# Cigna Healthcare National Preferred 6-Tier Prescription Drug List

**Coverage as of January 1, 2026**

**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 or **myCigna.com®**

Last updated: 10/01/2025. This drug list is subject to change and all prior versions are no longer in effect.



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## View your drug list online, 24/7

This document was last updated on 10/01/2025.* Go online to see the most up-to-date information about the medications your plan covers.

- **Cigna.com/druglist.** Choose **National Preferred 6 Tier** from the dropdown list. Then type in your medication name or view the full list.
- **myCigna App[1] or myCigna.com.** Log into your account and use the Price a Medication tool to see how your medication is covered.

## Questions?

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

# Information about this drug list

## Frequently asked questions (FAