) (Prograf)	T1	SP HD
tacrolimus 5 mg capsule (ir) (Prograf)	T1	SP HD
TACROLIMUS 5 MG/ML VIAL	T3	SP
ZORTRESS (*everolimus*)	T3	PA SP HD
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)		
DIABETIC SUPPLIES		
2TEK CONTROL SOLUTION	T1	
2TEK GLUCOSE-WRIST MONITOR KIT	T3	
ACCU-CHEK	T1	
ACCU-CHEK FASTCLIX LANCING DEV	T1	
ACCU-CHEK GUIDE CONTROL SOLN	T1	
ACCU-CHEK GUIDE ME GLUCOSE MTR	T2	
ACCU-CHEK GUIDE MONITOR SYSTEM	T2	
ACCU-CHEK SMARTVIEW CONTRL SOL	T1	
ACCU-CHEK SOFTCLIX	T1	
ACCUTREND GLUCOSE CONTROL	T1	
ADJUSTABLE LANCING DEVICE	T1	
ADVANCED ALL-IN-ONE METER	T3	
ADVANCED BLOOD GLUCOSE METER	T3	
ADVANCED GLUCOSE METER	T3	
ADVANCED LANCING DEVICE	T1	
ADVOCATE LANCING DEVICE	T1	
ADVOCATE REDI-CODE PLUS	T3	
ADVOCATE REDI-CODE+ CTRL SOLN	T1	
AGAMATRIX AMP	T3	
AGAMATRIX CONTROL	T1	
AGAMATRIX CONTROL SOLUTION	T1	
AGAMATRIX JAZZ WIRELESS 2	T3	

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)*

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIABETIC SUPPLIES *(cont.)*		
AGAMATRIX PRESTO	T3	
ALKALINE BATTERIES	T1	
ALTERNATE SITE LANCING DEVICE	T1	
AQUA LANCE LANCING DEVICE	T1	
ASSURE 4 CONTROL SOLUTION	T1	
ASSURE CONTROL SOLUTION	T1	
ASSURE DOSE	T1	
ASSURE PLATINUM	T3	
ASSURE PRISM	T1	
ASSURE PRISM MULTI	T3	
ASSURE TITANIUM GLUCOSE SYSTEM	T3	
AT HOME A1C	T1	
AUTOJECT 2	T1	
AUTO-LANCET MINI	T1	
AUTOLET IMPRESSION	T1	
AUTOLET LANCING DEVICE	T1	
AUTOLET LITE	T1	
AUTOLET PLUS	T1	
AUTOPEN	T1	
BIOTEL CARE BGM-4	T3	
BLOOD GLUCOSE CONTROL	T1	
BLOOD GLUCOSE METER	T3	
BLOOD GLUCOSE MONITORING	T3	
BLOOD-GLUCOSE CONTROL	T1	
BLULINK DIABETIC TEST BUNDLE	T3	
BLULINK GLUCOSE MONITOR SYSTEM	T3	
BREEZE 2	T1	
CAREONE	T1	
CARESENS	T1	
CARESENS N	T3	
CARESENS N FELIZ BT GLUCOS MTR	T3	
CARESENS N FELIZ GLUCOSE METER	T3	
CARESENS N VOICE	T3	
CARESENS S CONTROL SOLUTION	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
CARESENS S FIT BT GLUCOSE MTR	T3	
CARESENS S FIT GLUCOSE METER	T3	
CARETOUCH CONTROL SOLUTION	T1	
CARETOUCH GLUCOSE MONITORING	T3	
CARETOUCH LANCING DEVICE	T1	
CEQUR SIMPLICITY	T2	
CEQUR SIMPLICITY INSERTER	T2	
CHEMSTRIP BG DIARY	T1	
CHOSEN LANCING DEVICE	T1	
CLEVER CHEK BLOOD GLUCOSE SYST	T3	
CLEVER CHOICE	T3	
CLEVER CHOICE BLOOD GLUC SYS	T3	
CLEVER CHOICE CONTROL SOLUTION	T1	
CLEVER CHOICE HD GLUCOSE SYST	T3	
CLEVER CHOICE MICRO	T3	
CLEVER CHOICE PRO	T3	
CLEVER CHOICE TALK	T3	
CONTOUR METER	T3	
CONTOUR NEXT	T3	
CONTOUR NEXT CONTROL SOLUTION	T1	
CONTOUR NEXT EZ	T3	
CONTOUR NEXT GEN	T3	
CONTOUR NEXT GLUCOSE METER	T3	
CONTOUR NEXT LINK	T3	
CONTOUR NEXT LINK 2.4	T3	
CONTOUR NEXT ONE	T3	
CONTOUR PLUS BLUE	T3	
CONTOUR PLUS CONTROL SOLUTION	T1	
CONTOUR SOLUTION	T1	
CONTROL SOLUTION	T1	
DEXCOM G6 RECEIVER	T2	PA QL(1 UNIT/365 DAYS)
DEXCOM G6 SENSOR	T2	PA QL(3 SENSORS/30 DAYS)
DEXCOM G6 TRANSMITTER	T2	PA QL(1 UNIT/90 DAYS)

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
DEXCOM G7 15 DAY SENSOR	T2	PA QL(3 SENSORS/30 DAYS)
DEXCOM G7 RECEIVER	T2	PA QL(1 UNIT/365 DAYS)
DEXCOM G7 SENSOR	T2	PA QL(3 SENSORS/30 DAYS)
DIATRUE	T1	
DIATRUE PLUS	T3	
DROPLET GENTEEL LANCING DEVICE	T1	
DROPLET LANCING DEVICE	T1	
EASY MINI EJECT LANCING DEVICE	T1	
EASY PLUS II BLOOD GLUCOSE SYS	T3	
EASY PLUS II CONTROL SOLN HIGH	T1	
EASY PLUS II CONTROL SOLN LOW	T1	
EASY STEP	T3	
EASY STEP CONTROL SOLUTION	T1	
EASY TALK BLOOD GLUCOSE METER	T3	
EASY TALK CONTROL SOLN LOW	T1	
EASY TALK HIGH CONTROL SOLN	T1	
EASY TALK PLUS II HIGH CONTROL	T1	
EASY TALK PLUS II LOW CTRL SLN	T1	
EASY TOUCH BLULINK CTRL SOLN	T1	
EASY TOUCH BLULINK GLUC SYST	T3	
EASY TOUCH CONTROL SOLUTION	T1	
EASY TOUCH GLUCOSE MONITOR	T3	
EASY TOUCH HEALTHPRO SYSTEM	T3	
EASY TOUCH LANCING DEVICE	T1	
EASY TRAK BLOOD GLUCOSE METER	T3	
EASY TRAK CONTROL SOLN HIGH	T1	
EASY TRAK CONTROL SOLN LOW	T1	
EASY TRAK II	T3	
EASY TRAK II CONTROL SOLUTION	T1	
EASYGLUCO	T3	
EASYGLUCO METER STARTER KIT	T3	
EASYMAX 15 LEVEL 2 SOLUTION	T1	
EASYMAX NG	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
EASYMAX NORMAL CONTROL SOLN	T1	
EASYMAX T1	T3	
EASYMAX V SPEAKING	T3	
EASY-TOUCH	T3	
ELEMENT COMPACT	T3	
ELEMENT COMPACT CONTROL SOLN	T1	
ELEMENT COMPACT V	T3	
ELEMENT CONTROL SOLUTION	T1	
ELEMENT PLUS	T3	
EMBRACE BLOOD GLUCOSE SYSTEM	T3	
EMBRACE EVO BLOOD GLUCOSE KIT	T3	
EMBRACE EVO BLOOD GLUCOSE MTR	T3	
EMBRACE EVO LEVEL 1 CTRL SOLN	T1	
EMBRACE GLUC CONTROL SOLN HIGH	T1	
EMBRACE GLUCOSE CONTROL SOLN	T1	
EMBRACE LANCING DEVICE	T1	
EMBRACE PRO	T1	
EMBRACE PRO BLOOD GLUCOSE MTR	T3	
EMBRACE TALK	T3	
EMBRACE TALK CONTROL SOLUTION	T1	
EMBRACE WAVE CONTROL SOLUTION	T1	
EMBRACE WAVE PLUS GLUCOSE MTR	T3	
EVENCARE G2 BLOOD GLUCOSE SYS	T3	
EVENCARE G2 CONTROL SOLUTION	T1	
EVENCARE G3 BLOOD GLUCOSE SYS	T3	
EVENCARE G3 CONTROL SOLUTION	T1	
EVENCARE MINI MONITOR SYSTEM	T3	
EVOLUTION BLOOD GLUCOSE METER	T3	
EVOLUTION CONTROL SOLUTION	T1	
EZ SMART	T3	
EZ SMART PLUS	T3	
FONDCIRCLE BLOOD GLUCOSE MONTR	T3	
FONDCIRCLE CONTROL SOLUTION	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
FONDCIRCLE LANCING DEVICE	T1	
FORA 6 CONNECT MULTIFUNCTN MTR	T3	
FORA CONTROL SOLUTION	T1	
FORA D10	T3	
FORA D15 GLUCOSE-BP MONITOR	T3	
FORA D20	T3	
FORA D40D GLUCOSE-BP MONITOR	T3	
FORA D40G GLUCOSE-BP MONITOR	T3	
FORA G20	T3	
FORA G30A	T3	
FORA GD50	T3	
FORA GTEL MULTIFUNCTN MONITOR	T3	
FORA KETONE CONTROL SOLUTION	T3	
FORA LANCING DEVICE	T1	
FORA PREMIUM V10	T3	
FORA TEST N'GO VOICE	T3	
FORA TN'G ADVANCE PRO MONITOR	T3	
FORA TN'G VOICE	T3	
FORA TN'GO ADV MOBILE MULT MTR	T3	
FORA TN'GO ADVANCE MULTIFN MTR	T3	
FORA V10	T3	
FORA V12	T3	
FORA V20	T3	
FORA V30A	T3	
FORACARE GD20	T3	
FORACARE GD40A	T3	
FORACARE GD40B	T3	
FORACARE GDH	T1	
FORTISCARE	T1	
FORTISCARE T1 BLOOD GLUC SYS	T3	
FREESTYLE CONTROL SOLUTION	T1	
FREESTYLE FLASH SYSTEM	T3	
FREESTYLE FREEDOM	T3	

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DIABETIC SUPPLIES *(cont.)*		
FREESTYLE FREEDOM LITE	T2	
FREESTYLE INSULINX	T2	
FREESTYLE LIBRE 14 DAY READER	T2	PA QL(1 UNIT/720 DAYS)
FREESTYLE LIBRE 14 DAY SENSOR	T2	PA QL(2 SENSORS/28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	PA QL(2 UNITS/30 DAYS)
FREESTYLE LIBRE 2 READER	T2	PA QL(1 UNIT/720 DAYS)
FREESTYLE LIBRE 2 SENSOR	T2	PA QL(2 SENSORS/28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	T2	PA QL(2 UNITS/28 DAYS)
FREESTYLE LIBRE 3 READER	T2	PA QL(1 UNIT/720 DAYS)
FREESTYLE LIBRE 3 SENSOR	T2	PA QL(2 UNITS/28 DAYS)
OMNIPOD 5 (LIBRE 2/3 PLUS)	T2	QL(30 CRTGS/30 DAYS)
FREESTYLE LITE METER	T2	
FREESTYLE PRECISION NEO METER	T2	
FREESTYLE SIDEKICK II	T3	
FREESTYLE SYSTEM	T3	
GE100 BLOOD GLUCOSE SYSTEM	T3	
GE100 CONTROL SOLUTION NORMAL	T1	
GE333 BLOOD GLUCOSE SYSTEM	T3	
GENTEEL VACUUM LANCING DEVICE	T1	
GLUCO NAVII	T3	
GLUCOCARD 01	T3	
GLUCOCARD 01 CONTROL	T1	
GLUCOCARD EXPRESSION CNTRL SLN	T1	
GLUCOCARD EXPRESSION METER	T3	
GLUCOCARD EXPRESSION METER KIT	T3	
GLUCOCARD SHINE CONNEX METER	T3	
GLUCOCARD SHINE CONTROL SOLN	T1	
GLUCOCARD SHINE EXPRESS METER	T3	
GLUCOCARD SHINE METER	T3	
GLUCOCARD SHINE METER KIT	T3	
GLUCOCARD SHINE XL	T3	
GLUCOCARD VITAL	T3	
GLUCOCOM AUTOLINK	T1	

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
GLUCOCOM BLOOD GLUCOSE	T3	
GLUCOCOM CONTROL SOLUTION	T1	
GLUCOSE CONTROL	T1	
GLUCOSE CONTROL SOLUTION	T1	
GNP TRUE METRIX AIR GLUC METER	T3	
GOJJI GLUCOSE CONTROL SOLUTION	T1	
GOJJI KETONE CONTROL SOLUTION	T3	
GOJJI LANCING DEVICE	T1	
GOJJI MULTI-FUNCTIONAL METER	T3	
HEALTHPRO GLUCOSE CONTROL SOLN	T1	
HEALTHPRO GLUCOSE MONITOR	T3	
HEALTHY ACCENTS AUTOLET	T1	
HUMANA TRUE METRIX AIR METER	T3	
HYPOLANCE	T1	
IGLUCOSE BLOOD GLUCOSE MONITOR	T3	
IHEALTH CONTROL SOLN LEVEL 2	T1	
IHEALTH GLUCO PLUS METER	T3	
INCONTROL LANCING DEVICE	T1	
INFINITY	T3	
INFINITY CONTROL SOLUTION	T1	
INPEN (FOR HUMALOG) BLUE	T1	
INPEN (FOR HUMALOG) GREY	T1	
INPEN (FOR HUMALOG) PINK	T1	
INPEN (NOVOLOG OR FIASP) BLUE	T1	
INPEN (NOVOLOG OR FIASP) GREY	T1	
INPEN (NOVOLOG OR FIASP) PINK	T1	
INSUL-CAP	T1	
INSUL-EZE	T1	
LANCING DEVICE	T1	
LANCING SYSTEM	T1	
LANZO	T1	
LITE TOUCH LANCING PEN	T1	
MEDISENSE GLUCOSE KETONE	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MEDISENSE GLUCOSE KETONE CONTR	T1	
MICRODOT BLOOD GLUCOSE SYSTEM	T3	
MICRODOT HIGH-LOW CONTROL SOL	T1	
MICRODOT NORMAL CONTROL SOLUT	T1	
MICROLET 2	T1	
MICROLET NEXT LANCING DEVICE	T1	
MINI LANCING DEVICE	T1	
MINIMED INSTINCT SENSOR	T3	PA QL(2 UNITS/28 DAYS)
MINIMED QUICK-SERTER	T1	
MOBI BLOOD GLUCOSE LANCING DEV	T1	
MULTI-LANCET	T1	
MYGLUCOHEALTH	T3	
MYGLUCOHEALTH CONTROL SOLUTION	T1	
NEWTEK	T3	
NOVA MAX PLUS GLUC-KETON METER	T3	
NOVAMAX PLUS GLU-KET	T1	
NOVOPEN ECHO	T1	
OMNIPOD 5 (LIBRE 2/3 PLUS)	T2	QL(30 CRTGS/30 DAYS)
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	T2	QL(1 UNIT/365 DAYS)
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	T2	QL(30 CRTGS/30 DAYS)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	T2	QL(1 UNIT/365 DAYS)
OMNIPOD 5 G6-G7 PODS (GEN 5)	T2	QL(30 CRTGS/30 DAYS)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	T2	QL(1 UNIT/365 DAYS)
OMNIPOD CLASSIC PODS (GEN 3)	T2	QL(30 CRTGS/30 DAYS)
OMNIPOD DASH INTRO KIT (GEN 4)	T2	QL(1 UNIT/365 DAYS)
OMNIPOD DASH PODS (GEN 4)	T2	QL(30 CRTGS/30 DAYS)
OMNIPOD GO PODS	T2	QL(30 CRTGS/30 DAYS)
ON CALL EXPRESS CONTROL SOLN	T1	
ON CALL EXPRESS METER	T3	
ON CALL LANCING DEVICE	T1	
ON CALL PLUS CONTROL	T1	
ON CALL PLUS LANCING DEVICE	T1	
ON CALL PLUS METER	T3	
ON CALL VIVID CONTROL	T1	
ON CALL VIVID METER	T3	
ON CALL VIVID PAL	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
ONETOUCH DELICA PLUS LANC DEV	T1	
ONETOUCH ULTRA CONTROL SOLN	T1	
ONETOUCH ULTRA2	T3	
ONETOUCH VERIO FLEX METER	T3	
ONETOUCH VERIO HIGH CNTRL SOLN	T1	
ONETOUCH VERIO MID CNTRL SOLN	T1	
ONETOUCH VERIO REFLECT METER	T3	
OPTUMRX BLOOD GLUCOSE METER	T3	
OPTUMRX BLOOD GLUCOSE SYSTEM	T3	
OPTUMRX GLUCOSE CONTROL SOLN	T1	
OVAL TAPE	T1	
PHARMACIST CHOICE	T3	
PIP BLOOD GLUCOSE MONITOR	T3	
PIP GLUCOSE CONTROL SOLUTION	T1	
POGO AUTOMATIC BLOOD GLUC SYS	T3	
PRECISION XTRA KETONE-GLUCOSE	T3	
PRECISION XTRA MONITOR	T2	
PRECISION XTRA MONITOR NFRS	T2	
PREMIER BLU	T3	
PREMIER CLASSIC GLUCOSE METER	T3	
PREMIER COMPACT GLUCOSE METER	T3	
PREMIER VOICE	T3	
PREMIUM BLOOD GLUCOSE	T3	
PREMIUM V10	T3	
PRESTO PRO	T3	
PRO VOICE V8 GLUCOSE MONITOR	T3	
PRO VOICE V9 GLUCOSE MONITOR	T3	
PRODIGY	T3	
PRODIGY AUTOCODE	T3	
PRODIGY CONTROL SOLUTION	T1	
PRODIGY LANCING DEVICE	T1	
PRODIGY POCKET	T3	
PRODIGY VOICE	T3	
QUINTET	T3	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
QUINTET AC	T3	
REFUAH PLUS	T3	
REFUAH PLUS GLUCOSE CONTROL	T1	
RELIAMED MINI LANCING DEVICE	T1	
RELION ALL-IN-ONE	T3	
RELION CONFIRM	T3	
RELION MICRO	T3	
RELION PRIME	T3	
RELION TRUE METRIX AIR GLU MTR	T2	
REVEAL BLOOD GLUCOSE METER	T3	
RIGHTEST CONTROL SOLUTION	T1	
RIGHTEST GD500	T1	
RIGHTEST GM100 SYSTEM	T3	
RIGHTEST GM300 SYSTEM	T3	
RIGHTEST GM550 SYSTEM	T3	
RIGHTEST GT333 GLUCOSE METER	T3	
SAFE-CLIP	T1	
SIL-SERTER	T1	
SIMPLERA SENSOR	T3	PA
SIMPLERA SYNC SENSOR	T3	PA
SMART BLUETOOTH GLUCOSE MONITR	T3	
SMART SENSE MONITORING SYSTEM	T3	
SMARTDIABETES VANTAGE	T1	
SMARTEST	T1	
SMARTEST EJECT	T3	
SMARTEST PERSONA	T3	
SMARTEST PRONTO	T3	
SMARTEST PROTEGE	T3	
SOLUS V2 AUDIBLE METER	T3	
SOLUS V2 AUDIBLE METER SYS KIT	T3	
SOLUS V2 CONTROL SOLUTION	T1	
SOLUS V2 LANCING DEVICE	T1	
SURE COMFORT LANCING PEN	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
SUREFLEX	T1	
SURE-PEN	T1	
SURE-TEST EASYPLUS MINI METER	T3	
SURE-TEST EASYPLUS MINI SOLN	T1	
TELCARE CONTROL SOLUTION	T1	
TEST N'GO	T3	
TRUE METRIX	T1	
TRUE METRIX AIR GLUCOSE METER	T2	
TRUE METRIX AIR GLUCOSE METER	T3	
TRUE METRIX BLOOD GLUCOSE MTR	T2	
TRUE METRIX BLOOD GLUCOSE MTR	T3	
TRUE METRIX GO	T2	
TRUEDRAW	T1	
TRUENESS BLOOD GLUCOSE MONITOR	T3	
TRUERESULT BLOOD GLUCOSE SYSTM	T3	
TRUETRACK BLOOD GLUCOSE SYSTEM	T3	
TRUETRACK SMART SYSTEM	T3	
TWIIST REFILL KT(CSST-NDL-SYR)	T2	QL(30 KITS/30 DAYS)
TWIIST RFL(INFUS-CSST-NDL-SYR)	T2	QL(30 KITS/30 DAYS)
TWIIST STARTER KIT	T2	QL(1 KIT/365 DAYS)
ULTI-LANCE	T1	
ULTIMA	T3	
ULTRATRAK BLOOD GLUCOSE METER	T3	
ULTRATRAK CONTROL SOL NORMAL	T1	
ULTRATRAK CONTROL SOLUTION	T1	
ULTRATRAK PRO	T3	
ULTRATRAK ULTIMATE CNTRL SOLN	T1	
ULTRATRAK ULTIMATE GLUCOSE MTR	T3	
UNISTIK 2	T1	
UNISTRIP	T1	
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DIABETIC SUPPLIES *(cont.)*		
VIVAGUARD INO CONTROL SOLUTION	T1	
VIVAGUARD INO GLUCOSE METER	T3	
VIVAGUARD INO SMART GLUC METER	T3	
VIVAGUARD LANCING DEVICE	T1	
WAVESENSE AMP	T3	
WAVESENSE PRESTO	T3	
DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)		
1ST TIER UNILET COMFORTOUCH	T1	
2-IN-1 LANCET DEVICE	T1	
ACCU-CHEK FASTCLIX LANCET DRUM	T1	
ACCU-CHEK SAFE-T-PRO	T1	
ACCU-CHEK SAFE-T-PRO PLUS	T1	
ACCU-CHEK SOFTCLIX	T1	
ACTI-LANCE	T1	
ADVANCED TRAVEL LANCETS	T1	
ADVANTAGE SAFETY LANCET	T1	
ADVOCATE LANCET	T1	
ADVOCATE SAFETY LANCET	T1	
AGAMATRIX ULTRA-THIN LANCET	T1	
ALTERNATE SITE LANCETS	T1	
ASSURE HAEMOLANCE PLUS	T1	
ASSURE LANCE	T1	
ASSURE LANCE PLUS	T1	
BD MICROTAINER LANCETS	T1	
BULLSEYE MINI SAFETY LANCETS	T1	
BUTTERFLY TOUCH LANCET	T1	
CAREONE	T1	
CARESENS LANCET	T1	
CARETOUCH SAFETY LANCETS	T1	
CARETOUCH TWIST LANCET	T1	
CHOSEN LANCET	T1	
CHOSEN SAFETY LANCET	T1	
CLEVER CHEK LANCETS	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) *(cont.)*		
COAGUCHEK	T1	
COMFORT EZ	T1	
COMFORT LANCETS	T1	
COMFORT TOUCH PLUS SAFETY LANC	T1	
COMFORT TOUCH ULT THIN LANCET	T1	
DROPLET LANCETS	T1	
DROPLET MEDLANCE PLUS	T1	
DROPSAFE ACTI-LANCE	T1	
DROPSAFE ERGOLANCE	T1	
DROPSAFE HAEMOLANCE PLUS	T1	
DROPSAFE MEDISAFE SOLO LANCET	T1	
DROPSAFE MEDLANCE PLUS	T1	
EASY COMFORT LANCET	T1	
EASY-COMFORT SAFETY LANCET	T1	
EASY TOUCH PULL-TOP 26G LANCET	T1	
EASY TOUCH PULL-TOP 28G LANCET	T1	
EASY TOUCH PULL-TOP 30G LANCET	T1	
EASY TOUCH PULL-TOP 32G LANCET	T1	
EASY TOUCH SAFETY 21G LANCETS	T1	
EASY TOUCH SAFETY 23G LANCETS	T1	
EASY TOUCH SAFETY 26G LANCETS	T1	
EASY TOUCH SAFETY 28G LANCETS	T1	
EASY TOUCH SAFETY 30G LANCETS	T1	
EASY TOUCH SAFETY 32G LANCETS	T1	
EASY TOUCH TWIST 26G LANCETS	T1	
EASY TOUCH TWIST 28G LANCETS	T1	
EASY TOUCH TWIST 30G LANCETS	T1	
EASY TOUCH TWIST 32G LANCETS	T1	
EASY TOUCH TWIST 33G LANCETS	T1	
EASY TWIST & CAP LANCETS	T1	
EMBRACE 30G LANCETS	T1	
EMBRACE SAFETY LANCET	T1	
EZ SMART LANCETS	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) *(cont.)*		
FINGERSTIX	T1	
FONDCIRCLE LANCET	T1	
FORA LANCETS	T1	
FORACARE LANCETS	T1	
FREESTYLE LANCETS	T1	
FREESTYLE UNISTIK 2	T1	
GLUCOCOM	T1	
GLUCOCOM LANCETS	T1	
GOJJI LANCETS	T1	
HEALTHY ACCENTS UNILET LANCET	T1	
INCONTROL SUPER THIN LANCETS	T1	
INCONTROL ULTRA THIN LANCETS	T1	
INJECT EASE LANCETS	T1	
INVACARE LANCETS	T1	
lancets	T1	
LANCETS	T1	
LITE TOUCH 28G LANCETS	T1	
LITE TOUCH 30G LANCETS	T1	
LITE TOUCH 33G LANCETS	T1	
MEDLANCE PLUS	T1	
MICROLET NEXT LANCET	T1	
MICRO THIN LANCET	T1	
MICROLET	T1	
MOBI BLOOD GLUCOSE TWIST LANCT	T1	
MOBILE LANCETS	T1	
MONOLET LANCETS	T1	
MONOLET THIN LANCETS	T1	
MYGLUCOHEALTH LANCETS	T1	
NOVA SAFETY LANCETS	T1	
NOVA SUREFLEX	T1	
ON CALL LANCET	T1	
ON CALL PLUS LANCET	T1	
ONETOUCH DELICA PLUS LANCET	T1	

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DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) *(cont.)*		
ONETOUCH DELICA SAFETY LANCET	T1	
ONETOUCH ULTRASOFT 2 LANCET	T1	
ON-THE-GO	T1	
PERFECT POINT SAFETY LANCETS	T1	
PIP LANCET	T1	
PRESSURE ACTIVATED LANCETS	T1	
PRO COMFORT LANCET	T1	
PRO COMFORT LANCETS	T1	
PRO COMFORT SAFETY LANCET	T1	
PRODIGY LANCETS	T1	
PRODIGY TWIST TOP LANCET	T1	
PURE COMFORT LANCETS	T1	
PURE COMFORT SAFETY LANCETS	T1	
PUSH BUTTON SAFETY LANCETS	T1	
READYLANCE SAFETY LANCETS	T1	
RELIAMED	T1	
RELIAMED SAFETY SEAL LANCETS	T1	
RIGHTEST GL300 LANCETS	T1	
SAFETY LANCETS	T1	
SAFETY SEAL LANCETS	T1	
SAFETY-LET	T1	
SINGLE-LET	T1	
SMARTEST LANCET	T1	
SOLUS V2 28G LANCETS	T1	
SOLUS V2 LANCETS	T1	
STERILANCE TL	T1	
STERILE LANCET	T1	
STERILE LANCETS	T1	
SUPER THIN LANCETS	T1	
SURE COMFORT LANCETS	T1	
SURE-LANCE	T1	
SURE-TOUCH	T1	
TECHLITE LANCETS	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) *(cont.)*		
TELCARE ULTRA THIN 30G LANCETS	T1	
THIN LANCETS	T1	
TRUE COMFORT LANCET	T1	
TRUE COMFORT SAFETY LANCET	T1	
TRUEPLUS LANCET	T1	
TRUEPLUS LANCETS	T1	
TWIST LANCETS	T1	
TWIST TOP LANCET	T1	
ULTILET BASIC	T1	
ULTILET CLASSIC	T1	
ULTILET LANCETS	T1	
ULTILET SAFETY	T1	
ULTRA THIN LANCET	T1	
ULTRA THIN LANCETS	T1	
ULTRA-CARE LANCETS	T1	
ULTRALANCE	T1	
ULTRA-THIN II 28G LANCETS	T1	
ULTRA-THIN II 30G LANCETS	T1	
ULTRATLC LANCETS	T1	
UNILET COMFORTOUCH	T1	
UNILET EXCELITE	T1	
UNILET EXCELITE II	T1	
UNILET GP LANCET	T1	
UNILET LANCET	T1	
UNILET LANCETS	T1	
UNISTIK 2 COMFORT	T1	
UNISTIK 2 EXTRA	T1	
UNISTIK 2 NORMAL	T1	
UNISTIK 3	T1	
UNISTIK 3 COMFORT	T1	
UNISTIK 3 DUAL	T1	
UNISTIK 3 EXTRA	T1	
UNISTIK 3 NORMAL	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC (GROUP I) *(cont.)*		
UNISTIK COMFORT	T1	
UNISTIK CZT	T1	
UNISTIK EXTRA	T1	
UNISTIK NORMAL	T1	
UNISTIK PRO	T1	
UNISTIK SAFETY	T1	
UNISTIK TOUCH	T1	
UNIVERSAL 1	T1	
VERIFINE SAFETY LANCET MINI	T1	
VERIFINE UNIVERSAL LANCET	T1	
VIVAGUARD LANCET	T1	
VIVAGUARD SAFETY LANCET	T1	
NEEDLES/NEEDLELESS DEVICES		
1ST TIER UNIFINE PENTIPS	T1	PA
1ST TIER UNIFINE PENTIPS PLUS	T1	PA
ADVOCATE PEN NEEDLE	T1	PA
ADVOCATE PEN NEEDLES	T1	PA
AQINJECT PEN NEEDLE	T1	PA
ASSURE ID DUO PRO SFTY PEN NDL	T1	PA
ASSURE ID PEN NEEDLE	T1	PA
ASSURE ID PRO PEN NEEDLE	T1	PA
AUTOKEEPER SAFETY PEN NEEDLE	T1	PA
AUTOSHIELD DUO PEN NEEDLE	T1	
BLUNT NEEDLE	T1	
CAREFINE PEN NEEDLE	T1	PA
CAREPOINT PRECISION NEEDLE	T1	
CARETOUCH HYPODERMIC NEEDLE	T1	
CARETOUCH PEN NEEDLE	T1	PA
CLICKFINE	T1	PA
COMFORT EZ PEN NEEDLE	T1	PA
COMFORT EZ PLUS PEN NEEDLE	T1	PA
COMFORT EZ PRO SAFETY PEN NDL	T1	PA
COMFORT TOUCH PEN NEEDLE	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NEEDLES/NEEDLELESS DEVICES *(cont.)*		
DROPLET MICRON PEN NEEDLE	T1	PA
DROPLET PEN NEEDLE	T1	PA
DROPSAFE PEN NEEDLE	T1	PA
DROPSAFE SICURA SAFETY NEEDLE	T1	
EASY COMFORT PEN NEEDLE	T1	PA
EASY COMFORT PEN NEEDLES	T1	PA
EASY COMFORT SAFETY PEN NEEDLE	T1	PA
EASY GLIDE PEN NEEDLE	T1	PA
EASY TOUCH FLIPLOCK NEEDLE	T1	
EASY TOUCH FLIPLOCK NEEDLES	T1	
EASY TOUCH HYPODERMIC NEEDLE	T1	
EASY TOUCH PEN NEEDLE	T1	PA
EASY TOUCH SAFETY PEN NEEDLE	T1	PA
EASYPOINT NEEDLE	T1	
ECLIPSE NEEDLE	T1	
EMBRACE PEN NEEDLE	T1	PA
EXEL HUBER NEEDLE	T1	
EXEL HYPODERMIC NEEDLE	T1	
EXEL MTI DRAWING NEEDLE	T1	
FILTER ASPIRATOR NEEDLE	T1	
FILTER NEEDLE	T1	
HEALTHWISE PEN NEEDLE	T1	PA
HEALTHY ACCENTS UNIFINE PENTIP	T1	PA
INCONTROL PEN NEEDLE	T1	
INSULIN PEN NEEDLE	T1	PA
INSUPEN PEN NEEDLE	T1	PA
INTEGRA NEEDLE	T1	PA
INTEGRA PRECISIONGLIDE NEEDLE	T1	
LIFESHIELD BLUNT CANNULA	T1	
LITE TOUCH 31GX1/4" PEN NEEDLE	T1	
LITE TOUCH PEN NEEDLE 29G	T1	PA
LITE TOUCH PEN NEEDLE 31G	T1	PA
MAXICOMFORT II PEN NEEDLE	T1	PA

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NEEDLES/NEEDLELESS DEVICES *(cont.)*		
MAXICOMFORT SAFETY PEN NEEDLE	T1	PA
MINI PEN NEEDLE	T1	PA
MINI ULTRA-THIN II	T1	PA
MONOJECT BLOOD COLLECTION	T1	PA
MONOJECT FILTER NEEDLE	T1	
NANO 2ND GEN PEN NEEDLE	T1	
NANO PEN NEEDLE	T1	
NEEDLE	T1	
NEEDLES	T1	
needles,safety huber,disposabl	T1	
NOKOR ADMIX NEEDLE	T1	
NOKOR NEEDLE	T1	
NOVOFINE 32	T1	PA
NOVOFINE AUTOCOVER	T1	PA
NOVOFINE PLUS	T1	PA
PEN NEEDLE	T1	PA
PEN NEEDLES	T1	PA
PENTIPS PEN NEEDLE	T1	PA
PERFECT POINT SAFETY NEEDLE	T1	
PHASEAL PROTECTOR	T1	
PIP PEN NEEDLE	T1	PA
POLY HUB NEEDLE	T1	
PRECISIONGLIDE	T1	
PRECISIONGLIDE NEEDLE	T1	
PREVENT DROPSAFE PEN NEEDLE	T1	PA
PRO COMFORT PEN NEEDLE	T1	PA
PURE COMFORT PEN NEEDLE	T1	PA
PURE COMFORT SAFETY PEN NEEDLE	T1	PA
RAYA SURE PEN NEEDLE	T1	PA
REGULAR BEVEL NEEDLES	T1	
SAFETY PEN NEEDLE	T1	PA
SAFETYGLIDE NEEDLE	T1	
SECURESAFE PEN NEEDLE	T1	PA
SHORT BEVEL NEEDLES	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NEEDLES/NEEDLELESS DEVICES *(cont.)*		
SIMPLI PEN NEEDLE	T1	PA
SKY SAFETY PEN NEEDLE	T1	PA
SPECIALTY USE NEEDLES	T1	
SURE COMFORT	T1	PA
SURE COMFORT PEN NEEDLE	T1	PA
SURE COMFORT SAFETY PEN NEEDLE	T1	PA
SURE-FINE PEN NEEDLES	T1	PA
TECHLITE PEN NEEDLE	T1	PA
TECHLITE PLUS PEN NEEDLE	T1	PA
TERUMO SURGUARD2	T1	
THIN WALL NEEDLES	T1	
TOPFINE INSULIN PEN NEEDLE	T1	PA
TRANSFER NEEDLE	T1	
TRUE COMFORT PEN NEEDLE	T1	PA
TRUE COMFORT PRO PEN NEEDLE	T1	PA
TRUE COMFORT SAFETY PEN NEEDLE	T1	PA
TRUEPLUS PEN NEEDLE	T1	PA
ULTICARE PEN NEEDLE	T1	PA
ULTICARE SAFETY PEN NEEDLE	T1	PA
ULTIGUARD SAFEPACK-PEN NEEDLE	T1	PA
ULTILET PEN NEEDLE	T1	PA
ULTRA FLO PEN NEEDLE	T1	PA
ULTRA THIN	T1	PA
ULTRACARE PEN NEEDLE	T1	PA
ULTRA-FINE MICRO PEN NEEDLE	T1	
ULTRA-FINE MINI PEN NEEDLE	T1	
ULTRA-FINE NANO PEN NEEDLE	T1	
ULTRA-FINE ORIGINAL PEN NEEDLE	T1	
ULTRA-FINE PEN NEEDLE	T1	
ULTRA-FINE SHORT PEN NEEDLE	T1	
ULTRA-THIN II PEN NDL 29GX1/2"	T1	PA
ULTRA-THIN II PEN NDL 31GX5/16	T1	PA
UNIFINE PEN NEEDLE	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
NEEDLES/NEEDLELESS DEVICES *(cont.)*		
UNIFINE PENTIPS	T1	PA
UNIFINE PENTIPS MAXFLOW	T1	PA
UNIFINE PENTIPS PLUS	T1	PA
UNIFINE PENTIPS PLUS MAXFLOW	T1	PA
UNIFINE PROTECT	T1	PA
UNIFINE SAFECONTROL PEN NEEDLE	T1	PA
UNIFINE ULTRA PEN NEEDLE	T1	PA
VERIFINE PEN NEEDLE	T1	PA
VERIFINE PLUS PEN NEEDLE	T1	PA
VERIFINE PLUS PEN NEEDLE-SHARP	T1	PA
YALE NEEDLES	T1	
SYRINGES AND ACCESSORIES		
ADVOCATE SYRINGES	T1	PA
AQ INSULIN SYR 0.5 ML 30G 8MM	T1	PA
AQ INSULIN SYR 1 ML 31G 8MM	T1	PA
AQ INSULIN SYRIN 1 ML 29G 12MM	T1	PA
ASSURE ID INSULIN SAFETY	T1	PA
BD INS SYR 0.3 ML 8MMX31G(1/2)	T1	
BD INS SYR UF 0.3ML 12.7MMX30G	T1	
BD INS SYR UF 0.5ML 12.7MMX30G	T1	
BD INS SYRN UF 1 ML 12.7MMX30G	T1	
BD INS SYRN UF 1 ML 30G 12.7MM	T1	
BD INS SYRNG 0.3 ML 29GX12.7MM	T1	
BD INS SYRNG 0.5 ML 29GX12.7MM	T1	
BD INS SYRNG UF 0.3 ML 8MMX31G	T1	
BD INS SYRNG UF 0.5 ML 8MMX31G	T1	
BD INSULIN SYR 0.5 ML 28GX1/2"	T1	
BD INSULIN SYR 1 ML 27GX12.7MM	T1	
BD INSULIN SYR 1 ML 27GX5/8"	T1	
BD INSULIN SYR 1 ML 28GX1/2"	T1	
BD INSULIN SYR 1 ML 29GX12.7MM	T1	
BD INSULIN SYR UF 1 ML 8MMX31G	T1	
BROOKS INSULIN 0.3ML SYRN	T1	PA

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) *(cont.)*

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGES AND ACCESSORIES *(cont.)*		
CA INS SYR 0.3 ML 30GX5/16"	T1	PA
CA INS SYR 0.3 ML 31GX5/16"	T1	PA
CA INS SYR 0.5 ML 30GX5/16"	T1	PA
CA INS SYR 0.5 ML 31GX5/16"	T1	PA
CA INSULIN SYR 0.3 ML 29GX1/2"	T1	PA
CA INSULIN SYR 0.5 ML 29GX1/2"	T1	PA
CA INSULIN SYR 1 ML 29GX1/2"	T1	PA
CA INSULIN SYR 1 ML 30GX5/16"	T1	PA
CA INSULIN SYR 1 ML 31GX5/16"	T1	PA
CAREONE SYR 0.3 ML 30GX1/2"	T1	PA
CAREONE SYR 0.5 ML 30GX1/2"	T1	PA
CAREONE SYR 1 ML 30GX1/2"	T1	PA
CARETOUCH INSULIN SYRINGE	T1	PA
COMFORT EZ INSULIN SYRINGE	T1	PA
DROPLET INSULIN SYRINGE	T1	PA
DROPSAFE INSULIN SYRINGE	T1	PA
EASY COMFORT INSULIN SYRINGE	T1	PA
EASY GLIDE INSULIN SYRINGE	T1	PA
EASY TOUCH FLIPLOCK INSULIN	T1	PA
EASY TOUCH INSULIN SAFETY	T1	PA
EASY TOUCH INSULIN SYR 0.3 ML	T1	PA
EASY TOUCH INSULIN SYR 0.5 ML	T1	PA
EASY TOUCH INSULIN SYR 1 ML	T1	PA
EASY TOUCH INSULIN SYRINGE	T1	PA
EASY TOUCH LUER LOCK INSULIN	T1	PA
EASY TOUCH SHEATHLOCK INSULIN	T1	PA
EASY TOUCH UNI-SLIP	T1	PA
EASY-TOUCH INSULIN SYRINGE	T1	PA
ECLIPSE SYRINGE	T1	
EXEL INS SYR U100 1 ML 28GX1/2	T1	PA
EXEL U100 0.3 ML 29GX1/2"	T1	PA
EXEL U100 0.3 ML 30GX5/16"	T1	PA
EXEL U100 0.5 ML 28GX1/2"	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SYRINGES AND ACCESSORIES *(cont.)*		
EXEL U100 0.5 ML 29GX1/2"	T1	PA
EXEL U100 0.5 ML 30GX5/16"	T1	PA
EXEL U100 1 ML 30GX5/16"	T1	PA
EXEL U100 INS SYR 1 ML 29GX1/2	T1	PA
GNP INS SYRINGE 1 ML 28G 1/2"	T1	PA
GNP INSUL SYR 0.5 ML 31GX5/16"	T1	PA
GNP INSULIN SYR 1 ML 31GX5/16"	T1	PA
HEALTHWISE INSULIN SYRINGE	T1	PA
INSULIN 1 ML SYRINGE	T1	PA
INSULIN 1/2 ML SYRINGE	T1	PA
INSULIN 3/10 ML SYRINGE	T1	PA
INSULIN SYR 0.3 ML 30GX5/16"	T1	PA
INSULIN SYR 0.3ML 31GX1/4(1/2)	T1	PA
INSULIN SYR 0.5 ML 28G 12.7MM	T1	
INSULIN SYRIN 0.3 ML 29GX1/2"	T1	PA
INSULIN SYRIN 0.3 ML 30GX1/2"	T1	PA
INSULIN SYRIN 0.3 ML 30GX5/16"	T1	PA
INSULIN SYRIN 0.3 ML 31GX5/16"	T1	PA
INSULIN SYRIN 0.5 ML 28G 1/2"	T1	PA
INSULIN SYRIN 0.5 ML 28GX1/2"	T1	PA
INSULIN SYRIN 0.5 ML 29GX1/2"	T1	PA
INSULIN SYRIN 0.5 ML 30G 1/2"	T1	PA
INSULIN SYRIN 0.5 ML 30G 5/16"	T1	PA
INSULIN SYRIN 0.5 ML 30GX1/2"	T1	PA
INSULIN SYRIN 0.5 ML 30GX5/16"	T1	PA
INSULIN SYRIN 0.5 ML 31G 5/16"	T1	PA
INSULIN SYRIN 0.5 ML 31GX5/16"	T1	PA
INSULIN SYRIN 1 ML 29GX1/2"	T1	PA
INSULIN SYRING 0.5 ML 27G 1/2"	T1	PA
INSULIN SYRING 0.5 ML 27G 13MM	T1	PA
INSULIN SYRING 0.5 ML 28G 1/2"	T1	PA
INSULIN SYRING 0.5 ML 29G 1/2"	T1	PA
INSULIN SYRING 0.5 ML 29GX1/2"	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SYRINGES AND ACCESSORIES *(cont.)*		
INSULIN SYRINGE 0.3 ML	T1	PA
INSULIN SYRINGE 0.3 ML 31GX1/4	T1	PA
INSULIN SYRINGE 0.5 ML 31GX1/4	T1	PA
INSULIN SYRINGE 1 ML	T1	PA
INSULIN SYRINGE 1 ML 27G 1/2"	T1	PA
INSULIN SYRINGE 1 ML 27G 13MM	T1	PA
INSULIN SYRINGE 1 ML 27G 16MM	T1	
INSULIN SYRINGE 1 ML 27GX1/2"	T1	PA
INSULIN SYRINGE 1 ML 28G 1/2"	T1	PA
INSULIN SYRINGE 1 ML 28G 13MM	T1	PA
INSULIN SYRINGE 1 ML 28GX1/2"	T1	PA
INSULIN SYRINGE 1 ML 29G 1/2"	T1	PA
INSULIN SYRINGE 1 ML 29GX1/2"	T1	PA
INSULIN SYRINGE 1 ML 30G 1/2"	T1	PA
INSULIN SYRINGE 1 ML 30G 5/16"	T1	PA
INSULIN SYRINGE 1 ML 30GX1/2"	T1	PA
INSULIN SYRINGE 1 ML 30GX5/16"	T1	PA
INSULIN SYRINGE 1 ML 31G 5/16"	T1	PA
INSULIN SYRINGE 1 ML 31GX1/4"	T1	PA
INSULIN SYRINGE 1 ML 31GX5/16"	T1	PA
INSULIN SYRINGE 1ML 28G 12.7MM	T1	
INSULIN SYRINGE U-500	T1	
LITE TOUCH INSULIN 0.5 ML SYR	T1	PA
LITE TOUCH INSULIN 1 ML SYR	T1	PA
LITE TOUCH INSULIN SYR 0.3 ML	T1	PA
LITE TOUCH INSULIN SYR 0.5 ML	T1	PA
LITE TOUCH INSULIN SYR 1 ML	T1	PA
LITETOUCH INSULIN SYRINGE	T1	PA
MAGELLAN INSULIN SAFETY SYRNG	T1	PA
MAGELLAN INSULIN SYRINGE	T1	PA
MAXI-COMFORT	T1	PA
MAXICOMFORT INSULIN SYRINGE	T1	PA
MINIMED RESERVOIR	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SYRINGES AND ACCESSORIES *(cont.)*		
MONOJECT	T1	PA
MONOJECT INSULIN SAFETY SYRNG	T1	PA
MONOJECT INSULIN SYRINGE	T1	PA
PARADIGM RESERVOIR 1.8 ML	T1	
PARADIGM RESERVOIR 3 ML	T3	
PRO COMFORT INSULIN SYRINGE	T1	PA
PRODIGY INSULIN SYRINGE	T1	PA
PUB INS SYRIN 0.3 ML 30GX1/2"	T1	PA
PUB INS SYRINGE 1 ML 30GX1/2"	T1	PA
PUB INSUL SYR 0.3 ML 31GX5/16"	T1	PA
PUB INSUL SYR 0.5 ML 30GX1/2"	T1	PA
PUB INSUL SYR 0.5 ML 31GX5/16"	T1	PA
PUB INSULIN SYR 1 ML 31GX5/16"	T1	PA
RA INS SYR 0.5 ML 29GX1/2"	T1	PA
RA INS SYR 0.5 ML 30GX5/16"	T1	PA
RA INS SYR 1 ML 29GX1/2"	T1	PA
RA INS SYRINGE 1 ML 30GX5/16"	T1	PA
RELION INS SYR 0.3 ML 31GX6MM	T1	PA
RELION INS SYR 0.5 ML 29GX1/2"	T1	PA
RELION INS SYR 0.5 ML 31GX6MM	T1	PA
RELION INS SYR 1 ML 31GX15/64"	T1	PA
RELION INS SYR 1 ML 31GX5/16"	T1	PA
RELION SYRING 0.3 ML 31GX5/16"	T1	PA
RELION SYRING 0.5 ML 31GX5/16"	T1	PA
SAFESNAP INSULIN SYRINGE	T1	PA
SAFETYGLIDE INSULIN SYRINGE	T1	
SAFETYGLIDE SYRINGE	T1	
SECURESAFE INSULIN SYRINGE	T1	PA
SURE COMFORT	T1	PA
SURE COMFORT INSULIN SYRINGE	T1	PA
SURE-JECT INS 0.3 ML 31GX5/16"	T1	PA
SURE-JECT INS 0.5 ML 31GX5/16"	T1	PA
SURE-JECT INSULIN SYRINGE	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SYRINGES AND ACCESSORIES *(cont.)*		
syringe and needle,insulin,1ml	T1	PA
syringe-needle,insulin,0.5 ml	T1	PA
syring-needl,disp,insul,0.3 ml	T1	PA
TECHLITE INSULIN SYRINGE	T1	PA
TERUMO INS SYR 0.3 ML 29GX1/2"	T1	PA
TERUMO INSULIN SYRINGE	T1	PA
THINPRO INSULIN SYRINGE	T1	PA
TRUE COMFORT INSULIN SYRINGE	T1	PA
TRUE COMFORT PRO INS SYRINGE	T1	PA
TRUE COMFORT SAFE INSULIN SYRG	T1	PA
TRUEPLUS INSULIN SYRINGE	T1	PA
ULTCARE INS SYR 1 ML 31GX5/16"	T1	PA
ULTICARE	T1	PA
ULTICARE INS SAFETY 1ML 29X1/2	T1	PA
ULTICARE INS SYR 1 ML 28GX1/2"	T1	PA
ULTICARE INS SYR 1 ML 29GX1/2"	T1	PA
ULTICARE INSULIN SYRINGE	T1	PA
ULTICARE SAFETY 0.5 ML 29GX1/2	T1	PA
ULTICARE SYR 0.3 ML 30GX5/16"	T1	PA
ULTICARE SYR 0.3 ML 31GX5/16"	T1	PA
ULTICARE SYR 0.5 ML 29GX1/2"	T1	PA
ULTICARE SYR 0.5 ML 30GX5/16"	T1	PA
ULTICARE SYR 0.5 ML 31GX5/16"	T1	PA
ULTICARE SYR 1 ML 30GX5/16"	T1	PA
ULTICARE SYRIN 0.3 ML 29GX1/2"	T1	PA
ULTICARE SYRIN 0.5 ML 28GX1/2"	T1	PA
ULTIGUARD SAFE 1ML 30G 12.7MM	T3	PA
ULTIGUARD SAFE0.3ML 30G 12.7MM	T3	PA
ULTIGUARD SAFE0.5ML 30G 12.7MM	T1	PA
ULTIGUARD SAFEPACK 1ML 31G 8MM	T3	PA
ULTIGUARD SAFEPK 0.3ML 31G 8MM	T3	PA
ULTIGUARD SAFEPK 0.5ML 31G 8MM	T1	PA
ULTILET INSULIN SYRINGE	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SYRINGES AND ACCESSORIES *(cont.)*		
ULTRA COMFORT	T1	PA
ULTRA FLO INSULIN SYRINGE	T1	PA
ULTRACARE INSULIN SYRINGE	T1	PA
ULTRA-FINE INSULIN SYRINGE	T1	
ULTRA-FINE SAFETY INSULIN SYRN	T1	
ULTRA-THIN II 1 ML 31GX5/16"	T1	PA
ULTRA-THIN II INS 0.3 ML 30G	T1	PA
ULTRA-THIN II INS 0.3 ML 31G	T1	PA
ULTRA-THIN II INS 0.5 ML 29G	T1	PA
ULTRA-THIN II INS 0.5 ML 30G	T1	PA
ULTRA-THIN II INS 0.5 ML 31G	T1	PA
ULTRA-THIN II INS SYR 1 ML 29G	T1	PA
ULTRA-THIN II INS SYR 1 ML 30G	T1	PA
VANISHPOINT	T1	PA
VANISHPOINT INSULIN SYRINGE	T1	PA
VEO INSULIN SYRINGE	T1	
VERIFINE INSULIN SYRINGE	T1	PA
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)		
DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)		
1ST TIER UNILET COMFORTOUCH	T1	
2-IN-1 LANCET DEVICE	T1	
ACCU-CHEK FASTCLIX LANCET DRUM	T1	
ACCU-CHEK SAFE-T-PRO	T1	
ACCU-CHEK SAFE-T-PRO PLUS	T1	
ACCU-CHEK SOFTCLIX	T1	
ACTI-LANCE	T1	
ADVANCED TRAVEL LANCETS	T1	
ADVANTAGE SAFETY LANCET	T1	
ADVOCATE LANCET	T1	
ADVOCATE SAFETY LANCET	T1	
AGAMATRIX ULTRA-THIN LANCET	T1	
ALTERNATE SITE LANCETS	T1	
ASSURE HAEMOLANCE PLUS	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) *(cont.)*		
ASSURE LANCE	T1	
ASSURE LANCE PLUS	T1	
BD MICROTAINER LANCETS	T1	
BLULINK BG SYSTEM REFILL	T3	
BULLSEYE MINI SAFETY LANCETS	T1	
BUTTERFLY TOUCH LANCET	T1	
CAREONE	T1	
CARESENS LANCET	T1	
CARETOUCH SAFETY LANCETS	T1	
CARETOUCH TWIST LANCET	T1	
CHOSEN LANCET	T1	
CHOSEN SAFETY LANCET	T1	
CLEVER CHEK LANCETS	T1	
COAGUCHEK	T1	
COMFORT EZ	T1	
COMFORT LANCETS	T1	
COMFORT TOUCH PLUS SAFETY LANC	T1	
COMFORT TOUCH ULT THIN LANCET	T1	
DROPLET LANCETS	T1	
DROPLET MEDLANCE PLUS	T1	
DROPSAFE ACTI-LANCE	T1	
DROPSAFE ERGOLANCE	T1	
DROPSAFE HAEMOLANCE PLUS	T1	
DROPSAFE HAEMOLANCE PLUS BLADE	T1	
DROPSAFE MEDISAFE SOLO LANCET	T1	
DROPSAFE MEDLANCE PLUS BLADE	T1	
DROPSAFE MEDLANCE PLUS	T1	
EASY COMFORT LANCET	T1	
EASY-COMFORT SAFETY LANCET	T1	
EASY TOUCH PULL-TOP 26G LANCET	T1	
EASY TOUCH PULL-TOP 28G LANCET	T1	
EASY TOUCH PULL-TOP 30G LANCET	T1	
EASY TOUCH PULL-TOP 32G LANCET	T1	

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) *(cont.)*		
EASY TOUCH SAFETY 21G LANCETS	T1	
EASY TOUCH SAFETY 23G LANCETS	T1	
EASY TOUCH SAFETY 26G LANCETS	T1	
EASY TOUCH SAFETY 28G LANCETS	T1	
EASY TOUCH SAFETY 30G LANCETS	T1	
EASY TOUCH SAFETY 32G LANCETS	T1	
EASY TOUCH TWIST 26G LANCETS	T1	
EASY TOUCH TWIST 28G LANCETS	T1	
EASY TOUCH TWIST 30G LANCETS	T1	
EASY TOUCH TWIST 32G LANCETS	T1	
EASY TOUCH TWIST 33G LANCETS	T1	
EASY TWIST & CAP LANCETS	T1	
EMBRACE 30G LANCETS	T1	
EMBRACE SAFETY LANCET	T1	
EZ SMART LANCETS	T1	
FINGERSTIX	T1	
FONDCIRCLE LANCET	T1	
FORA LANCETS	T1	
FORA V10-V12-D10-D20 STRP-LNCT	T1	
FORACARE LANCETS	T1	
FREESTYLE LANCETS	T1	
FREESTYLE UNISTIK 2	T1	
GLUCOCOM	T1	
GLUCOCOM LANCETS	T1	
GOJJI LANCET-GLUCOSE TEST STRP	T1	
GOJJI LANCETS	T1	
HEALTHY ACCENTS UNILET LANCET	T1	
INCONTROL SUPER THIN LANCETS	T1	
INCONTROL ULTRA THIN LANCETS	T1	
INJECT EASE LANCETS	T1	
INVACARE LANCETS	T1	
lancets	T1	
LANCETS	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) *(cont.)*		
LITE TOUCH 28G LANCETS	T1	
LITE TOUCH 30G LANCETS	T1	
LITE TOUCH 33G LANCETS	T1	
MEDLANCE PLUS	T1	
MEDLANCE PLUS SPECIAL BLADE	T1	
MICRO THIN LANCET	T1	
MICRO THIN LANCETS	T1	
MICROLET	T1	
MICROLET NEXT LANCET	T1	
MICROTAINER LANCETS	T1	
MOBI BLOOD GLUCOSE TWIST LANCT	T1	
MOBILE LANCETS	T1	
MONOLET LANCETS	T1	
MONOLET THIN LANCETS	T1	
MYGLUCOHEALTH LANCETS	T1	
NOVA SAFETY LANCETS	T1	
NOVA SUREFLEX	T1	
ON CALL LANCET	T1	
ON CALL PLUS LANCET	T1	
ONETOUCH DELICA PLUS LANCET	T1	
ONETOUCH DELICA SAFETY LANCET	T1	
ONETOUCH ULTRASOFT 2 LANCET	T1	
ON-THE-GO	T1	
PERFECT POINT SAFETY LANCETS	T1	
PIP LANCET	T1	
POGO AUTOMATIC TEST CARTRIDGE	T1	
PRESSURE ACTIVATED LANCETS	T1	
PRO COMFORT LANCET	T1	
PRO COMFORT LANCETS	T1	
PRO COMFORT SAFETY LANCET	T1	
PRODIGY LANCETS	T1	
PRODIGY TWIST TOP LANCET	T1	
PURE COMFORT LANCETS	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) *(cont.)*		
PURE COMFORT SAFETY LANCETS	T1	
PUSH BUTTON SAFETY LANCETS	T1	
READYLANCE SAFETY LANCETS	T1	
RELIAMED	T1	
RELIAMED SAFETY SEAL LANCETS	T1	
RIGHTEST GL300 LANCETS	T1	
SAFETY LANCETS	T1	
SAFETY SEAL LANCETS	T1	
SAFETY-LET	T1	
SENSILANCE	T1	
SINGLE-LET	T1	
SMARTEST LANCET	T1	
SOLUS V2	T1	
SOLUS V2 LANCETS	T1	
STERILANCE TL	T1	
STERILE LANCET	T1	
STERILE LANCETS	T1	
SUPER THIN LANCETS	T1	
SURE COMFORT LANCETS	T1	
SURE-LANCE	T1	
SURE-TOUCH	T1	
TECHLITE LANCETS	T1	
TELCARE ULTRA THIN 30G LANCETS	T1	
THIN LANCETS	T1	
TRUE COMFORT LANCET	T1	
TRUE COMFORT SAFETY LANCET	T1	
TRUEPLUS LANCET	T1	
TRUEPLUS LANCETS	T1	
TWIST LANCETS	T1	
TWIST TOP LANCET	T1	
ULTILET BASIC	T1	
ULTILET CLASSIC	T1	
ULTILET LANCETS	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) *(cont.)*		
ULTILET SAFETY	T1	
ULTRA THIN LANCET	T1	
ULTRA THIN LANCETS	T1	
ULTRA-CARE LANCETS	T1	
ULTRALANCE	T1	
ULTRA-THIN II 28G LANCETS	T1	
ULTRA-THIN II 30G LANCETS	T1	
ULTRATLC LANCETS	T1	
UNILET COMFORTOUCH	T1	
UNILET EXCELITE	T1	
UNILET EXCELITE II	T1	
UNILET GP LANCET	T1	
UNILET LANCET	T1	
UNILET LANCETS	T1	
UNISTIK 2 COMFORT	T1	
UNISTIK 2 EXTRA	T1	
UNISTIK 2 NORMAL	T1	
UNISTIK 3	T1	
UNISTIK 3 COMFORT	T1	
UNISTIK 3 DUAL	T1	
UNISTIK 3 EXTRA	T1	
UNISTIK 3 NORMAL	T1	
UNISTIK COMFORT	T1	
UNISTIK CZT	T1	
UNISTIK EXTRA	T1	
UNISTIK NORMAL	T1	
UNISTIK PRO	T1	
UNISTIK SAFETY	T1	
UNISTIK TOUCH	T1	
UNIVERSAL 1	T1	
VERIFINE SAFETY LANCET MINI	T1	
VERIFINE UNIVERSAL LANCET	T1	
VIVAGUARD LANCET	T1	
VIVAGUARD SAFETY LANCET	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MEDICAL SUPPLIES,MISCELLANEOUS		
ALCOH-GLOVE	T3	
ALCOH-WIPE	T3	
LASIX ONYU REUSABLE UNIT	T3	PA QL(1 UNIT/365 DAYS)
MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)		
SKELETAL MUSCLE RELAXANTS		
AMRIX ER 15 MG CAPSULE (*cyclobenzaprine hcl*)	T3	PA QL(1 CAP/DAY)
AMRIX ER 30 MG CAPSULE (*cyclobenzaprine hcl*)	T3	PA QL(1 CAP/DAY)
ATMEKSI	T3	PA QL(40 MLS/DAY)
baclofen 0.05 mg/ml syringe (Gablofen)	T1	
baclofen 10 mg tablet	T1	HD
baclofen 10 mg/20 ml vial (Gablofen)	T1	
baclofen 10 mg/5 ml solution (Ozobax Ds)	T1	HD
baclofen 15 mg tablet	T1	PA HD
baclofen 20 mg tablet	T1	HD
baclofen 20,000 mcg/20 ml vial (Gablofen)	T1	
baclofen 25 mg/5 ml suspension (Fleqsuvy)	T1	PA HD
BACLOFEN 40 MG/20 ML REFLL KIT	T3	
baclofen 40 mg/20 ml vial (Gablofen)	T1	
baclofen 40,000 mcg/20 ml vial (Gablofen)	T1	
baclofen 5 mg tablet	T1	HD
baclofen 5 mg/5 ml solution	T1	HD
carisoprodol (Soma)	T1	
carisoprodol/aspirin	T1	
chlorzoxazone 250 mg tablet	T1	PA
chlorzoxazone 375 mg tablet	T1	PA
chlorzoxazone 500 mg tablet	T1	
chlorzoxazone 750 mg tablet	T1	PA
cyclobenzaprine er 15 mg cap (Amrix)	T1	PA QL(1 CAP/DAY)
cyclobenzaprine er 30 mg cap (Amrix)	T1	PA
cyclobenzaprine hcl	T1	
cyclobenzaprine hcl (Fexmid)	T1	
DANTRIUM	T3	
DANTRIUM (*dantrolene sodium*)	T1	PA QL(1 CAP/DAY)

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MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SKELETAL MUSCLE RELAXANTS *(cont.)*		
dantrolene sodium	T1	PA
dantrolene sodium (Dantrium)	T1	
FEXMID (*cyclobenzaprine hcl*)	T1	PA
FLEQSUVY (*baclofen*)	T3	PA HD
GABLOFEN	T3	
GABLOFEN (*baclofen*)	T3	
LIORESAL INTRATHECAL	T3	
LYVISPAH	T3	PA
metaxalone 400 mg tablet	T1	
METAXALONE 640 MG TABLET	T3	PA
metaxalone 800 mg tablet	T1	
methocarbamol	T1	
methocarbamol 1,000 mg tablet	T1	
METHOCARBAMOL 1,000 MG TABLET	T3	PA
methocarbamol 1,000 mg/10 ml (Robaxin)	T1	
methocarbamol 500 mg tablet	T1	
methocarbamol 750 mg tablet	T1	
NORGESIC (*orphenadrine/aspirin/caffeine*)	T3	PA
NORGESIC FORTE (*orphenadrine/aspirin/caffeine*)	T3	PA
ONTRALFY	T3	PA
orphenadrine citrate	T1	
orphenadrine/aspirin/caffeine (Norgesic Forte)	T1	PA
orphenadrine/aspirin/caffeine (Norgesic)	T1	PA
OZOBAX	T3	PA HD
OZOBAX DS (*baclofen*)	T3	PA HD
ROBAXIN (*methocarbamol*)	T3	
RYANODEX	T3	
SOMA (*carisoprodol*)	T3	PA
tizanidine hcl 2 mg capsule (Zanaflex)	T1	PA
tizanidine hcl 2 mg tablet	T1	
tizanidine hcl 4 mg capsule (Zanaflex)	T1	PA
tizanidine hcl 4 mg tablet (Zanaflex)	T1	
tizanidine hcl 6 mg capsule (Zanaflex)	T1	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SKELETAL MUSCLE RELAXANTS *(cont.)*		
TIZANIDINE HCL 8 MG CAPSULE	T3	PA
TONMYA	T3	PA QL(2 TABS/DAY)
ZANAFLEX	T3	
ZANAFLEX (*tizanidine hcl*)	T3	
PRE-NATAL VITAMINS (Nutritional/Dietary)		
PRENATAL VITAMIN PREPARATIONS		
BAL-CARE DHA ESSENTIAL	T2	
CITRANATAL 90 DHA	T2	
CITRANATAL ASSURE	T2	
CITRANATAL DHA	T2	
CITRANATAL HARMONY	T2	
CITRANATAL RX	T2	
DERMACINRX PRENATRIX	T3	PA
DERMACINRX PRENATRYL	T3	PA
DERMACINRX PRETRATE	T3	PA
KOSHER PRENATAL PLUS IRON	T2	
MARNATAL-F	T2	
MATRONEX	T3	
NATACHEW	T2	
NEONATAL COMPLETE	T3	
NEONATAL PLUS	T3	
NEONATAL-DHA	T3	
NESTABS	T2	
NESTABS ABC	T2	
NESTABS DHA	T2	
OB COMPLETE ONE	T2	
OB COMPLETE PETITE	T2	
OB COMPLETE PREMIER	T2	
OB COMPLETE WITH DHA	T2	
OBSTETRIX EC	T2	
OBTREX DHA	T3	
pnv 11/iron fum/folic acid/om3	T1	
pnv 119/iron fum/folic acid	T1	

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PRE-NATAL VITAMINS (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PRENATAL VITAMIN PREPARATIONS *(cont.)*		
pnv 66/iron/folic/docusate/dha	T1	
pnv 69/iron/folic/docusate/dha	T1	
pnv 80/iron fum/folic/dss/dha	T1	
pnv no.118/iron fumarate/fa	T1	
pnv no.154/iron fum/folic acid	T1	
pnv no.52/iron/fa/omega-3/dha	T1	
pnv,calcium 72/iron,carb/folic	T1	
pnv,calcium 72/iron/folic acid	T1	
pnv/iron,carb/docusat/folic ac	T1	
pnv19/iron bg,s.p/folic ac/om3	T1	
pnv81/iron ps,edta/folic/omeg3	T1	
PREGEN DHA	T3	PA
PRENATA	T2	
prenatal 105/iron/folic ac/dha	T1	
prenatal 12/iron/folic/dss/om3	T1	
PRENATAL 19	T1	
prenatal 53/iron/folic ac/omg3	T1	
prenatal 54/iron/folic ac/omg3	T1	
prenatal 71/iron/folic ac/dha	T1	
prenatal 93/iron/folate 9/dha	T1	
*prenatal no.42/folic acid (*Vitamedmd Redichew Rx*)*	T1	
PRENATAL PLUS VITAMIN-MINERAL	T2	
PRENATAL PLUS-DHA	T1	
prenatal vit 27,calc/iron/fa	T1	
prenatal vit 55/iron/folic/om3	T1	
prenatal vit,cal 73/iron/folic	T1	
prenatal vit,cal 76/iron/folic	T1	
prenatal vit,cal 78/iron/folic	T1	
prenatal vit/iron fum/folic ac	T1	
prenatal vits 86/iron/folic ac	T1	
prenatal,calc 40/iron/folate 1	T1	
PRENATE ENHANCE	T2	
PRENATE RESTORE	T2	

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PRE-NATAL VITAMINS (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PRENATAL VITAMIN PREPARATIONS *(cont.)*		
PRIMACARE	T2	
PRENOVA	T3	PPACA
PROVIDA OB	T2	
SELECT-OB	T2	
SELECT-OB (*prenatal vit 128/iron/folic ac*)	T2	
SELECT-OB + DHA	T2	
THRIVITE RX	T1	
TRICARE	T2	
TRISTART DHA	T2	
VITAFOL FE PLUS	T3	
VITAFOL ULTRA	T2	
VITAFOL-OB	T1	
VITAFOL-OB+DHA	T2	
VITAFOL-ONE	T2	
VITAMEDMD ONE RX	T2	
VITAMEDMD REDICHEW RX (*prenatal no.42/folic acid*)	T2	
VITAPEARL	T3	
VITATRUE	T3	
PRENATAL VITAMINS WITH LOW OR NO IRON		
ALTRIXA OB	T3	PA
AZENTRA	T3	PA
AZESCO	T3	PA
CITRANATAL B-CALM	T2	
DUET DHA 400	T2	
FOLATEXCEL	T3	PA
MATERNACEL	T3	PA
MATERVIA	T3	PA
NATAL PNV	T3	PA
NEOMATERNA	T3	PA
PNV TABS 20-1	T3	PA
PREGENNA	T3	PA
prenatal 147/iron/folic acid	T1	PA
PRENATE DHA	T2	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PRENATAL VITAMINS WITH LOW OR NO IRON *(cont.)*		
PRENATE ELITE	T2	
PRENATE MINI	T2	
PRENATE PIXIE	T2	
PRENATE STAR	T3	
R-NATAL OB	T1	
TRINAZ	T3	PA
VITAFOL GUMMIES	T2	
VITALARA	T3	PA
ZALVIT	T3	PA
ZIPHEX	T3	PA
PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9]		
ALPHA-2 RECEPTOR ANTAGONIST ANTI-DEPRESSANTS		
mirtazapine	T1	HD
mirtazapine (Remeron)	T1	HD
REMERON (*mirtazapine*)	T3	PA HD
ANTI-ANXIETY - BENZODIAZEPINES		
alprazolam	T1	
alprazolam (Xanax Xr)	T1	
alprazolam (Xanax)	T1	
ATIVAN (*lorazepam*)	T3	PA
chlordiazepoxide hcl	T1	
clorazepate dipotassium	T1	
diazepam 10 mg tablet (Valium)	T1	
diazepam 10 mg/2 ml carpuject	T1	
diazepam 10 mg/2 ml syringe	T1	
diazepam 10 mg/2 ml vial	T1	
diazepam 2 mg tablet (Valium)	T1	
diazepam 25 mg/5 ml oral conc	T1	
diazepam 5 mg tablet (Valium)	T1	
diazepam 5 mg/5 ml oral cup	T1	
diazepam 5 mg/5 ml solution	T1	
diazepam 5 mg/ml oral conc	T1	
diazepam 50 mg/10 ml vial	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-ANXIETY - BENZODIAZEPINES *(cont.)*		
lorazepam	T1	
lorazepam (Ativan)	T1	
LOREEV XR	T3	PA QL(1 CAP/DAY)
oxazepam	T1	
VALIUM (*diazepam*)	T3	PA
XANAX (*alprazolam*)	T3	PA
XANAX XR (*alprazolam xr*)	T3	PA
ANTI-ANXIETY DRUGS		
BUCAPSOL	T3	PA
buspirone hcl 10 mg tablet	T1	HD
BUSPIRONE HCL 12.5 MG TABLET	T3	PA HD
buspirone hcl 15 mg tablet	T1	HD
BUSPIRONE HCL 2.5 MG TABLET	T3	PA HD
buspirone hcl 30 mg tablet	T1	HD
buspirone hcl 5 mg tablet	T1	HD
buspirone hcl 7.5 mg tablet	T1	HD
meprobamate	T1	
ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST		
SPRAVATO	T3	PA SP
ANTIDEPRESSANT- POST PARTUM DEPPRESSION (PPD)		
ZURZUVAE 20 MG CAPSULE	T3	PA QL(28 CAPS/270 DAYS) SP HD
ZURZUVAE 25 MG CAPSULE	T3	PA QL(28 CAPS/270 DAYS) SP HD
ZURZUVAE 30 MG CAPSULE	T3	PA QL(14 CAPS/270 DAYS) SP HD
AZAPIRONES		
EXXUA	T3	PA
BIPOLAR DISORDER DRUGS		
EQUETRO	T3	HD
lithium carbonate	T1	HD
lithium carbonate (Lithobid)	T1	HD
lithium citrate	T1	HD
LITHOBID (*lithium carbonate er*)	T3	PA HD
MAOIS -NON-SELECTIVE, IRREVERSIBLE ANTI-DEPRESSANTS		
MARPLAN	T3	QL(12 TABS/DAY)
NARDIL (*phenelzine sulfate*)	T3	PA

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MAOIS -NON-SELECTIVE, IRREVERSIBLE ANTI-DEPRESSANTS *(cont.)*		
PARNATE (*tranylcypromine sulfate*)	T3	PA
phenelzine sulfate (Nardil)	T1	
tranylcypromine sulfate (Parnate)	T1	
MONOAMINE OXIDASE (MAO) INHIBITOR ANTI-DEPRESSANTS		
EMSAM 12 MG/24 HOURS PATCH	T3	QL(1 PATCH/DAY)
EMSAM 6 MG/24 HOURS PATCH	T3	QL(2 PATCHES/DAY)
EMSAM 9 MG/24 HOURS PATCH	T3	QL(1 PATCH/DAY)
NDMA RECEPTOR ANTAGONIST AND NDRI COMB		
AUVELITY ER 45-105 MG TABLET	T2	ST QL(2 TABS/DAY)
AUVELITY TITRATION PACK	T2	ST QL(1 KIT/180 DAYS)
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIs)		
APLENZIN ER 174 MG TABLET	T3	PA QL(3 TABS/DAY) HD
APLENZIN ER 348 MG TABLET	T3	PA QL(1 TAB/DAY) HD
APLENZIN ER 522 MG TABLET	T3	PA QL(1 TAB/DAY) HD
bupropion hcl 100 mg tablet	T1	QL(4 TABS/DAY) HD
bupropion hcl 75 mg tablet	T1	QL(6 TABS/DAY) HD
bupropion hcl sr 100 mg tablet (Wellbutrin Sr)	T1	QL(4 TABS/DAY) HD
bupropion hcl sr 150 mg tablet (Wellbutrin Sr)	T1	QL(2 TABS/DAY) HD
bupropion hcl sr 200 mg tablet (Wellbutrin Sr)	T1	QL(2 TABS/DAY) HD
bupropion hcl xl 150 mg tablet (Wellbutrin XI)	T1	QL(3 TABS/DAY) HD
bupropion hcl xl 300 mg tablet (Wellbutrin XI)	T1	QL(1 TAB/DAY) HD
BUPROPION HCL XL 450 MG TABLET	T3	PA QL(1 TAB/DAY) HD
WELLBUTRIN SR 100 MG TABLET (*bupropion hcl sr*)	T3	PA QL(4 TABS/DAY)
WELLBUTRIN SR 150 MG TABLET (*bupropion hcl sr*)	T3	PA QL(2 TABS/DAY)
WELLBUTRIN SR 200 MG TABLET (*bupropion hcl sr*)	T3	PA QL(2 TABS/DAY)
WELLBUTRIN XL 150 MG TABLET (*bupropion xl*)	T3	PA QL(3 TABS/DAY)
WELLBUTRIN XL 300 MG TABLET (*bupropion xl*)	T3	PA QL(1 TAB/DAY)
SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIAs)		
NUPLAZID	T3	PA SP HD
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs)		
CELEXA 10 MG TABLET (*citalopram hbr*)	T3	PA QL(6 TABS/DAY) HD
CELEXA 20 MG TABLET (*citalopram hbr*)	T3	PA QL(3 TABS/DAY) HD
CELEXA 40 MG TABLET (*citalopram hbr*)	T3	PA QL(1 TAB/DAY) HD
citalopram hbr 10 mg tablet (Celexa)	T1	QL(6 TABS/DAY) HD

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs) *(cont.)*		
citalopram hbr 10 mg/5 ml soln	T1	QL(30 MLS/DAY) HD
citalopram hbr 20 mg tablet (Celexa)	T1	QL(3 TABS/DAY) HD
citalopram hbr 20 mg/10 ml sol	T1	QL(30 MLS/DAY) HD
citalopram hbr 30 mg capsule	T1	QL(1 CAP/DAY) HD
citalopram hbr 40 mg tablet (Celexa)	T1	QL(1 TAB/DAY) HD
escitalopram 10 mg tablet (Lexapro)	T1	QL(2 TABS/DAY) HD
escitalopram 10 mg/10 ml cup	T1	QL(20 MLS/DAY) HD
ESCITALOPRAM 15 MG CAPSULE	T3	PA QL(1 CAP/DAY) HD
escitalopram 20 mg tablet (Lexapro)	T1	QL(1 TAB/DAY) HD
escitalopram 5 mg tablet (Lexapro)	T1	QL(4 TABS/DAY) HD
escitalopram oxalate 5 mg/5 ml	T1	QL(20 MLS/DAY) HD
fluoxetine 20 mg/5 ml soln cup	T1	QL(20 MLS/DAY) HD
fluoxetine 20 mg/5 ml solution	T1	QL(20 MLS/DAY) HD
fluoxetine hcl	T1	QL(4 CAPS/28 DAYS) HD
fluoxetine hcl 10 mg capsule (Prozac)	T1	QL(8 CAPS/DAY) HD
fluoxetine hcl 10 mg tablet	T1	HD
fluoxetine hcl 20 mg capsule (Prozac)	T1	QL(4 CAPS/DAY) HD
fluoxetine hcl 20 mg tablet	T1	HD
fluoxetine hcl 40 mg capsule (Prozac)	T1	QL(2 CAPS/DAY) HD
fluoxetine hcl 60 mg tablet	T1	QL(1 TAB/DAY) HD
fluvoxamine er 100 mg capsule	T1	QL(3 CAPS/DAY) HD
fluvoxamine er 150 mg capsule	T1	QL(2 CAPS/DAY) HD
fluvoxamine maleate 100 mg tab	T1	QL(3 TABS/DAY) HD
fluvoxamine maleate 25 mg tab	T1	QL(12 TABS/DAY) HD
fluvoxamine maleate 50 mg tab	T1	QL(6 TABS/DAY) HD
LEXAPRO 10 MG TABLET (*escitalopram oxalate*)	T3	PA QL(2 TABS/DAY)
LEXAPRO 20 MG TABLET (*escitalopram oxalate*)	T3	PA QL(1 TAB/DAY)
LEXAPRO 5 MG TABLET (*escitalopram oxalate*)	T3	PA QL(4 TABS/DAY)
paroxetine cr 12.5 mg tablet (Paxil Cr)	T1	QL(1 TAB/DAY) HD
paroxetine cr 25 mg tablet (Paxil Cr)	T1	QL(3 TABS/DAY) HD
paroxetine cr 37.5 mg tablet (Paxil Cr)	T1	QL(2 TABS/DAY) HD
paroxetine er 12.5 mg tablet (Paxil Cr)	T1	QL(1 TAB/DAY) HD
paroxetine er 25 mg tablet (Paxil Cr)	T1	QL(3 TABS/DAY) HD

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs) *(cont.)*		
paroxetine er 37.5 mg tablet (Paxil Cr)	T1	QL(2 TABS/DAY) HD
paroxetine hcl 10 mg tablet (Paxil)	T1	QL(6 TABS/DAY) HD
paroxetine hcl 10 mg/5 ml susp	T1	QL(30 MLS/DAY) HD
paroxetine hcl 20 mg tablet (Paxil)	T1	QL(3 TABS/DAY) HD
paroxetine hcl 30 mg tablet (Paxil)	T1	QL(2 TABS/DAY) HD
paroxetine hcl 40 mg tablet (Paxil)	T1	QL(1 TAB/DAY) HD
PAXIL 10 MG TABLET (*paroxetine hcl*)	T3	PA QL(6 TABS/DAY) HD
PAXIL 20 MG TABLET (*paroxetine hcl*)	T3	PA QL(3 TABS/DAY) HD
PAXIL 30 MG TABLET (*paroxetine hcl*)	T3	PA QL(2 TABS/DAY) HD
PAXIL 40 MG TABLET (*paroxetine hcl*)	T3	PA QL(1 TAB/DAY) HD
PAXIL CR 12.5 MG TABLET (*paroxetine er*)	T3	PA QL(1 TAB/DAY) HD
PAXIL CR 25 MG TABLET (*paroxetine er*)	T3	PA QL(3 TABS/DAY) HD
PAXIL CR 37.5 MG TABLET (*paroxetine er*)	T3	PA QL(2 TABS/DAY) HD
PROZAC 10 MG PULVULE (*fluoxetine hcl*)	T3	PA QL(8 CAPS/DAY)
PROZAC 20 MG PULVULE (*fluoxetine hcl*)	T3	PA QL(4 CAPS/DAY)
PROZAC 40 MG PULVULE (*fluoxetine hcl*)	T3	PA QL(2 CAPS/DAY)
sertraline 150 mg capsule	T1	QL(1 CAP/DAY) HD
sertraline 20 mg/ml oral conc (Zoloft)	T1	QL(10 MLS/DAY) HD
sertraline 200 mg capsule	T1	QL(1 CAP/DAY) HD
sertraline hcl 100 mg tablet (Zoloft)	T1	QL(2 TABS/DAY) HD
sertraline hcl 25 mg tablet (Zoloft)	T1	QL(8 TABS/DAY) HD
sertraline hcl 50 mg tablet (Zoloft)	T1	QL(4 TABS/DAY) HD
ZOLOFT 100 MG TABLET (*sertraline hcl*)	T3	PA QL(2 TABS/DAY)
ZOLOFT 20 MG/ML ORAL CONC (*sertraline hcl*)	T3	PA QL(10 MLS/DAY)
ZOLOFT 25 MG TABLET (*sertraline hcl*)	T3	PA QL(8 TABS/DAY)
ZOLOFT 50 MG TABLET (*sertraline hcl*)	T3	PA QL(4 TABS/DAY)
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs)		
nefazodone hcl	T1	HD
RALDESY	T3	PA HD
trazodone 100 mg tablet	T1	HD
trazodone 150 mg tablet	T1	HD
trazodone 300 mg tablet	T1	HD
trazodone 50 mg tablet	T1	HD

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PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs)		
CYMBALTA (*duloxetine hcl*)	T3	PA QL(6 CAPS/DAY) HD
DESVENLAFAXINE ER 100 MG TAB	T3	PA QL(4 TABS/DAY) HD
DESVENLAFAXINE ER 50 MG TAB	T3	PA QL(8 TABS/DAY) HD
desvenlafaxine succnt er 100mg (Pristiq)	T1	QL(4 TABS/DAY) HD
desvenlafaxine succnt er 25 mg (Pristiq)	T1	QL(16 TABS/DAY) HD
desvenlafaxine succnt er 50 mg (Pristiq)	T1	QL(1 TAB/DAY) HD
DRIZALMA SPRINKLE DR 20 MG CAP	T3	ST QL(1 CAP/DAY) HD
DRIZALMA SPRINKLE DR 30 MG CAP	T3	ST QL(1 CAP/DAY) HD
DRIZALMA SPRINKLE DR 40 MG CAP	T3	ST QL(1 CAP/DAY) HD
DRIZALMA SPRINKLE DR 60 MG CAP	T3	ST QL(2 CAPS/DAY) HD
DULOXETINE HCL DR 120 MG CAP	T3	QL(0 CAPS/DAY) HD
duloxetine hcl dr 20 mg cap (Cymbalta)	T1	QL(6 CAPS/DAY) HD
duloxetine hcl dr 30 mg cap	T1	QL(4 CAPS/DAY) HD
duloxetine hcl dr 40 mg cap	T1	QL(3 CAPS/DAY) HD
duloxetine hcl dr 60 mg cap	T1	QL(2 CAPS/DAY) HD
DULOXETINE HCL DR 80 MG CAP	T3	QL(0 CAPS/DAY) HD
DULOXETINE HCL DR 90 MG CAP	T3	QL(0 CAPS/DAY) HD
EFFEXOR XR 150 MG CAPSULE (*venlafaxine hcl er*)	T3	PA QL(2 CAPS/DAY)
EFFEXOR XR 37.5 MG CAPSULE (*venlafaxine hcl er*)	T3	PA QL(8 CAPS/DAY)
EFFEXOR XR 75 MG CAPSULE (*venlafaxine hcl er*)	T3	PA QL(4 CAPS/DAY)
FETZIMA 20-40 MG TITRATION PAK	T3	PA QL(28 CAPS/180 DAYS)
FETZIMA ER 120 MG CAPSULE	T3	PA QL(1 CAP/DAY)
FETZIMA ER 20 MG CAPSULE	T3	PA QL(6 CAPS/DAY)
FETZIMA ER 40 MG CAPSULE	T3	PA QL(3 CAPS/DAY)
FETZIMA ER 80 MG CAPSULE	T3	PA QL(1 CAP/DAY)
PRISTIQ ER 100 MG TABLET (*desvenlafaxine succinate er*)	T3	PA QL(4 TABS/DAY) HD
PRISTIQ ER 25 MG TABLET (*desvenlafaxine succinate er*)	T3	PA QL(16 TABS/DAY) HD
PRISTIQ ER 50 MG TABLET (*desvenlafaxine succinate er*)	T3	PA QL(1 TAB/DAY) HD
VENLAFAXINE BESYLATE ER	T3	PA QL(2 TABS/DAY) HD
venlafaxine hcl 100 mg tablet	T1	QL(3 TABS/DAY) HD
venlafaxine hcl 25 mg tablet	T1	QL(15 TABS/DAY) HD
venlafaxine hcl 37.5 mg tablet	T1	QL(10 TABS/DAY) HD
venlafaxine hcl 50 mg tablet	T1	QL(7 TABS/DAY) HD

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PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs) *(cont.)*		
venlafaxine hcl 75 mg tablet	T1	QL(5 TABS/DAY) HD
venlafaxine hcl er 150 mg cap (Effexor Xr)	T1	QL(2 CAPS/DAY) HD
venlafaxine hcl er 150 mg tab	T1	QL(2 TABS/DAY) HD
venlafaxine hcl er 225 mg tab	T1	QL(1 TAB/DAY) HD
venlafaxine hcl er 37.5 mg cap (Effexor Xr)	T1	QL(8 CAPS/DAY) HD
venlafaxine hcl er 37.5 mg tab	T1	QL(8 TABS/DAY) HD
venlafaxine hcl er 75 mg cap (Effexor Xr)	T1	QL(4 CAPS/DAY) HD
venlafaxine hcl er 75 mg tab	T1	QL(4 TABS/DAY) HD
SSRI AND 5HTIA PARTIAL AGONIST ANTI-DEPRESSANTS		
VIIBRYD 10 MG TABLET	T3	PA QL(1 TAB/DAY) HD
VIIBRYD 20 MG TABLET	T3	PA QL(1 TAB/DAY) HD
VIIBRYD 40 MG TABLET	T3	PA HD
vilazodone hcl 10 mg tablet (Viibryd)	T1	QL(1 TAB/DAY) HD
vilazodone hcl 20 mg tablet (Viibryd)	T1	QL(1 TAB/DAY) HD
vilazodone hcl 40 mg tablet (Viibryd)	T1	HD
SSRI, SEROTONIN RECEPTOR MODULATOR ANTI-DEPRESSANTS		
TRINTELLIX 10 MG TABLET	T2	QL(1 TAB/DAY)
TRINTELLIX 20 MG TABLET	T2	
TRINTELLIX 5 MG TABLET	T2	QL(1 TAB/DAY)
TRICYCLIC ANTI-DEPRESSANT-BENZODIAZEPINE COMBINATNS		
amitriptyline/chlordiazepoxide	T1	HD
TRICYCLIC ANTI-DEPRESSANT-PHENOTHIAZINE COMBINATNS		
perphenazine/amitriptyline hcl	T1	HD
TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB		
amitriptyline hcl	T1	HD
amoxapine	T1	HD
ANAFRANIL (*clomipramine hcl*)	T3	PA HD
clomipramine hcl (Anafranil)	T1	HD
desipramine hcl	T1	HD
doxepin 10 mg capsule	T1	HD
doxepin 10 mg/ml oral conc	T1	HD
doxepin 100 mg capsule	T1	HD
doxepin 150 mg capsule	T1	HD
doxepin 25 mg capsule	T1	HD

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB *(cont.)*		
doxepin 50 mg capsule	T1	HD
doxepin 75 mg capsule	T1	HD
imipramine pamoate	T1	HD
imipramine hcl	T1	HD
nortriptyline hcl	T1	HD
nortriptyline hcl (Pamelor)	T1	HD
PAMELOR (*nortriptyline hcl*)	T3	PA HD
protriptyline hcl	T1	PA HD
trimipramine maleate	T1	HD
PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)[9]		
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE		
ARYNTA	T3	PA
lisdexamfetamine 10 mg capsule (Vyvanse)	T1	PA QL(1 CAP/DAY)
lisdexamfetamine 10 mg tb chew (Vyvanse)	T1	PA QL(1 TAB/DAY)
lisdexamfetamine 20 mg capsule (Vyvanse)	T1	PA QL(1 CAP/DAY)
lisdexamfetamine 20 mg tb chew (Vyvanse)	T1	PA QL(1 TAB/DAY)
lisdexamfetamine 30 mg capsule (Vyvanse)	T1	PA QL(1 CAP/DAY)
lisdexamfetamine 30 mg tb chew (Vyvanse)	T1	PA QL(1 TAB/DAY)
lisdexamfetamine 40 mg capsule (Vyvanse)	T1	PA QL(1 CAP/DAY)
lisdexamfetamine 40 mg tb chew (Vyvanse)	T1	PA QL(1 TAB/DAY)
lisdexamfetamine 50 mg capsule (Vyvanse)	T1	PA QL(1 CAP/DAY)
lisdexamfetamine 50 mg tb chew (Vyvanse)	T1	PA QL(1 TAB/DAY)
lisdexamfetamine 60 mg capsule (Vyvanse)	T1	PA QL(1 CAP/DAY)
lisdexamfetamine 60 mg tb chew (Vyvanse)	T1	PA QL(1 TAB/DAY)
lisdexamfetamine 70 mg capsule (Vyvanse)	T1	PA QL(1 CAP/DAY)
VYVANSE 10 MG CAPSULE (*lisdexamfetamine dimesylate*)	T3	PA QL(1 CAP/DAY)
VYVANSE 10 MG CHEWABLE TABLET (*lisdexamfetamine dimesylate*)	T3	PA QL(1 TAB/DAY)
VYVANSE 20 MG CAPSULE (*lisdexamfetamine dimesylate*)	T3	PA QL(1 CAP/DAY)
VYVANSE 20 MG CHEWABLE TABLET (*lisdexamfetamine dimesylate*)	T3	PA QL(1 TAB/DAY)
VYVANSE 30 MG CAPSULE (*lisdexamfetamine dimesylate*)	T3	PA QL(1 CAP/DAY)
VYVANSE 30 MG CHEWABLE TABLET (*lisdexamfetamine dimesylate*)	T3	PA QL(1 TAB/DAY)
VYVANSE 40 MG CAPSULE (*lisdexamfetamine dimesylate*)	T3	PA QL(1 CAP/DAY)
VYVANSE 40 MG CHEWABLE TABLET (*lisdexamfetamine dimesylate*)	T3	PA QL(1 TAB/DAY)

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PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE *(cont.)*		
VYVANSE 50 MG CAPSULE (*lisdexamfetamine dimesylate*)	T3	PA QL(1 CAP/DAY)
VYVANSE 50 MG CHEWABLE TABLET (*lisdexamfetamine dimesylate*)	T3	PA QL(1 TAB/DAY)
VYVANSE 60 MG CAPSULE (*lisdexamfetamine dimesylate*)	T3	PA QL(1 CAP/DAY)
VYVANSE 60 MG CHEWABLE TABLET (*lisdexamfetamine dimesylate*)	T3	PA QL(1 TAB/DAY)
VYVANSE 70 MG CAPSULE (*lisdexamfetamine dimesylate*)	T3	PA QL(1 CAP/DAY)
TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST		
*clonidine hcl er 0.1 mg tablet (*Kapvay*)*	T1	
guanfacine hcl (Intuniv)	T1	HD
INTUNIV (*guanfacine hcl er*)	T3	PA HD
KAPVAY (*clonidine hcl er*)	T3	PA
ONYDA XR	T3	PA
TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY		
APTENSIO XR (*methylphenidate hcl*)	T3	PA ST QL(1 CAP/DAY)
AZSTARYS	T3	PA ST QL(1 CAP/DAY)
CONCERTA ER 18 MG TABLET (*methylphenidate hcl*)	T3	PA ST QL(1 TAB/DAY)
CONCERTA ER 27 MG TABLET (*methylphenidate hcl*)	T3	PA ST QL(1 TAB/DAY)
CONCERTA ER 36 MG TABLET (*methylphenidate hcl*)	T3	PA ST QL(2 TABS/DAY)
CONCERTA ER 54 MG TABLET (*methylphenidate hcl*)	T3	PA ST QL(1 TAB/DAY)
COTEMPLA XR-ODT 17.3 MG TABLET	T3	PA QL(1 TAB/DAY)
COTEMPLA XR-ODT 25.9 MG TABLET	T3	PA QL(2 TABS/DAY)
COTEMPLA XR-ODT 8.6 MG TABLET	T3	PA QL(1 TAB/DAY)
*dexmethylphenidate hcl (*Focalin Xr*)*	T1	PA QL(1 CAP/DAY)
*dexmethylphenidate hcl (*Focalin*)*	T1	PA
FOCALIN *(dexmethylphenidate hcl)*	T3	PA ST
FOCALIN XR *(dexmethylphenidate hcl)*	T3	PA ST QL(1 CAP/DAY)
JORNAY PM	T3	PA ST QL(1 CAP/DAY)
METADATE CD *(methylphenidate hcl)*	T3	PA QL(1 CAP/DAY)
METHYLIN *(methylphenidate hcl)*	T3	PA
methylphenidate	T1	PA QL(1 PATCH/DAY)
*methylphenidate er 10 mg cap (*Aptensio Xr*)*	T1	PA QL(1 CAP/DAY)
methylphenidate er 10 mg tab	T1	PA QL(2 TABS/DAY)
*methylphenidate er 15 mg cap (*Aptensio Xr*)*	T1	PA QL(1 CAP/DAY)
METHYLPHENIDATE ER 17.3 MG ODT	T3	PA QL(1 TAB/DAY)

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PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY *(cont.)*		
*methylphenidate er 18 mg tab (*Concerta*)*	T1	PA QL(1 TAB/DAY)
*methylphenidate er 18 mg tab (*Relexxii*)*	T1	PA QL(1 TAB/DAY)
*methylphenidate er 20 mg cap (*Aptensio Xr*)*	T1	PA QL(1 CAP/DAY)
methylphenidate er 20 mg tab	T1	PA QL(3 TABS/DAY)
METHYLPHENIDATE ER 25.9 MG ODT	T3	PA QL(2 TABS/DAY)
*methylphenidate er 27 mg tab (*Concerta*)*	T1	PA QL(1 TAB/DAY)
*methylphenidate er 27 mg tab (*Relexxii*)*	T1	PA QL(1 TAB/DAY)
*methylphenidate er 30 mg cap (*Aptensio Xr*)*	T1	PA QL(1 CAP/DAY)
*methylphenidate er 36 mg tab (*Concerta*)*	T1	PA QL(2 TABS/DAY)
*methylphenidate er 36 mg tab (*Relexxii*)*	T1	PA QL(2 TABS/DAY)
*methylphenidate er 40 mg cap (*Aptensio Xr*)*	T1	PA QL(1 CAP/DAY)
METHYLPHENIDATE ER 45 MG TAB	T3	PA QL(1 TAB/DAY)
*methylphenidate er 50 mg cap (*Aptensio Xr*)*	T1	PA QL(1 CAP/DAY)
*methylphenidate er 54 mg tab (*Concerta*)*	T1	PA QL(1 TAB/DAY)
*methylphenidate er 54 mg tab (*Relexxii*)*	T1	PA QL(1 TAB/DAY)
*methylphenidate er 60 mg cap (*Aptensio Xr*)*	T1	PA QL(1 CAP/DAY)
METHYLPHENIDATE ER 63 MG TAB	T3	PA QL(1 TAB/DAY)
methylphenidate er 72 mg tab	T1	PA QL(1 TAB/DAY)
METHYLPHENIDATE ER 8.6 MG ODT	T3	PA QL(1 TAB/DAY)
*methylphenidate er(la) 10mg cp (*Ritalin La*)*	T1	PA QL(1 CAP/DAY)
*methylphenidate er(la) 20mg cp (*Ritalin La*)*	T1	PA QL(1 CAP/DAY)
*methylphenidate er(la) 30mg cp (*Ritalin La*)*	T1	PA QL(2 CAPS/DAY)
*methylphenidate er(la) 40mg cp (*Ritalin La*)*	T1	PA QL(1 CAP/DAY)
methylphenidate er(la) 60mg cp	T1	PA QL(1 CAP/DAY)
methylphenidate hcl	T1	PA
*methylphenidate hcl (*Metadate Cd*)*	T1	PA QL(1 CAP/DAY)
*methylphenidate hcl (*Methylin*)*	T1	PA
*methylphenidate hcl (*Ritalin*)*	T1	PA
QUILLICHEW ER 20 MG CHEW TAB	T3	PA QL(1 TAB/DAY)
QUILLICHEW ER 30 MG CHEW TAB	T3	PA QL(2 TABS/DAY)
QUILLICHEW ER 40 MG CHEW TAB	T3	PA QL(1 TAB/DAY)
QUILLIVANT XR	T3	PA QL(12 MLS/DAY)
RELEXXII ER 18 MG TABLET (*methylphenidate hcl*)	T3	PA QL(1 TAB/DAY)

T1 – Typically Generics
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T3 – Typically Non-Preferred Brands

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY *(cont.)*		
RELEXXII ER 27 MG TABLET (*methylphenidate hcl*)	T3	PA QL(1 TAB/DAY)
RELEXXII ER 36 MG TABLET (*methylphenidate hcl*)	T3	PA QL(2 TABS/DAY)
RELEXXII ER 45 MG TABLET	T3	PA QL(1 TAB/DAY)
RELEXXII ER 54 MG TABLET (*methylphenidate hcl*)	T3	PA QL(1 TAB/DAY)
RELEXXII ER 63 MG TABLET	T3	PA QL(1 TAB/DAY)
RELEXXII ER 72 MG TABLET	T3	PA QL(1 TAB/DAY)
RITALIN (*methylphenidate hcl*)	T3	PA ST
RITALIN LA 10 MG CAPSULE (*methylphenidate hcl*)	T3	PA ST QL(1 CAP/DAY)
RITALIN LA 20 MG CAPSULE (*methylphenidate hcl*)	T3	PA ST QL(1 CAP/DAY)
RITALIN LA 30 MG CAPSULE (*methylphenidate hcl*)	T3	PA ST QL(2 CAPS/DAY)
RITALIN LA 40 MG CAPSULE (*methylphenidate hcl*)	T3	PA ST QL(1 CAP/DAY)
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE		
ATOMOXETINE 4 MG/ML ORAL SOLN	T3	PA HD
atomoxetine hcl 10, 18, 25, 60, 80, 100 mg capsule (Strattera)	T1	HD
atomoxetine hcl 40 mg capsule (Strattera)	T1	QL(1 CAP/DAY) HD
ATONCY	T3	PA HD
QELBREE ER 100 MG CAPSULE	T3	PA QL(1 CAP/DAY)
QELBREE ER 150 MG CAPSULE	T3	PA QL(2 CAPS/DAY)
QELBREE ER 200 MG CAPSULE	T3	PA QL(3 CAPS/DAY)
STRATTERA 10 MG CAPSULE (*atomoxetine hcl*)	T3	PA HD
STRATTERA 100 MG CAPSULE (*atomoxetine hcl*)	T3	PA HD
STRATTERA 18 MG CAPSULE (*atomoxetine hcl*)	T3	PA HD
STRATTERA 25 MG CAPSULE (*atomoxetine hcl*)	T3	PA HD
STRATTERA 40 MG CAPSULE (*atomoxetine hcl*)	T3	PA QL(1 CAP/DAY) HD
STRATTERA 60 MG CAPSULE (*atomoxetine hcl*)	T3	PA HD
STRATTERA 80 MG CAPSULE (*atomoxetine hcl*)	T3	PA HD
PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9]		
ANTI-PSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES		
pimozide	T1	
ANTI-PSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST		
asenapine maleate (Saphris)	T1	
BYSANTI	T3	QL(0 TABS/DAY)
CAPLYTA	T3	ST QL(1 CAP/DAY)

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T2 – Typically Preferred Brands
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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST *(cont.)*		
clozapine	T1	
clozapine (Clozaril)	T1	
CLOZARIL (*clozapine*)	T3	PA
ERZOFRI 117 MG/0.75 ML SYRINGE	T2	QL(2 SYRINGES/28 DAYS)
ERZOFRI 156 MG/ML SYRINGE	T2	QL(1 SYRINGES/28 DAYS)
ERZOFRI 234 MG/1.5 ML SYRINGE	T2	QL(1 SYRINGES/28 DAYS)
ERZOFRI 351 MG/2.25 ML SYRINGE	T2	QL(1 SYRINGE/180 DAYS)
ERZOFRI 39 MG/0.25 ML SYRINGE	T2	QL(2 SYRINGES/28 DAYS)
ERZOFRI 78 MG/0.5 ML SYRINGE	T2	QL(2 SYRINGES/28 DAYS)
FANAPT 1 MG TABLET	T3	PA QL(4 TABS/DAY)
FANAPT 10 MG TABLET	T3	PA QL(4 TABS/DAY)
FANAPT 12 MG TABLET	T3	PA
FANAPT 2 MG TABLET	T3	PA QL(4 TABS/DAY)
FANAPT 4 MG TABLET	T3	PA QL(4 TABS/DAY)
FANAPT 6 MG TABLET	T3	PA QL(4 TABS/DAY)
FANAPT 8 MG TABLET	T3	PA QL(4 TABS/DAY)
FANAPT TITRATION PACK A	T3	PA QL(32 TABS/365 DAYS)
FANAPT TITRATION PACK B	T3	PA QL(48 TABS/365 DAYS)
FANAPT TITRATION PACK C	T3	PA QL(32 TABS/365 DAYS)
GEODON 20 MG CAPSULE (*ziprasidone hcl*)	T3	PA
GEODON 20 MG/ML VIAL (*ziprasidone mesylate*)	T3	
GEODON 40 MG CAPSULE (*ziprasidone hcl*)	T3	PA
GEODON 60 MG CAPSULE (*ziprasidone hcl*)	T3	PA
GEODON 80 MG CAPSULE (*ziprasidone hcl*)	T3	PA
INVEGA ER 3 MG TABLET (*paliperidone er*)	T3	PA QL(1 TAB/DAY)
INVEGA ER 6 MG TABLET (*paliperidone er*)	T3	PA
INVEGA ER 9 MG TABLET (*paliperidone er*)	T3	PA
INVEGA HAFYERA	T2	
INVEGA SUSTENNA	T2	
INVEGA TRINZA	T2	
LATUDA 120 MG TABLET	T3	PA
LATUDA 20 MG TABLET	T3	PA
LATUDA 40 MG TABLET	T3	PA QL(1 TAB/DAY)

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST *(cont.)*		
LATUDA 60 MG TABLET	T3	PA QL(1 TAB/DAY)
LATUDA 80 MG TABLET	T3	PA
lurasidone hcl 120 mg tablet (Latuda)	T1	
lurasidone hcl 20 mg tablet (Latuda)	T1	
lurasidone hcl 40 mg tablet (Latuda)	T1	QL(1 TAB/DAY)
lurasidone hcl 60 mg tablet (Latuda)	T1	QL(1 TAB/DAY)
lurasidone hcl 80 mg tablet (Latuda)	T1	
LYBALVI	T3	ST QL(1 TAB/DAY)
olanzapine (Zyprexa Zydis)	T1	
olanzapine (Zyprexa)	T1	
paliperidone er 1.5 mg tablet	T1	
paliperidone er 3 mg tablet (Invega)	T1	QL(1 TAB/DAY)
paliperidone er 6 mg tablet (Invega)	T1	
paliperidone er 9 mg tablet (Invega)	T1	
PERSERIS	T3	QL(1 UNIT/28 DAYS)
QUETIAPINE 150 MG TABLET	T3	PA
quetiapine fumarate (Seroquel Xr)	T1	
quetiapine fumarate 100 mg tab (Seroquel)	T1	
quetiapine fumarate 200 mg tab (Seroquel)	T1	
quetiapine fumarate 25 mg tab (Seroquel)	T1	
quetiapine fumarate 300 mg tab (Seroquel)	T1	
quetiapine fumarate 400 mg tab (Seroquel)	T1	
quetiapine fumarate 50 mg tab (Seroquel)	T1	
RISPERDAL (*risperidone*)	T3	PA
RISPERDAL CONSTA (*risperidone microspheres*)	T3	PA QL(4 VIALS/28 DAYS)
risperidone	T1	
risperidone (Risperdal)	T1	
risperidone microspheres (Risperdal Consta)	T1	QL(4 VIALS/28 DAYS)
RYKINDO	T3	QL(4 VIALS/28 DAYS)
SAPHRIS (*asenapine maleate*)	T3	ST
SECUADO	T3	ST
SEROQUEL (*quetiapine fumarate*)	T3	ST
SEROQUEL XR (*quetiapine fumarate er*)	T3	ST
UZEDY ER 100 MG/0.28 ML SYRING	T3	QL(1 UNIT/30 DAYS)

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST *(cont.)*		
UZEDY ER 125 MG/0.35 ML SYRING	T3	QL(1 UNIT/30 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	T3	QL(1 UNIT/45 DAYS)
UZEDY ER 200 MG/0.56 ML SYRING	T3	QL(1 UNIT/45 DAYS)
UZEDY ER 250 MG/0.7 ML SYRINGE	T3	QL(1 UNIT/45 DAYS)
UZEDY ER 50 MG/0.14 ML SYRINGE	T3	QL(1 UNIT/30 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	T3	QL(1 UNIT/30 DAYS)
VERSACLOZ	T3	PA
ziprasidone hcl (Geodon)	T1	
ziprasidone mesylate (Geodon)	T1	
ZYPREXA 10 MG TABLET (olanzapine)	T3	PA
ZYPREXA 10 MG VIAL (olanzapine)	T3	
ZYPREXA 15 MG TABLET (olanzapine)	T3	PA
ZYPREXA 2.5 MG TABLET (olanzapine)	T3	PA
ZYPREXA 20 MG TABLET (olanzapine)	T3	PA
ZYPREXA 5 MG TABLET (olanzapine)	T3	PA
ZYPREXA 7.5 MG TABLET (olanzapine)	T3	PA
ZYPREXA RELPREVV 210 MG VIAL	T3	QL(4 VIALS/28 DAYS)
ZYPREXA RELPREVV 210 MG VL KIT	T3	QL(4 VIALS/28 DAYS)
ZYPREXA RELPREVV 300 MG VIAL	T3	QL(4 VIALS/28 DAYS)
ZYPREXA RELPREVV 300 MG VL KIT	T3	QL(4 VIALS/28 DAYS)
ZYPREXA RELPREVV 405 MG VL KIT	T3	QL(2 VIALS/28 DAYS)
ZYPREXA ZYDIS (olanzapine)	T3	PA
ANTI-PSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED		
VRAYLAR 0.5 MG CAPSULE	T3	ST QL(1 CAP/DAY)
VRAYLAR 0.75 MG CAPSULE	T3	ST QL(1 CAP/DAY)
VRAYLAR 1.5 MG CAPSULE	T3	ST QL(1 CAP/DAY)
VRAYLAR 3 MG CAPSULE	T3	ST QL(1 CAP/DAY)
VRAYLAR 4.5 MG CAPSULE	T3	ST
VRAYLAR 6 MG CAPSULE	T3	ST
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED		
ABILIFY 10 MG TABLET (*aripiprazole*)	T3	ST
ABILIFY 15 MG TABLET (*aripiprazole*)	T3	ST
ABILIFY 2 MG TABLET (*aripiprazole*)	T3	ST

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED *(cont.)*		
ABILIFY 20 MG TABLET (*aripiprazole*)	T3	ST
ABILIFY 30 MG TABLET (*aripiprazole*)	T3	ST
ABILIFY 5 MG TABLET (*aripiprazole*)	T3	ST QL(1 TAB/DAY)
ABILIFY ASIMTUFII	T2	QL(1 UNIT/60 DAYS)
ABILIFY MAINTENA ER 300 MG SYR	T2	QL(2 VIALS/SYRINGES/30 DAYS)
ABILIFY MAINTENA ER 300 MG VL	T2	QL(2 VIALS/SYRINGES/30 DAYS)
ABILIFY MAINTENA ER 400 MG SYR	T2	QL(2 VIALS/SYRINGES/30 DAYS)
ABILIFY MAINTENA ER 400 MG VL	T2	
ABILIFY MYCITE	T3	PA
aripiprazole	T1	
aripiprazole 1 mg/ml solution	T1	
aripiprazole 10 mg tablet (Abilify)	T1	
aripiprazole 15 mg tablet (Abilify)	T1	
aripiprazole 2 mg tablet (Abilify)	T1	
aripiprazole 20 mg tablet (Abilify)	T1	
aripiprazole 30 mg tablet (Abilify)	T1	
aripiprazole 5 mg tablet (Abilify)	T1	QL(1 TAB/DAY)
ARISTADA ER 1064 MG/3.9 ML SYR	T2	
ARISTADA ER 441 MG/1.6 ML SYRN	T2	QL(2 UNITS/30 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	T2	QL(2 UNITS/30 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	T2	QL(2 UNITS/30 DAYS)
ARISTADA INITIO	T2	
OPIPZA 2 MG FILM	T3	PA QL(1 FILM/DAY)
OPIPZA 5 MG FILM	T3	PA QL(3 FILMS/DAY)
OPIPZA 10 MG FILM	T3	PA QL(3 FILMS/DAY)
REXULTI 0.25 MG TABLET	T2	ST QL(1 TAB/DAY)
REXULTI 0.5 MG TABLET	T2	ST QL(1 TAB/DAY)
REXULTI 1 MG TABLET	T2	ST QL(1 TAB/DAY)
REXULTI 2 MG TABLET	T2	ST QL(1 TAB/DAY)
REXULTI 3 MG TABLET	T2	ST
REXULTI 4 MG TABLET	T2	ST

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9] *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-PSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS		
loxapine succinate	T1	
ANTIPSYCHOTICS, MUSCARINIC AGONIST/ANTAGONIST COMB		
COBENFY	T3	PA QL(2 CAPS/DAY)
COBENFY STARTER PACK	T3	PA QL(56 CAPS/180 DAYS)
ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES		
thiothixene	T1	
ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES		
haloperidol	T1	
haloperidol	T1	
haloperidol decanoate	T1	
haloperidol lactate	T1	
ANTI-PSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES		
molindone hcl	T1	
ANTI-PSYCHOTICS, PHENOTHIAZINES		
chlorpromazine hcl	T1	
fluphenazine decanoate	T1	
fluphenazine hcl	T1	
perphenazine	T1	
thioridazine hcl	T1	
trifluoperazine hcl	T1	
SSRI-ANTI-PSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG		
olanzapine/fluoxetine hcl	T1	
PSYCHOTHERAPEUTIC DRUGS (Seizure Disorders)		
NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR		
ZTALMY	T3	PA QL(36 MLS/DAY) SP
PSYCHOTHERAPEUTIC DRUGS (Sleep Disorders/Sedatives)		
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS		
armodafinil (Nuvigil)	T1	PA
modafinil (Provigil)	T1	PA
NUVIGIL (*armodafinil*)	T3	PA
PROVIGIL (*modafinil*)	T3	PA
SUNOSI	T2	PA QL(1 TAB/DAY)

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SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-NARCOLEPSY,ANTI-CATAPLEXY,SEDATIVE-TYPE AGENT		
LUMRYZ	T3	PA QL(1 PACK/DAY) SP HD
LUMRYZ STARTER PACK	T3	PA QL SP HD
sodium oxybate (Xyrem)	T1	PA QL(18 MLS/DAY) SP HD
XYREM (*sodium oxybate*)	T3	PA QL(18 MLS/DAY) SP HD
XYWAV	T3	PA QL(18 MLS/DAY) SP HD
BARBITURATES		
AMYTAL SODIUM	T3	
pentobarbital sodium	T1	PA
phenobarbital	T1	
phenobarbital sodium	T1	
HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS		
HETLIOZ *(tasimelteon)*	T3	PA SP HD
HETLIOZ LQ	T3	PA SP HD
*ramelteon (*Rozerem*)*	T1	QL(1 TAB/DAY)
ROZEREM *(ramelteon)*	T3	PA QL(1 TAB/DAY)
*tasimelteon (*Hetlioz*)*	T1	PA SP HD
SEDATIVE-HYPNOTICS, BENZODIAZEPINES		
ATIVAN (*lorazepam*)	T3	PA
DORAL	T3	
estazolam	T1	
flurazepam hcl	T1	
midazolam hcl	T1	
lorazepam	T1	
*lorazepam (*Ativan*)*	T1	
QUAZEPAM	T1	
RESTORIL (*temazepam*)	T3	PA
temazepam (Restoril)	T1	
triazolam	T1	
SEDATIVE-HYPNOTICS, NON-BARBITURATE		
AMBIEN (*zolpidem tartrate*)	T3	PA
AMBIEN CR 12.5 MG TABLET (*zolpidem tartrate*)	T3	PA
AMBIEN CR 6.25 MG TABLET (*zolpidem tartrate er*)	T3	PA QL(1 TAB/DAY)
BELSOMRA	T3	PA
DAYVIGO	T2	ST QL(1 TAB/DAY)

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List of Prescription Medications

SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SEDATIVE-HYPNOTICS, NON-BARBITURATE *(cont.)*		
dexmedetomidine hcl	T1	
DEXMEDETOMIDINE HCL	T1	
dexmedetomidine hcl/pf	T1	
dexmedetomidine in 0.9 % nacl	T1	
doxepin hcl 3 mg tablet (Silenor)	T1	QL(1 TAB/DAY)
doxepin hcl 6 mg tablet (Silenor)	T1	
EDLUAR 10 MG SL TABLET	T3	PA
EDLUAR 5 MG SL TABLET	T3	PA QL(1 TAB/DAY)
eszopiclone (Lunesta)	T1	
LUNESTA (*eszopiclone*)	T3	PA
PRECEDEX	T3	
PRECEDEX (*dexmedetomidine in 0.9 % nacl*)	T3	
QUVIVQ	T3	PA QL(1 TAB/DAY)
SILENOR 3 MG TABLET (*doxepin hcl*)	T3	PA QL(1 TAB/DAY)
SILENOR 6 MG TABLET (*doxepin hcl*)	T3	PA
zaleplon	T1	
zolpidem tart 1.75 mg tab sl	T1	
zolpidem tart 3.5 mg tablet sl	T1	
zolpidem tart er 12.5 mg tab (Ambien Cr)	T1	
zolpidem tart er 6.25 mg tab (Ambien Cr)	T1	QL(1 TAB/DAY)
zolpidem tartrate 10 mg tablet (Ambien)	T1	
zolpidem tartrate 5 mg tablet (Ambien)	T1	
ZOLPIDEM TARTRATE 7.5 MG CAP	T3	PA
SKIN PREPS (Miscellaneous)		
ANTISEPTICS,GENERAL		
alcohol antiseptic pads	T1	
ALCOHOL PREP PADS	T1	
ALCOHOL SWAB	T1	
ALCOHOL SWABS	T1	
ALCOHOL WIPES	T1	
CARETOUCH ALCOHOL PREP PAD	T1	
CURITY ALCOHOL PREPS	T1	
DROPSAFE PREP PADS	T1	

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List of Prescription Medications

SKIN PREPS (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTISEPTICS,GENERAL *(cont.)*		
EASY COMFORT ALCOHOL PAD	T1	
EASY TOUCH ALCOHOL PREP PADS	T1	
INCONTROL ALCOHOL PADS	T1	
IV PREP WIPES	T1	
PRO COMFORT ALCOHOL PADS	T1	
PURE COMFORT ALCOHOL PAD	T1	
SINGLE USE SWAB	T1	
SURE COMFORT ALCOHOL	T1	
SURE-PREP ALCOHOL PREP PADS	T1	
TRUE COMFORT ALCOHOL PADS	T1	
TRUE COMFORT PRO ALCOHOL PADS	T1	
ULTILET ALCOHOL SWAB	T1	
WEBCOL	T1	
IRRIGANTS		
acetic acid	T1	
neomycin sulf/polymyxin b sulf	T1	
PHYSIOLYTE (*physiological irrig soln no.1*)	T3	
PHYSIOSOL (*physiological irrig soln no.1*)	T3	
ringer's solution	T1	
ringer's solution, lactated	T1	
sod, pot chlor/mag/sod, pot phos	T1	
sodium chloride irrig solution	T1	
IRRIGANTS *(cont.)*		
SORBITOL	T1	
SORBITOL-MANNITOL	T1	
water for irrigation, sterile	T1	
OXIDIZING AGENTS		
hydrogen peroxide	T1	
SKIN PREPS (Pain Relief And Inflammatory Disease)		
ANTI-PSORIATIC AGENTS, SYSTEMIC		
acitretin	T1	
BIMZELX 160 MG/ML AUTOINJECTOR	T3	PA QL(2 MLS/28 DAYS) SP HD
BIMZELX 160 MG/ML SYRINGE	T3	PA QL(2 MLS/28 DAYS) SP HD

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List of Prescription Medications

SKIN PREPS (Pain Relief And Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-PSORIATIC AGENTS, SYSTEMIC *(cont.)*		
BIMZELX 320 MG/2 ML AUTOINJECT	T3	PA QL(2 MLS/56 DAYS) SP HD
BIMZELX 320 MG/2 ML SYRINGE	T3	PA QL(2 MLS/56 DAYS) SP HD
COSENTYX	T3	PA SP
COSENTYX (2 SYRINGES)	T2	PA QL(2 MLS/28 DAYS) SP HD
COSENTYX 150 MG/ML SYRINGE	T2	PA QL(1 ML/28 DAYS) SP HD
COSENTYX 75 MG/0.5 ML SYRINGE	T2	PA QL(0 MLS/28 DAYS) SP HD
COSENTYX SENSOREADY (2 PENS)	T2	PA QL(2 MLS/28 DAYS) SP HD
COSENTYX SENSOREADY PEN	T2	PA QL(1 ML/28 DAYS) SP HD
COSENTYX UNOREADY PEN	T2	PA QL(2 MLS/28 DAYS) SP HD
ICOTYDE	T2	PA QL(1 TAB/DAY) SP HD
ILUMYA	T3	PA QL(1 UNIT/84 DAYS) SP HD
methoxsalen (Oxsoralen-ultra)	T1	
SILIQ	T3	PA QL(3 MLS/28 DAYS) SP HD
SKYRIZI 150 MG/ML SYRINGE	T2	PA QL(150 MG/84 DAYS) SP HD
SKYRIZI 55 MG/0.37 ML SYRINGE	T2	PA QL(150 MG/84 DAYS) SP HD
SKYRIZI PEN	T2	PA QL(150 MG/84 DAYS) SP HD
SOTYKTU	T2	PA QL(1 TAB/DAY) SP HD
SPEVIGO 150 MG/ML SYRINGE	T3	PA QL(2 MLS/28 DAYS) SP HD
SPEVIGO 300 MG/2 ML SYRINGE	T3	PA QL(2 MLS/28 DAYS) SP HD
SPEVIGO 450 MG/7.5 ML VIAL	T3	PA SP HD
TALTZ AUTOINJECTOR	T2	PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD
TALTZ AUTOINJECTOR (2 PACK)	T2	PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD
TALTZ AUTOINJECTOR (3 PACK)	T2	PA QL(1 AUTO-INJECTOR/28 DAYS) SP HD
TALTZ SYRINGE	T2	PA QL(1 SYRINGE/28 DAYS) SP HD
TOPICAL ANTI-INFLAMMATORY, NSAIDS		
diclofenac 1.5% topical soln	T1	PA HD
diclofenac 2% solution pump	T1	PA HD
DICLOFENAC EPOLAMINE	T3	PA QL(2 PATCHES/DAY) HD
diclofenac sodium 1% gel	T1	QL(1000 GMS/30 DAYS) HD
FLECTOR	T2	PA QL(2 PATCHES/DAY) HD
LICART	T2	PA QL(1 PATCH/DAY) HD

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SKIN PREPS (Skin Conditions)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ACNE AGENTS, SYSTEMIC		
ABSORICA *(isotretinoin)*	T3	
ABSORICA LD	T3	ST
isotretinoin (Absorica)	T1	
ACNE AGENTS, TOPICAL		
ACANYA (*clindamycin phos-benzoyl perox*)	T3	
ACZONE 5% GEL (*dapsone*)	T3	
ACZONE 7.5% GEL PUMP (*dapsone*)	T3	PA
adapalene/benzoyl peroxide	T1	
adapalene/benzoyl peroxide (Epiduo Forte)	T1	
AZELEX	T2	
CABTREO	T3	PA
clindamyc-bnz perox 1.2-3.75% (Onexton)	T1	PA
clindamycin phos/benzoyl perox	T1	
clindamycin phos/benzoyl perox (Acanya)	T1	
clindamycin/tretinoin (Veltin)	T1	
clindamycin/tretinoin (Ziana)	T1	
clindamycin-benzoyl perox 1-5%	T1	
clindamycin-bnz perox 1-5% pmp	T1	
dapsone 5% gel (Aczone)	T1	
DAPSONE 7.5% GEL PUMP	T3	PA
dapsone 7.5% gel pump (Aczone)	T1	
EPIDUO FORTE (*adapalene/benzoyl peroxide*)	T3	PA
KLARON (*sulfacetamide sodium*)	T3	
NEUAC 1.2-5% KIT	T3	
neuac gel	T1	
ONEXTON (clindamycin phos/benzoyl perox)	T3	
sulfacetamide sodium (Klaron)	T1	
TWYNEO	T3	
VELTIN	T3	PA
ZIANA (*clindamycin phos-tretinoin*)	T3	PA
ANTI-PERSPIRANTS		
DRYSOL	T3	

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SKIN PREPS (Skin Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTI-PRURITICS, TOPICAL		
doxepin 5% cream (Zonalon)	T1	PA QL(90 GMS/30 DAYS)
doxepin hcl (Zonalon)	T1	PA QL(90 GMS/30 DAYS)
ZONALON	T3	PA QL(90 GMS/30 DAYS)
ZONALON (*prudoxin*)	T3	PA QL(90 GMS/30 DAYS)
ANTI-PSORIATICS AGENTS		
anthralin	T1	
calcipotriene	T1	
calcipotriene 0.005% cream	T1	
CALCIPOTRIENE 0.005% FOAM	T3	PA
calcipotriene 0.005% ointment	T1	
calcipotriene 0.005% solution	T1	
calcitriol 3 mcg/g ointment (Vectical)	T1	QL(800 GMS/30 DAYS)
DUOBRII	T3	
SORILUX	T3	PA
tazarotene (Tazorac)	T1	
*tazarotene 0.05% cream (*Tazorac*)*	T1	
*tazarotene 0.05% gel (*Tazorac*)*	T1	
tazarotene 0.1% cream (Tazorac)	T1	
tazarotene 0.1% gel (Tazorac)	T1	
TAZORAC 0.05% CREAM (*tazarotene*)	T2	
TAZORAC 0.05% GEL (*tazarotene*)	T2	
TAZORAC 0.1% CREAM (*tazarotene*)	T3	
TAZORAC 0.1% GEL (*tazarotene*)	T2	
VECTICAL (*calcitriol*)	T3	QL(800 GMS/30 DAYS)
VTAMA	T2	ST QL(60 GMS/30 DAYS)
ZORYVE 0.3% FOAM	T2	PA QL(1 GM/30 DAYS)
ANTI-SEBORRHEIC AGENTS		
OVACE PLUS	T3	
selenium sulfide	T1	
sulfacetamide sodium	T1	
ANTISEPTICS,GENERAL		
alcohol antiseptic pads	T1	
ALCOHOL PREP PADS	T1	

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SKIN PREPS (Skin Conditions) *(cont.)*		
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ANTISEPTICS,GENERAL *(cont.)*		
ALCOHOL SWAB	T1	
ALCOHOL SWABS	T1	
ALCOHOL WIPES	T1	
CARETOUCH ALCOHOL PREP PAD	T1	
CURITY ALCOHOL PREPS	T1	
DROPSAFE PREP PADS	T1	
EASY COMFORT ALCOHOL PAD	T1	
EASY TOUCH ALCOHOL PREP PADS	T1	
INCONTROL ALCOHOL PADS	T1	
IV PREP WIPES	T1	
PRO COMFORT ALCOHOL PADS	T1	
PURE COMFORT ALCOHOL PAD	T1	
SINGLE USE SWAB	T1	
SURE COMFORT ALCOHOL	T1	
SURE-PREP ALCOHOL PREP PADS	T1	
TRUE COMFORT ALCOHOL PADS	T1	
TRUE COMFORT PRO ALCOHOL PADS	T1	
ULTILET ALCOHOL SWAB	T1	
WEBCOL	T1	
ANTISEPTICS, MISCELLANEOUS		
GUAIACOL	T3	
EMOLLIENTS		
ammonium lactate	T1	
emollient combination no.44	T1	
XCLAIR	T3	
IMMUNOMODULATORS		
imiquimod 3.75% cream (Zyclara)	T1	PA QL(112 PACKS/30 DAYS)
imiquimod 3.75% cream pump (Zyclara)	T1	PA
imiquimod 5% cream packet (Aldara)	T1	
ZYCLARA 2.5% CREAM PUMP	T3	PA QL(30 GMS/30 DAYS)
ZYCLARA 3.75% CREAM (*imiquimod*)	T3	PA QL(112 PACKS/30 DAYS)
ZYCLARA 3.75% CREAM PUMP (*imiquimod*)	T3	PA

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IRRITANTS/COUNTER-IRRITANTS		
methyl salicylate	T1	
JANUS KINASE (JAK) INHIBITORS		
CIBINQO 100 MG TABLET	T2	PA QL(30 TABS/30 DAYS) SP
CIBINQO 200 MG TABLET	T2	PA QL(30 TABS/30 DAYS) SP
CIBINQO 50 MG TABLET	T2	PA QL(30 TABS/30 DAYS) SP HD
KERATOLYTICS		
benzepro 6% foaming cloths	T1	
BENZEPRO 7% CREAMY WASH *(benzoyl peroxide microspheres)*	T3	
benzoyl peroxide	T1	
benzoyl peroxide (Pacnex)	T1	
CONDYLOX *(podofilox)*	T3	PA
INOVA	T3	
PACNEX (*benzoyl peroxide*)	T3	
podofilox	T1	
podofilox (Condylox)	T1	
PR BENZOYL PEROXIDE (*benzoyl peroxide microspheres*)	T3	
silver nitrate	T1	
PROTECTIVES		
BIONECT	T3	
PHARMABASE BARRIER (*zinc oxide*)	T3	
zinc oxide	T1	
ZINC OXIDE	T1	
ROSACEA AGENTS, TOPICAL		
azelaic acid	T1	
FINACEA	T3	PA
ivermectin 1% cream (Soolantra)	T1	
METROGEL (*metronidazole*)	T3	PA
metronidazole	T1	
metronidazole 0.75% cream	T1	
metronidazole 0.75% lotion	T1	
metronidazole top 1% gel pump	T1	
metronidazole topical 0.75% gl	T1	
metronidazole topical 1% gel (Metrogel)	T1	
NORITATE	T3	PA
SOOLANTRA (*ivermectin*)	T3	

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TISSUE/WOUND ADHESIVES		
ARTISS	T3	
TISSEEL VHSD	T3	
TOP. ANTI-INFLAM., PHOSPHODIESTERASE-4 (PDE4) INHIB		
EUCRISA	T2	ST
ZORYVE 0.05% CREAM	T2	ST QL(60 GMS/30 DAYS)
ZORYVE 0.15% CREAM	T2	ST QL(60 GMS/30 DAYS)
ZORYVE 0.3% FOAM	T2	PA QL(1 GM/30 DAYS)
TOPICAL ACNE AGENT,RETINOIC ACID RECEPTOR AGONIST		
AKLIEF	T3	
ARAZLO	T2	
FABIOR	T3	
TAZAROTENE 0.1% FOAM	T3	
TOPICAL AGENTS, MISCELLANEOUS		
MEDIHONEY	T3	
trichloroacetic acid	T1	
TRICHLOROACETIC ACID	T3	
TRICHLOROACETIC ACID (trichloroacetic acid)	T3	
TOPICAL ANTIANDROGENIC AGENTS		
WINLEVI	T3	PA
TOPICAL ANTIBIOTIC PLEUROMUTILIN DERIVATIVES		
ALTABAX	T3	
TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS		
QBREXZA	T3	
SOFDRA	T3	PA
TOPICAL ANTI-INFLAMMATORY STEROIDAL		
ALA-SCALP (*scalacort*)	T3	ST
alclometasone dipropionate	T1	
amcinonide 0.1% cream	T1	
amcinonide 0.1% ointment	T1	PA
ANUSOL-HC 2.5% CREAM (*proctozone-hc*)	T3	PA
betamethasone dipropionate	T1	
betamethasone valerate	T1	
betamethasone/propylene glyc	T1	
betamethasone/propylene glyc (Diprolene)	T1	

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SKIN PREPS (Skin Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTI-INFLAMMATORY STEROIDAL *(cont.)*		
BRYHALI	T3	ST
CLOBETASOL 0.025% CREAM	T3	PA
clobetasol 0.05% cream	T1	
clobetasol 0.05% gel	T1	
clobetasol 0.05% ointment (Temovate)	T1	
clobetasol 0.05% shampoo (Clobex)	T1	
clobetasol 0.05% solution	T1	
clobetasol 0.05% topical lotn	T1	
clobetasol prop 0.05% foam	T1	
clobetasol prop 0.05% spray (Clobex)	T1	
clobetasol propionate/emoll	T1	
CLOBEX (*clobetasol propionate*)	T3	PA
clocortolone pivalate (Cloderm)	T1	
CLODAN 0.05% KIT	T3	ST
clodan 0.05% shampoo (Clobex)	T1	
CLODERM	T3	ST
CLODERM (*clocortolone pivalate*)	T3	ST
CORDRAN	T3	PA
CORDRAN (*flurandrenolide*)	T3	PA
DERMA-SMOOTHE-FS (*fluocinolone acetonide*)	T3	ST
DERMA-SMOOTHE-FS (*fluocinolone/shower cap*)	T3	ST
desonide	T1	
desoximetasone (Topicort)	T1	
diflorasone diacet/emollient	T1	PA
diflorasone diacetate	T1	PA
DIPROLENE *(betamethasone/propylene glyc)*	T3	ST
fluocinolone acetonide	T1	
fluocinolone acetonide (Derma-Smoothe-Fs)	T1	
fluocinolone acetonide (Synalar)	T1	
fluocinolone/shower cap (Derma-Smoothe-Fs)	T1	
fluocinonide	T1	
fluocinonide (Vanos)	T1	
fluocinonide/emollient base	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTI-INFLAMMATORY STEROIDAL *(cont.)*		
flurandrenolide (Cordran)	T1	PA
fluticasone prop 0.005% oint	T1	
fluticasone prop 0.05% cream	T1	
fluticasone prop 0.05% lotion	T1	
fluticasone propionate	T1	
halcinonide 0.1% cream (Halog)	T1	PA
halcinonide 0.1% solution	T1	
halobetasol propionate	T1	
halobetasol prop 0.05% cream	T1	
halobetasol prop 0.05% foam	T1	
HALOBETASOL PROP 0.05% LOTION	T3	PA
halobetasol prop 0.05% ointmnt	T1	
HALOG 0.1% CREAM (*halcinonide*)	T3	PA
HALOG 0.1% SOLUTION	T3	ST
hydrocort buty 0.1% lipo cream (Locoid Lipocream)	T1	PA
hydrocortisone	T1	
hydrocortisone (Ala-Scalp)	T1	
hydrocortisone (Anusol-Hc)	T1	
hydrocortisone acetate	T1	
hydrocortisone buty 0.1% cream	T1	
hydrocortisone butyr 0.1% lotn	T1	PA
hydrocortisone butyr 0.1% oint	T1	
hydrocortisone butyr 0.1% soln	T1	
hydrocortisone butyrate	T1	PA
hydrocortisone valerate	T1	
IMPEKLO	T3	PA
IMPOYZ	T3	PA
KENALOG (*triamcinolone acetonide*)	T3	PA
LOCOID LIPOCREAM (*hydrocortisone butyrate/emoll*)	T3	PA
MICORT-HC	T3	PA
mometasone furoate 0.1% cream	T1	
mometasone furoate 0.1% oint	T1	
mometasone furoate 0.1% soln	T1	

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTI-INFLAMMATORY STEROIDAL *(cont.)*		
NUCORT	T3	ST
PANDEL	T3	PA
prednicarbate	T1	
SCALACORT DK	T3	ST
SERNIVO	T3	PA
SYNALAR	T3	ST
SYNALAR *(fluocinolone acetonide)*	T3	ST
SYNALAR TS	T3	ST
TEMOVATE (*clobetasol propionate*)	T3	ST
TEXACORT	T3	ST
TOPICORT (*desoximetasone*)	T3	ST
triamcinolone 0.025% cream	T1	
triamcinolone 0.025% lotion	T1	
triamcinolone 0.025% oint	T1	
triamcinolone 0.05% ointment	T1	PA
triamcinolone 0.1% cream	T1	
triamcinolone 0.1% lotion	T1	
triamcinolone 0.1% ointment	T1	
triamcinolone 0.147 mg/g spray (Kenalog)	T1	PA
triamcinolone 0.5% cream	T1	
triamcinolone 0.5% ointment	T1	
triamcinolone acetonide	T1	
ULTRAVATE	T3	PA
VANOS (*fluocinonide*)	T3	PA
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC		
ANALPRAM HC 2.5%-1% LOTION	T3	PA
EPIFOAM	T3	
hydrocortisone/pramoxine	T1	
lidocaine/hydrocortisone ac	T1	
PRAMOSONE 1% LOTION	T2	
PRAMOSONE 1%-1% CREAM	T2	
PRAMOSONE 1%-1% OINTMENT	T2	
PRAMOSONE 2.5%-1% CREAM	T3	

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SKIN PREPS (Skin Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC *(cont.)*		
PRAMOSONE 2.5%-1% LOTION	T3	
PRAMOSONE 2.5%-1% OINTMENT	T2	
TOPICAL JANUS KINASE (JAK) INHIBITORS		
ANZUPGO	T2	PA QL(30 GMS/30 DAYS) SP
OPZELURA	T3	PA
TOPICAL NITRIC OXIDE RELEASING AGENTS		
ZELSUVMI	T3	PA
TOPICAL PREPARATIONS, ANTIBACTERIALS		
iodine/potassium iodide	T1	
IODOFLEX	T3	
IODOSORB	T3	
silver nitrate	T1	
TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID		
calcipotriene/betamethasone (Taclonex)	T1	
ENSTILAR	T3	PA
TACLONEX (*calcipotriene/betamethasone*)	T3	PA
WYNZORA	T3	PA
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES		
AMPHADASE	T3	
SANTYL	T2	QL(60 GMS/30 DAYS)
VITRASE	T3	
VITAMIN A DERIVATIVES		
adapalene (Differin)	T1	PA
ADAPALENE	T1	PA
adapalene (Plixda)	T1	PA
ALTRENO	T3	PA
ATRALIN (*tretinoin*)	T3	PA
DIFFERIN	T3	PA
DIFFERIN (*adapalene*)	T3	PA
RETIN-A 0.01% GEL (*tretinoin*)	T3	
RETIN-A 0.025% CREAM (*tretinoin*)	T3	PA
RETIN-A 0.025% GEL (*tretinoin*)	T3	

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SKIN PREPS (Skin Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
VITAMIN A DERIVATIVES *(cont.)*		
RETIN-A 0.05% CREAM (*tretinoin*)	T3	PA
RETIN-A 0.1% CREAM (*tretinoin*)	T3	PA
RETIN-A MICRO (*tretinoin microsphere*)	T3	PA
RETIN-A MICRO PUMP	T3	PA
RETIN-A MICRO PUMP (*tretinoin microsphere*)	T3	PA
tretinoin 0.01% gel (Retin-a)	T1	
tretinoin 0.025% cream (Retin-a)	T1	PA
tretinoin 0.025% gel (Retin-a)	T1	
tretinoin 0.05% cream (Retin-a)	T1	PA
tretinoin 0.05% gel (Atralin)	T1	PA
tretinoin 0.1% cream (Retin-a)	T1	PA
tretinoin microspheres	T1	PA
tretinoin microspheres (Retin-a Micro Pump)	T1	PA
tretinoin microspheres (Retin-a Micro)	T1	PA
SMOKING DETERRENTS (Smoking Cessation)[8]		
SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)		
NICOTROL NS	T2	PPACA
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST		
CHANTIX	T3	PA
varenicline tartrate	T1	PPACA
SMOKING DETERRENTS, OTHER		
bupropion hcl sr 150 mg tablet	T1	PPACA
THYROID PREPS (Hormonal Agents)		
ANTI-THYROID PREPARATIONS		
methimazole	T1	HD
propylthiouracil	T1	HD
THYROID FUNCTION DIAGNOSTIC AGENTS		
THYROGEN	T3	SP
THYROID HORMONES		
adthyza 120 mg tablet	T1	HD
ADTHYZA 130 MG TABLET	T3	PA HD
adthyza 15 mg tablet	T1	HD
ADTHYZA 16.25 MG TABLET	T3	PA HD

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THYROID PREPS (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
THYROID HORMONES *(cont.)*		
adthyza 30 mg tablet	T1	HD
ADTHYZA 32.5 MG TABLET	T3	PA HD
adthyza 60 mg tablet	T1	HD
ADTHYZA 65 MG TABLET	T3	PA HD
adthyza 90 mg tablet	T1	HD
ADTHYZA 97.5 MG TABLET	T3	PA HD
ARMOUR THYROID	T3	PA HD
CYTOMEL (*liothyronine sodium*)	T3	HD
LEVOTHYROXINE 100 MCG CAPSULE	T3	HD
levothyroxine 100 mcg tablet (Synthroid)	T1	HD
levothyroxine 100 mcg vial	T1	HD
LEVOTHYROXINE 100 MCG/5 ML VL	T1	HD
LEVOTHYROXINE 100 MCG/ML VIAL	T3	HD
LEVOTHYROXINE 112 MCG CAPSULE	T3	HD
*levothyroxine 112 mcg tablet (*Synthroid*)*	T1	HD
LEVOTHYROXINE 125 MCG CAPSULE	T3	HD
*levothyroxine 125 mcg tablet (*Synthroid*)*	T1	HD
LEVOTHYROXINE 13 MCG CAPSULE	T3	HD
LEVOTHYROXINE 137 MCG CAPSULE	T3	HD
*levothyroxine 137 mcg tablet (*Synthroid*)*	T1	HD
LEVOTHYROXINE 150 MCG CAPSULE	T3	HD
*levothyroxine 150 mcg tablet (*Synthroid*)*	T1	HD
LEVOTHYROXINE 175 MCG CAPSULE	T3	HD
*levothyroxine 175 mcg tablet (*Synthroid*)*	T1	HD
LEVOTHYROXINE 200 MCG CAPSULE	T3	HD
*levothyroxine 200 mcg tablet (*Synthroid*)*	T1	HD
levothyroxine 200 mcg vial	T1	HD
LEVOTHYROXINE 200 MCG/5 ML VL	T1	HD
LEVOTHYROXINE 25 MCG CAPSULE	T3	HD
*levothyroxine 25 mcg tablet (*Synthroid*)*	T1	HD
*levothyroxine 300 mcg tablet (*Synthroid*)*	T1	HD
LEVOTHYROXINE 50 MCG CAPSULE	T3	HD

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THYROID PREPS (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
THYROID HORMONES *(cont.)*		
levothyroxine 50 mcg tablet (Synthroid)	T1	HD
levothyroxine 500 mcg vial	T1	HD
LEVOTHYROXINE 500 MCG/5 ML VL	T1	HD
LEVOTHYROXINE 75 MCG CAPSULE	T3	HD
levothyroxine 75 mcg tablet (Synthroid)	T1	HD
LEVOTHYROXINE 88 MCG CAPSULE	T3	HD
levothyroxine 88 mcg tablet (Synthroid)	T1	HD
levothyroxine sodium (Synthroid)	T1	PA HD
levothyroxine sodium (Synthroid)	T1	HD
liothyronine sod 10 mcg/ml vl	T1	
liothyronine sod 25 mcg tab (Cytomel)	T1	HD
liothyronine sod 5 mcg tab (Cytomel)	T1	HD
liothyronine sod 50 mcg tab (Cytomel)	T1	HD
liothyronine sodium (Cytomel)	T1	HD
renthyroid 120 mg tablet	T1	HD
renthyroid 15 mg tablet	T1	HD
renthyroid 30 mg tablet	T1	HD
RENTHYROID 45 MG TABLET	T3	PA HD
renthyroid 60 mg tablet	T1	HD
RENTHYROID 75 MG TABLET	T3	PA HD
renthyroid 90 mg tablet	T1	HD
SYNTHROID (*levothyroxine sodium*)	T3	PA HD
THYQUIDITY	T3	PA HD
thyroid, pork	T1	HD
TIROSINT	T3	HD
TIROSINT-SOL	T3	HD
UNCLASSIFIED DRUG PRODUCTS (AIDS/HIV)		
CYTOCHROME P450 INHIBITORS		
TYBOST	T3	SP
UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory)		
CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS		
BRONCHITOL	T3	PA SP HD

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UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.		
ALYFTREK 10-50-125 MG TABLET	T3	PA QL(2 TABS/DAY) SP HD
ALYFTREK 4-20-50 MG TABLET	T3	PA QL(3 TABS/DAY) SP HD
ORKAMBI 100 MG-125 MG TABLET	T3	PA QL(4 TABS/DAY) SP HD
ORKAMBI 100-125 MG GRANULE PKT	T3	PA QL(2 PACKS/DAY) SP HD
ORKAMBI 150-188 MG GRANULE PKT	T3	PA QL(2 PACKS/DAY) SP HD
ORKAMBI 200 MG-125 MG TABLET	T3	PA QL(4 TABS/DAY) SP HD
ORKAMBI 75-94 MG GRANULE PKT	T3	PA QL(2 PACKS/DAY) SP HD
SYMDEKO	T3	PA QL(2 TABS/DAY) SP HD
TRIKAFTA 100-50-75 MG/150 MG	T3	PA QL(3 TABS/DAY) SP HD
TRIKAFTA 100-50-75 MG/75MG PKT	T3	PA QL(2 UNITS/DAY) SP HD
TRIKAFTA 50-25-37.5 MG/75 MG	T3	PA QL(3 TABS/DAY) SP HD
TRIKAFTA 80-40-60MG/59.5MG PKT	T3	PA QL(2 UNITS/DAY) SP HD
CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR) POTENTIATOR		
KALYDECO 13.4 MG GRANULES PKT	T3	PA QL(2 PACKS/DAY) SP HD
KALYDECO 5.8 MG TABLET	T3	PA QL(2 TABS/DAY) SP HD
KALYDECO 150 MG TABLET	T3	PA QL(2 PACKS/DAY) SP HD
KALYDECO 25 MG GRANULES PACKET	T3	PA QL(2 PACKS/DAY) SP HD
KALYDECO 50 MG GRANULES PACKET	T3	PA QL(2 PACKS/DAY) SP HD
KALYDECO 75 MG GRANULES PACKET	T3	PA QL(2 PACKS/DAY) SP HD
DIPEPTIDYL PEPTIDASE I (DPPI) INHIBITOR		
BRINSUPRI	T3	PA QL(1 TAB/DAY) SP
LUNG SURFACTANTS		
CUROSURF	T3	
INFASURF	T3	
SURVANTA	T3	
MUCOLYTICS		
PULMOZYME	T2	PA SP HD
PHOSPHODIESTERASE (PDE) INHIBITORS		
JASCAYD	T2	PA QL(2 TABS/DAY) SP HD
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS		
nintedanib esylate 100 mg cap (Ofev)	T1	PA SP
nintedanib esylate 100 mg cap (Ofev)	T1	PA SP HD
nintedanib esylate 150 mg cap (Ofev)	T1	PA SP
nintedanib esylate 150 mg cap (Ofev)	T1	PA SP HD
OFEV (*nintedanib esylate*)	T3	PA SP HD

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UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SYSTEMIC ENZYME INHIBITORS		
ARALAST NP	T3	PA SP HD
GLASSIA	T3	PA SP HD
JOENJA	T3	PA QL(2 TABS/DAY) SP
PROLASTIN C	T3	PA SP HD
VIJOICE 125 MG TABLET	T3	PA QL(1 TAB/DAY) SP
VIJOICE 250 MG DAILY DOSE PACK	T3	PA QL(2 TABS/DAY) SP
VIJOICE 50 MG GRANULE PACKET	T3	PA QL(1 TAB/DAY) SP
VIJOICE 50 MG TABLET	T3	PA QL(1 TAB/DAY) SP
ZEMAIRA	T3	PA SP HD
ZOKINVY	T3	PA QL(4 CAPS/DAY) SP
THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS		
TEZSPIRE 210 MG/1.91 ML PEN	T2	PA QL(1 PEN/28 DAYS) SP HD
TEZSPIRE 210 MG/1.91 ML SYRING	T2	PA QL(1 SYRINGE/28 DAYS) SP HD
UNCLASSIFIED DRUG PRODUCTS (Blood Modifiers/Bleeding Disorders)		
ANTIPORPHYRIA FACTORS		
PANHEMATIN	T3	SP
ERYTHROID MATURATION AGENTS		
REBLOZYL	T3	PA SP
SPLEEN TYROSINE KINASE INHIBITORS		
RHAPSIDO	T2	PA QL(2 TABS/DAY)
TAVALISSE	T2	PA SP
WAYRILZ 400 MG TABLET	T3	PA SP
UNCLASSIFIED DRUG PRODUCTS (Blood Pressure/Heart Medications)		
ANTI-INFLAMMATORY-ANTIMITOTICS		
LODOCO	T3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR (*icatibant acetate*)	T3	PA SP
icatibant acetate (Firazyr)	T1	PA SP HD
PLASMA KALLIKREIN INHIBITORS		
DAWNZERA	T3	PA SP
EKTERLY	T3	PA QL(16 TABS/28 DAYS) SP HD
KALBITOR	T3	PA SP HD
ORLADEYO	T3	PA QL(1 CAP/DAY) SP

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UNCLASSIFIED DRUG PRODUCTS (Cancer)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane hcl	T1	SP
ETHYOL *(amifostine crystalline)*	T3	SP
KHAPZORY	T3	PA
lederle leucovorin 5 mg tablet	T1	CSL
leucovorin cal 100 mg/10 ml vl	T1	
leucovorin cal 500 mg/50 ml vl	T1	
leucovorin calcium 10 mg tab	T1	CSL
leucovorin calcium 100 mg vial	T1	
leucovorin calcium 15 mg tab	T1	CSL
leucovorin calcium 200 mg vial	T1	
leucovorin calcium 25 mg tab	T1	CSL
leucovorin calcium 350 mg vial	T1	
leucovorin calcium 5 mg tab	T1	CSL
leucovorin calcium 50 mg vial	T1	
leucovorin calcium 500 mg vial	T1	
levoleucovorin calcium	T1	PA
*mesna 1 gram/10 ml vial (*Mesnex*)*	T1	SP
*mesna 400 mg tablet (*Mesnex*)*	T1	SP CSL
MESNEX 1 GRAM/10 ML VIAL (*mesna*)	T3	SP
MESNEX 400 MG TABLET (*mesna*)	T3	SP CSL
PEDMARK	T3	PA SP
VISTOGARD	T3	SP CSL
VORAXAZE	T3	PA SP
VYKOURA	T3	
INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.		
SCLEROSOL	T3	CSL
STERILE TALC	T1	CSL
STERITALC	T3	CSL
INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.		
BEXLUTRY	T3	PA SP
LUTATHERA	T3	PA SP
strontium-89 chloride	T1	PA
XOFIGO	T3	PA

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UNCLASSIFIED DRUG PRODUCTS (Cancer) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
SPLEEN/BRUTON'S TYROSINE KINASE INHIBITORS		
WAYRILZ 400 MG TABLET	T3	PA SP CSL
UNCLASSIFIED DRUG PRODUCTS (Dental Products)		
DENTAL AIDS AND PREPARATIONS		
chlorhexidine gluconate (Peridex)	T1	
PERIDEX (*periogard*)	T3	
triamcinolone 0.1% paste	T1	
triamcinolone acetonide	T1	
PERIODONTAL COLLAGENASE INHIBITORS		
doxycycline hyclate 20 mg tab	T1	
UNCLASSIFIED DRUG PRODUCTS (Diabetes)		
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH		
INPEFA	T3	PA QL(1 TAB/DAY) HD
DISEASE MODIFYING AGENTS FOR TYPE I DIABETES		
TZIELD	T3	PA SP
UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction)		
DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)		
avanafil (Stendra)	T1	QL(8 TABS/30 DAYS)
CAVERJECT	T3	QL(6 INJECTIONS/30 DAYS)
CIALIS 10 MG TABLET (*tadalafil*)	T3	ST QL(8 TABS/30 DAYS)
CIALIS 20 MG TABLET (*tadalafil*)	T3	ST QL(8 TABS/30 DAYS)
CIALIS 5 MG TABLET (*tadalafil*)	T3	ST QL(1 TAB/DAY)
EDEX	T3	QL(6 INJECTIONS/30 DAYS)
MUSE	T2	QL(6 SUPPS/30 DAYS)
sildenafil 100 mg, 50 mg, 20 mg tablet (Viagra)	T1	QL(8 TABS/30 DAYS) HD
STENDRA *(avanafil)*	T3	ST QL(8 TABS/30 DAYS)
tadalafil 2.5 mg tablet	T1	QL(8 TABS/30 DAYS) HD
tadalafil 5 mg tablet (Cialis)	T1	QL(1 TAB/DAY) HD
tadalafil 10 mg tablet (Cialis)	T1	QL(8 TABS/30 DAYS) HD
tadalafil 20 mg tablet (Cialis)	T1	QL(1 TAB/DAY) HD
vardenafil hcl	T1	QL(8 TABS/30 DAYS)
VIAGRA (*sildenafil citrate*)	T3	ST QL(8 TABS/30 DAYS)
VYBRIQUE	T3	PA QL(8 TABS/30 DAYS) HD

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UNCLASSIFIED DRUG PRODUCTS (Eye Conditions)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
INSULIN-LIKE GROWTH FACTOR RECEPTOR (IGF-R) INHIB		
LUMVOA	T3	PA SP HD
TEPEZZA	T3	PA SP HD
NICOTINIC RECEPT.PARTIAL AGONIST, ALPHA4BETA2 SPEC		
TYRVAYA	T2	QL(8 MLS/30 DAYS)
OCULAR PHOTOACTIVATED VESSEL-OCCLUDING AGENTS		
VISUDYNE	T3	SP
UNCLASSIFIED DRUG PRODUCTS (Gastrointestinal/Heartburn)		
ORAL MUCOSITIS/STOMATITIS AGENTS		
GELCLAIR	T3	
ORAMAGICRX	T3	
PPAR AGONIST		
IQIRVO	T2	PA SP HD
LIVDELZI	T2	PA SP
SALIVA STIMULANT AGENTS		
NUMOISYN	T2	
THYROID HORMONE RECEPTOR (THR) AGONIST		
REZDIFFRA	T3	PA QL(1 TAB/DAY) SP HD
UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents)		
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	T2	PA SP HD
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE		
doxercalciferol	T1	
doxercalciferol (Hectorol)	T1	
HECTOROL (*doxercalciferol*)	T3	
paricalcitol 1 mcg capsule (Zemplar)	T1	SP HD
PARICALCITOL 10 MCG/2 ML VIAL	T3	SP
paricalcitol 10 mcg/2 ml vial (Zemplar)	T1	SP
paricalcitol 2 mcg capsule (Zemplar)	T1	SP HD
paricalcitol 2 mcg/ml vial (Zemplar)	T1	SP
paricalcitol 4 mcg capsule	T1	SP HD
paricalcitol 5 mcg/ml vial (Zemplar)	T1	SP
RAYALDEE	T3	
ZEMPLAR 1 MCG CAPSULE (*paricalcitol*)	T3	SP HD

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UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE *(cont.)*		
ZEMPLAR 10 MCG/2 ML VIAL (*paricalcitol*)	T2	SP
ZEMPLAR 2 MCG CAPSULE (*paricalcitol*)	T3	SP HD
ZEMPLAR 2 MCG/ML VIAL (*paricalcitol*)	T2	SP
ZEMPLAR 5 MCG/ML VIAL (*paricalcitol*)	T2	SP
MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR		
OSPHENA	T3	QL(30 TABS/30 DAYS) HD
UNCLASSIFIED DRUG PRODUCTS (Miscellaneous)		
ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX	T3	
mifepristone 200 mg tablet	T1	
ACID AND ALKALI POISON ANTIDOTES		
METHYLENE BLUE 1% (20 MG/2 ML)	T3	
methylene blue 1% vial	T1	
methylene blue 100mg/10ml vial	T1	
methylene blue 50 mg/10 ml amp	T1	
METHYLENE BLUE 50 MG/10 ML SYR	T3	
methylene blue 50 mg/10ml vial	T1	
PROVAYBLUE	T3	
ACTIVIN SIGNALING INHIBITOR		
PASATRU	T3	PA SP
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH		
dichlorphenamide (Keveyis)	T1	PA SP HD
KEVEYIS (*dichlorphenamide*)	T3	PA SP
AMMONIA INHIBITORS		
CARBAGLU *(carglumic acid)*	T3	PA SP HD
carglumic acid 200 mg tab susp (Carbaglu)	T1	PA SP
AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION		
AMVUTTRA	T3	PA SP
ONPATTRO	T3	PA SP
WAINUA 45 MG/0.8 ML AUTOINJECT	T3	PA QL(1 AUTO-INJ/28 DAYS) SP
WAINUA 45 MG/0.8 ML SYRINGE	T3	PA SP
ANTI-ALCOHOLIC PREPARATIONS		
acamprosate calcium	T1	
disulfiram	T1	
VIVITROL	T2	SP HD

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UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
ANTIDOTES,MISCELLANEOUS		
ACETADOTE *(acetylcysteine)*	T3	
acetylcysteine (Acetadote)	T1	
CYANOKIT	T3	
DIGIFAB	T3	
fomepizole	T1	
SODIUM NITRITE	T1	
ANTI-FIBROTIC THERAPY - PYRIDONE ANALOGS		
ESBRIET	T3	PA SP HD
pirfenidone 267 mg capsule	T1	PA SP HD
pirfenidone 267 mg tablet (Esbriet)	T1	PA SP HD
PIRFENIDONE 534 MG TABLET	T3	PA SP HD
pirfenidone 801 mg tablet (Esbriet)	T1	PA SP HD
BENZODIAZEPINE ANTAGONISTS		
flumazenil	T1	
CI ESTERASE INHIBITORS		
BERINERT	T3	PA SP HD
CINRYZE	T3	PA SP HD
HAEGARDA	T3	PA SP HD
RUCONEST	T3	PA SP HD
CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER		
cinacalcet hcl (Sensipar)	T1	SP
PARSABIV	T3	PA SP
SENSIPAR (*cinacalcet hcl*)	T3	PA SP
CARDIOLIPIN BINDING AGENTS		
FORZINITY	T3	PA SP
CATHETER LOCK SOLUTIONS		
DEFENCATH	T3	
CHOLINESTERASE REACTIVAT.-MUSCARINIC ANTG.ANTIDOTE		
DUODOTE	T3	
CHOLINESTERASE REACTIVATING,ORGANOPHOS. ANTIDOTES		
PRALIDOXIME CHLORIDE	T1	
PROTOPAM CHLORIDE	T3	
COMPLEMENT INHIBITORS		
VEOPOZ	T3	SP
ZILBRYSQ	T3	PA QL(1 SYRINGE/DAY) SP

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
CRYOPRESERVATIVE AGENTS		
dimethyl sulfoxide	T3	
DILUENT SOLUTIONS		
DILUENT FOR REMODULIN	T3	
diluent for treprostinil (gly)	T1	
ELLIOTTS B	T3	
PH 12 DILUENT FOR FLOLAN	T3	
DRUGS TO TREAT ACUTE HEPATIC PORPHYRIA (AHP)		
GIVLAARI	T3	PA SP HD
FACTOR XII INHIBITORS		
ANDEMBRY AUTOINJECTOR	T3	PA SP
GENERAL INHALATION AGENTS		
HYPER-SAL	T3	
nebusal 3% vial	T1	
NEBUSAL 6% VIAL	T3	
sodium chloride for inhalation	T1	
GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT		
EVRYSDI	T3	PA SP HD
SPINRAZA	T3	PA SP HD
GENETIC DISORDER THERAPY - HDAC INHIBITOR		
DUVYZAT	T3	PA SP
GENETIC DISORDER THERAPY - PYRIMIDINE ANALOGS		
KYGEVVI	T3	PA SP
GENETIC DISORDER TX - ANTISENSE OLIGONUCLEOTIDE		
AMONDYS-45	T3	PA SP
EXONDYS-51	T3	PA SP
VILTEPSO	T3	PA SP
VYONDYS-53	T3	PA SP
ZANVASTRO	T3	PA SP HD
GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR		
CERDELGA	T2	PA SP HD
miglustat (Zavesca)	T1	PA SP HD
OPFOLDA	T3	PA QL(8 CAPS/30 DAYS) SP HD
ZAVESCA (*miglustat*)	T3	PA SP HD
HEAT SHOCK PROTEIN (HSP) MODULATING AGENTS		
MIPLYFFA	T3	PA SP

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Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
HYDROXYPHENYL-PYRUVATE DIOXYGENASE(HPPD) INHIBITOR		
HARLIKU	T3	PA SP
nitisinone (Orfadin)	T1	PA SP HD
NITYR	T2	PA SP
ORFADIN	T3	PA SP
ORFADIN (*nitisinone*)	T3	PA SP
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS		
ADDYI	T3	QL(1 TAB/DAY)
VYLEESI	T3	PA QL(8 AUTO-INJS/30 DAYS) SP
IMMUNOSUPPRESSANT - MAB AND FUSION PROTEINS		
VOYXACT	T2	PA QL(2 MLS/28 DAYS) SP
MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIs		
paroxetine mesylate	T1	QL(1 CAP/DAY) HD
MENOPAUSAL SYMPTOMS SUPPRESSANT-NK RECEPTOR ANTAG		
LYNKUET	T3	QL(2 CAPS/DAY)
VEOZAH	T3	QL(1 TAB/DAY)
MESENCHYMAL STROMAL CELL (MSC)		
RYONCIL	T3	PA SP
METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA		
STRENSIQ	T2	PA SP
METABOLIC DISEASE ENZYME REPLACEMENT, ASMD		
XENPOZYME	T3	PA SP HD
METABOLIC DISEASE ENZYME REPLACEMENT, BATTEN DISEA		
BRINEURA	T3	PA SP
METABOLIC DISEASE ENZYME REPLACEMENT, BATTEN DISEA		
ELFABRIO	T3	PA SP HD
FABRAZYME	T3	PA SP HD
METABOLIC DISEASE ENZYME REPLACEMENT, GAUCHER'S DX		
CEREZYME	T3	PA SP HD
ELELYSO	T3	PA SP
VPRIV	T3	PA SP HD
METABOLIC DISEASE ENZYME REPLACEMENT, MOCD		
NULIBRY	T3	PA SP
METABOLIC DISEASE ENZYME REPLACEMENT,ARGINASE DEF.		
LOARGYS	T3	PA SP

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List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
METABOLIC DISEASE ENZYME REPLACEMENT,ARGINASE DEF.		
LUMIZYME	T3	PA SP
NEXVIAZYME	T3	PA SP HD
POMBILITI	T3	PA SP HD
METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	T3	PA SP HD
AVLAYAH	T3	PA SP
ELAPRASE	T2	PA SP
MEPSEVII	T3	PA SP
NAGLAZYME	T3	PA SP
VIMIZIM	T3	PA SP
METABOLIC DX ENZYME REPLACEMENT,ALPHA-MANNOSIDOSIS		
LAMZEDE	T3	PA SP
METABOLIC DX ENZYME REPLACEMENT,LYSO.ACID LIP.DEF.		
KANUMA	T3	PA SP
METABOLIC DX ENZYME REPLACEMT,SEV.COMB.IMMUNE DEF.		
REVCOVI	T3	PA SP
METALLIC POISON, AGENTS TO TREAT		
CHEMET	T3	
CUVRIOR	T3	PA SP
deferasirox (Exjade)	T1	SP HD
deferasirox (Jadenu Sprinkle)	T1	SP HD
deferasirox (Jadenu)	T1	SP HD
deferiprone	T1	PA SP HD
deferiprone (Ferriprox (3 Times A Day))	T1	PA SP HD
deferoxamine mesylate	T1	
deferoxamine mesylate (Desferal Mesylate)	T1	
DESFERAL MESYLATE *(deferoxamine mesylate)*	T3	
EXJADE (*deferasirox*)	T3	PA SP HD
FERRIPROX	T3	PA SP
FERRIPROX (2 TIMES A DAY)	T3	PA SP
FERRIPROX (3 TIMES A DAY) (*deferiprone*)	T3	PA SP
GALZIN	T3	SP
JADENU (*deferasirox*)	T3	PA SP HD
JADENU SPRINKLE (*deferasirox*)	T3	PA SP HD

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List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
METALLIC POISON, AGENTS TO TREAT *(cont.)*		
NITHIODOTE	T3	
PENTETATE CALCIUM TRISODIUM	T1	
PENTETATE ZINC TRISODIUM	T1	
RADIOGARDASE	T3	
sodium thiosulf (poison treat)	T1	
SYPRINE (*trientine hcl*)	T3	PA SP HD
trientine hcl 250 mg capsule (Syprine)	T1	PA SP HD
TRIENTINE HCL 500 MG CAPSULE	T3	PA SP HD
NATRIURETIC PEPTIDES		
VOXZOGO	T3	PA SP HD
YUVIWEL	T3	PA SP
NEONATAL FC RECEPTOR (FCRN) INHIBITORS		
IMAAVY	T3	PA SP HD
RYSTIGGO	T3	PA SP
VYVGART	T3	PA SP HD
VYVGART HYTRULO	T3	PA SP HD
NUCLEAR FACTOR ERYTHROID 2-REL. FACTOR 2 ACTIVATOR		
SKYCLARYS	T3	PA QL(3 CAPS/DAY) SP
OINTMENT/CREAM BASES		
petrolatum,white	T3	
RADIAGEL	T3	
OXALOSIS AGENT - OXALATE INHIBITOR, SIRNA BASED		
OXLUMO	T3	PA SP
RIVFLOZA 128 MG/0.8 ML SYRINGE	T3	PA QL(1 SYRINGE/30 DAYS) SP
RIVFLOZA 160 MG/ML SYRINGE	T3	PA QL(1 SYRINGE/30 DAYS) SP
RIVFLOZA 80 MG/0.5 ML VIAL	T3	PA SP
PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ		
GALAFOLD	T3	PA SP HD
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE		
javygtor 100 mg powder packet (Kuvan)	T1	PA SP
javygtor 100 mg tablet (Kuvan)	T1	PA SP HD
javygtor 500 mg powder packet (Kuvan)	T1	PA SP
KUVAN (*sapropterin dihydrochloride*)	T3	PA SP HD
sapropterin dihydrochloride (Kuvan)	T1	PA SP HD
SEPHIENCE	T3	PA SP

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UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
PROTEIN STABILIZERS		
ATTRUBY	T3	PA QL(4 TABS/DAY) SP
VYNDAMAX	T2	PA QL(1 CAP/DAY) SP HD
VYNDAQEL	T3	PA QL(4 CAPS/DAY) SP
RETINOIC ACID RECEPTOR (RAR) AGONISTS		
SOHONOS	T3	PA SP
SKELETAL MUSCLE DEVELOPMENT MODIFYING AGENTS		
ISEMBYLD	T3	PA SP HD
SODIUM/SALINE PREPARATIONS		
bacteriostatic sodium chloride	T1	
SOLVENTS		
INSTACLEAN	T3	
ISOPROPANOL	T3	
isopropyl alcohol	T3	
ISOPROPYL ALCOHOL	T3	
ISOPROPYL RUBBING ALCOHOL	T3	
MURI-LUBE MINERAL OIL	T3	
polyethylene glycol	T1	
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES		
HYLENEX	T3	SP HD
TREATMENT OF HYPERPHAGIA IN PRADER-WILLI SYNDROME		
VYKAT XR	T3	PA SP
WATER		
water for inj.,bacteriostatic	T1	
water for injection,sterile	T1	
water/me-paraben/propylparaben	T1	
UNCLASSIFIED DRUG PRODUCTS (Multiple Sclerosis)		
LEUKOCYTE ADHESION INHIB,ALPHA4-MEDIAT IGG4K MC AB		
TYRUKO	T3	PA SP
TYSABRI	T3	PA SP HD
UNCLASSIFIED DRUG PRODUCTS (Nutritional/Dietary)		
METABOLIC DEFICIENCY AGENTS		
AQNEURSA	T3	PA SP
betaine (Cystadane)	T1	SP

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UNCLASSIFIED DRUG PRODUCTS (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
METABOLIC DEFICIENCY AGENTS *(cont.)*		
CARNITOR (*levocarnitine (with sugar)*)	T3	PA
CARNITOR (*levocarnitine*)	T3	PA
CARNITOR SF (*levocarnitine*)	T3	PA
CYSTADANE (betaine)	T3	SP
levocarnitine (Carnitor Sf)	T1	
levocarnitine (Carnitor)	T1	
levocarnitine (with sugar) (Carnitor)	T1	
UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products)		
BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR, MONO		
EVENITY	T3	PA QL(0.08 MLS/DAY) SP
EVENITY (2 SYRINGES)	T3	PA QL(0.08 MLS/DAY) SP
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE		
BONIVA (*ibandronate sodium*)	T3	PA QL(0.09 MLS/DAY) SP
FORTEO (*teriparatide*)	T3	PA QL(0.09 MLS/DAY) SP HD
teriparatide (Bonsity)	T1	PA QL(0.09 MLS/DAY) SP HD
teriparatide (Forteo)	T1	PA QL(0.09 MLS/DAY) SP HD
BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.		
FOSAMAX PLUS D	T3	ST HD
BONE RESORPTION INHIBITORS		
ACTONEL (*risedronate sodium*)	T3	PA HD
alendronate sodium	T1	HD
alendronate sodium (Fosamax)	T1	HD
ATELVIA (*risedronate sodium dr*)	T3	ST HD
AUKELSO	T3	PA SP
BILDYOS	T2	PA SP HD
BILPREVDA	T2	PA SP HD
BINOSTO	T3	ST HD
BOMYNTRA	T3	PA SP
BOSAYA	T3	PA SP
CONEXXENCE	T3	PA SP
ENOBY	T3	PA SP
EVISTA *(raloxifene hcl)*	T3	PA HD
FOSAMAX *(alendronate sodium)*	T3	ST HD

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List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
BONE RESORPTION INHIBITORS *(cont.)*		
ibandronate 3 mg/3 ml syringe	T1	SP HD
ibandronate 3 mg/3 ml vial	T1	SP HD
ibandronate sodium 150 mg tab	T1	HD
JUBBONTI	T2	PA SP HD
JUBEREQ	T2	PA SP
OSENVELT	T3	PA SP
OSVYRTI	T2	PA SP
pamidronate disodium	T1	SP HD
PROLIA	T3	PA SP
raloxifene hcl (Evista)	T1	HD PPACA
RECLAST *(zoledronic acid/mannitol-water)*	T3	SP HD
risedronate sodium	T1	HD
risedronate sodium (Actonel)	T1	HD
risedronate sodium (Atelvia)	T1	HD
STOBOCLO	T3	PA SP
WYOST	T2	PA SP
XGEVA	T3	PA SP HD
XTRENBO	T3	PA SP
zoledronic acid 4 mg vial	T1	SP HD
zoledronic acid 4 mg/100 ml	T1	SP HD
ZOLEDRONIC ACID 4 MG/100 ML	T3	SP HD
zoledronic acid 4 mg/5 ml vial	T1	SP HD
zoledronic acid 5 mg/100 ml	T1	SP HD
zoledronic acid 5 mg/100 ml (Reclast)	T1	SP HD
UNCLASSIFIED DRUG PRODUCTS (Pain Relief And Inflammatory Disease)		
ANTI-INFLAM. INTERLEUKIN-I RECEPTOR ANTAGONIST		
ARCALYST	T3	PA SP
ANTI-INFLAMMATORY, INTERLEUKIN-I BETA BLOCKERS		
ILARIS	T3	PA SP HD
FIBROMYALGIA AGENTS, SEROTONIN-NOREPINEPH RU INHIB		
milnacipran hcl (Savella)	T1	HD
SAVELLA (*milnacipran hcl*)	T3	PA

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UNCLASSIFIED DRUG PRODUCTS (Pain Relief And Inflammatory Disease) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
IMMUNOMODULATOR, B-LYMPHOCYTE STIM (BLYS)-SPEC INHIB		
BENLYSTA 120 MG VIAL	T3	PA SP HD
BENLYSTA 200 MG/ML AUTOINJECT	T2	PA SP HD
BENLYSTA 200 MG/ML SYRINGE	T2	PA SP HD
BENLYSTA 400 MG VIAL	T3	PA SP HD
JOINT CONTRACTURE THERAPY, COLLAGENASE ENZYME		
XIAFLEX	T3	PA SP
UNCLASSIFIED DRUG PRODUCTS (Seizure Disorders)		
NEUROPATHIC AGENTS		
LYRICA CR (*pregabalin*)	T3	HD
pregabalin (Lyrica Cr)	T1	HD
UNCLASSIFIED DRUG PRODUCTS (Skin Conditions)		
INTERLEUKIN-13 (IL-13) INHIBITORS,MAB		
ADBRY	T2	PA QL(4 SYRINGES/28 DAYS) SP HD
ADBRY AUTOINJECTOR	T2	PA QL(2 AUTO-INJS/28 DAYS) SP HD
EBGLYSS PEN	T2	PA QL(2 PENS/28 DAYS) SP HD
EBGLYSS SYRINGE	T2	PA QL(2 SYRINGES/28 DAYS) SP HD
JANUS KINASE (JAK) INHIBITORS		
LEQSELVI	T3	PA QL(2 TABS/DAY) SP HD
LITFULO	T3	PA QL(1 CAP/DAY) SP HD
WOUND HEALING AGENTS, LOCAL		
balsam peru/castor oil	T1	
FILSUVEZ	T3	PA SP
VENELEX	T3	
UNCLASSIFIED DRUG PRODUCTS (Substance Use Disorder)		
OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST		
lofexidine hcl (Lucemyra)	T1	QL(192 TABS/30 DAYS)
LUCEMYRA *(lofexidine hcl)*	T2	QL(192 TABS/30 DAYS)
OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE		
BRIXADI	T3	SP HD
buprenorphine hcl	T1	
buprenorphine hcl/naloxone hcl	T1	
buprenorphine hcl/naloxone hcl (Suboxone)	T1	
SUBLOCADE	T3	SP HD

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UNCLASSIFIED DRUG PRODUCTS (Substance Use Disorder) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
IMMUNOMODULATOR, B-LYMPHOCYTE STIM (BLYS)-SPEC INHIB *(cont.)*		
SUBOXONE (*buprenorphine-naloxone*)	T3	
ZUBSOLV	T2	
UNCLASSIFIED DRUG PRODUCTS (Transplant Medications)		
RHO KINASE INHIBITOR		
REZUROCK	T3	PA SP
UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions)		
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS		
alfuzosin hcl (Uroxatral)	T1	HD
AVODART (*dutasteride*)	T3	PA HD
dutasteride (Avodart)	T1	HD
finasteride (Proscar)	T1	HD
PROSCAR (*finasteride*)	T3	PA HD
silodosin 4 mg capsule	T1	QL(1 CAP/DAY) HD
silodosin 8 mg capsule	T1	HD
tamsulosin hcl	T1	HD
UROXATRAL (*alfuzosin hcl er*)	T3	PA HD
BPH 5-ALPHA-REDUCTASE INHIB-ALPHAI-ADRENOCEP ANTAG		
dutasteride/tamsulosin hcl (Jalyn)	T1	HD
JALYN (*dutasteride/tamsulosin hcl*)	T3	PA HD
BPH AGENT-5-ALPHA-REDUCTASE INH AND PDE5 INH COMB		
ENTADFI	T3	PA QL(1 CAP/DAY)
CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS		
CYSTAGON	T2	SP
PROCYSBI	T3	PA SP HD
ENDOTHELIN RECEPTOR ANTAGONISTS		
VANRAFIA	T2	PA QL(1 TAB/DAY) SP
KIDNEY STONE AGENTS		
THIOLA (*tiopronin*)	T3	PA SP
THIOLA EC (*tiopronin*)	T3	PA SP
tiopronin (Thiola Ec)	T1	SP HD
tiopronin (Thiola)	T1	SP HD
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEP		
GEMTESA	T3	QL(1 TAB/DAY) HD

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UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEP *(cont.)*		
mirabegron er 8 mg/ml susp (Myrbetriq)	T1	HD
mirabegron er 25 mg tablet (Myrbetriq)	T1	QL(1 TAB/DAY) HD
mirabegron er 50 mg tablet (Myrbetriq)	T1	HD
MYRBETRIQ ER 25 MG TABLET *(mirabegron)*	T3	ST QL(1 TAB/DAY) HD
MYRBETRIQ ER 50 MG TABLET *(mirabegron)*	T3	ST HD
MYRBETRIQ ER 8 MG/ML SUSP (*mirabegron*)	T3	ST HD
URINARY TRACT ANTI-SPASMODIC, M(3) SELECTIVE ANTAG.		
darifenacin er 15 mg tablet	T1	HD
darifenacin er 7.5 mg tablet (Enablex)	T1	QL(1 TAB/DAY) HD
solifenacin 10 mg tablet	T1	HD
solifenacin 5 mg tablet	T1	QL(1 TAB/DAY) HD
URINARY TRACT ANTI-SPASMODIC/ANTI-INCONTINENCE AGENT		
DETROL (*tolterodine tartrate*)	T3	ST HD
fesoterodine er 4 mg tablet (Toviaz)	T1	QL(1 TAB/DAY) HD
fesoterodine er 8 mg tablet (Toviaz)	T1	HD
flavoxate hcl	T1	HD
oxybutynin chloride	T1	HD
OXYTROL	T3	ST HD
tolterodine tart er 2 mg cap	T1	QL(1 CAP/DAY) HD
tolterodine tart er 4 mg cap	T1	HD
tolterodine tartrate (Detrol)	T1	HD
TOVIAZ ER 4 MG TABLET (*fesoterodine fumarate*)	T3	PA QL(1 TAB/DAY) HD
TOVIAZ ER 8 MG TABLET (*fesoterodine fumarate*)	T3	PA HD
trospium chloride	T1	HD
UNCLASSIFIED DRUG PRODUCTS (Weight Management)		
APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.		
megestrol 400 mg/10ml susp cup	T1	
megestrol 625 mg/5 ml susp	T1	
megestrol acet 40 mg/ml susp	T1	
MELANOCORTIN 4 RECEPTOR AGONISTS		
IMCIVREE	T3	PA QL(9 MLS/30 DAYS) SP

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VITAMINS (Nutritional/Dietary)		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
FOLIC ACID PREPARATIONS		
ENLYTE	T3	
FOLIC ACID 0.2 MG/ML ORAL SOLN	T3	
folic acid 1 mg tablet	T1	
folic acid 1,000 mcg tablet	T1	
folic acid 5 mg/ml vial	T1	
folic acid 50 mg/10 ml vial	T1	
folic acid/b6/ca phos/ginger	T1	
QUIOFIC	T3	
true folic acid 1600mcg dfe tb	T1	
GERIATRIC VITAMIN PREPARATIONS		
REQ49+	T3	
MULTIVITAMIN PREPARATIONS		
ANIMI-3	T2	
BACMIN	T3	
CONCEPT DHA *(mvn-min75/iron/iron ps/om3/dha)*	T3	
CONCEPT OB (*mvn-min 74/iron fum/iron/fa*)	T3	
CORVITE	T3	
DIALYVITE 800 WITH IRON	T3	
ENBRACE HR	T2	
folic/mvi ther-min/lycop/lut	T1	
FORTAVIT	T3	
INFUVITE ADULT	T3	
multivit 47/iron/folate 1/dha	T1	
multivit infusn,adult 4,vit k	T1	
*multivit no.18/iron no.1/folic (*Tandem Plus*)*	T1	
multivit no.51/iron/folic acid	T1	
multivit-min69/iron/folic acid	T1	
multivit-mins no.7/folic acid	T1	
mv-mins 71/iron/folic no.1/dha	T1	
mvn no.53/iron/folic/dss/dha	T1	
*mvn-min 74/iron fum/iron/fa (*Concept Ob*)*	T1	
*mvn-min75/iron/iron ps/om3/dha (*Concept Dha*)*	T1	
NEEVODHA	T2	

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VITAMINS (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
MULTIVITAMIN PREPARATIONS *(cont.)*		
NESTABS ONE	T3	
OB COMPLETE	T3	
om-3/dha/epa/b12/fa/b6/phytost	T1	
PRENATE AM	T2	
PRENATE CHEWABLE	T2	
PRENATE ESSENTIAL	T2	
PROTECT IRON	T2	
STROVITE FORTE (*multivit,iron,min 5/folic acid*)	T3	
STROVITE ONE	T3	
TANDEM PLUS (*multivit no.18/iron no.1/folic*)	T3	
UDAMIN SP	T3	
PEDIATRIC VITAMIN PREPARATIONS		
FLORIVA	T3	PPACA
FLORIVA PLUS	T3	
INFUVITE PEDIATRIC	T3	
multivit infusion,pedi 1,vit k	T1	
ped mvit a,c,d3 no.21/fluoride	T1	PPACA
pedi multivit 45/fluoride/iron	T1	PPACA
pedi multivit no.12 w-fluoride	T1	PPACA
pedi multivit no.17 w-fluoride	T1	PPACA
pedi multivit no.2 w-fluoride	T1	PPACA
POLY-VI-FLOR	T3	PPACA
QUFLORA FE	T3	
QUFLORA FE	T2	
QUFLORA PED 0.25 MG CHEW TAB	T3	
QUFLORA PED 0.25 MG/ML DROP	T3	PPACA
QUFLORA PED 0.5 MG CHEW TAB	T3	
QUFLORA PED 0.5 MG/ML DROP	T3	PPACA
QUFLORA PED 1 MG CHEW TAB	T3	PPACA
SOLUVITA MULTIVITAMIN FLUORIDE	T3	PPACA
SOLUVITA MULTIVITAMIN FLUORIDE (*pedi multivit no.82 w-fluoride*)	T3	PPACA
TRI-VI-FLOR	T2	PPACA
VITALIPID N INFANT	T3	
VITLIPID N INFANT	T3	

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VITAMINS (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
VITAMIN B PREPARATIONS		
AQUASOL A	T3	
b comp no3/folic/c/biotin/zinc	T1	HD
b complex 11/folic/c/biot/zinc	T1	HD
cyanocobalamin/folic ac/vit b6	T1	HD
DIALYVITE 3000	T3	HD
DIALYVITE 5000	T3	HD
DIALYVITE SUPREME D	T3	HD
folic acid/vit b complex and c	T1	HD
folic acid/vit bcomp,c/cu/zinc	T1	HD
NEPHRON FA	T3	HD
VITAL-D RX	T3	HD
vitamins b1,b2,b3,b5,and b6	T1	HD
VITA-RESPA	T3	HD
VITAMIN B1 PREPARATIONS		
thiamine hcl	T1	
VITAMIN B6 PREPARATIONS		
pyridoxine hcl (vitamin b6)	T1	
VITAMIN B12 PREPARATIONS		
cyanocobalamin (vitamin b-12)	T1	
cyanocobalamin (vitamin b-12) (Nascobal)	T1	
hydroxocobalamin	T1	
NASCOBAL (*cyanocobalamin (vitamin b-12)*)	T3	PA
VITAMIN C PREPARATIONS		
ASCOR	T3	
ascorbic acid	T1	
VITAMIN D PREPARATIONS		
calcitriol 0.25 mcg capsule	T1	
calcitriol 0.5 mcg capsule	T1	
calcitriol 1 mcg/ml solution	T1	
calcitriol 1 mcg/ml vial	T1	HD
ergocalciferol (vitamin d2)	T1	HD

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CSL – Oral cancer medication subject to cost-share limits

List of Prescription Medications

VITAMINS (Nutritional/Dietary) *(cont.)*		
Prescription Drug Name	**Drug Tier**	**Coverage Requirements and Limits**
VITAMIN K PREPARATIONS		
MEPHYTON (*phytonadione (vit k1)*)	T3	
phytonadione (vit k1)	T1	
phytonadione 1 mg/0.5 ml syr	T1	
phytonadione 1 mg/0.5 ml vial	T1	
PHYTONADIONE 1 MG/0.5 ML VIAL	T3	
phytonadione 10 mg/ml ampul	T1	
phytonadione 10 mg/ml vial	T1	
phytonadione 5 mg tablet (Mephyton)	T1	
VITAMINS (Vitamins)		
MULTIVITAMIN PREPARATIONS		
CITRANATAL MEDLEY	T3	
VITLIPID N ADULT	T3	
PEDIATRIC VITAMIN PREPARATIONS		
POLY-VI-FLOR WITH IRON	T3	PPACA

T1 – Typically Generics
T2 – Typically Preferred Brands
T3 – Typically Non-Preferred Brands
PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement
SP – Specialty Medication
HD – May require home delivery pharmacy
PPACA – No Cost-Share Preventive Medication
CSL – Oral cancer medication subject to cost-share limits

Exclusions and limitations for coverage

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:[10]

- Over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines.
- Prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative.
- Doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare.
- Implantable contraceptive devices covered under the Plan's medical benefit.
- Medications that are not medically necessary.
- Experimental or investigational medications, including U.S. Food and Drug Administration (FDA)-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication.
- Medications that are not approved by the FDA.
- Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
- Medications used for fertility,[11] sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,[11] or athletic enhancement.
- Prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products.
- Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
- Replacement of prescription medications and related supplies due to loss or theft.
- Medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
- Prescriptions more than one year from the date of issue.
- Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna Healthcare as medically necessary.

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Cigna Healthcare reserves the right to make changes to the drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

1. App/online store terms and mobile phone carrier/data charges apply.
2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions & Answers." Last updated 09/18/26. fda.gov/drugs/generic-drugs/generic-drugs-questions-answers.
4. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.
5. Not all plans offer Express Scripts Pharmacy and Accredo Specialty Pharmacy as covered pharmacy options. Log in to the myCigna app or myCigna.com, or check your plan details, to learn more about the pharmacies in your plan's network. Cigna Healthcare, Evernorth Health Services, Express Scripts Pharmacy, and Accredo are all part of The Cigna Group. This means we have an ownership interest in Express Scripts Pharmacy's home delivery services and Accredo's specialty pharmacy services – but you have the right to fill prescriptions at any pharmacy in your network (as your plan allows). Log in to the myCigna app or myCigna.com to see all of your in-network options.
6. Your plan pays the cost for standard shipping.
7. Express Scripts Pharmacy can automatically refill certain medications. Log in to the myCigna app or myCigna.com or call 800.835.3784 to sign up. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or over the phone. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
8. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
9. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna app or myCigna.com, or call the number on your ID card.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
11. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna app or myCigna.com, or check your plan materials.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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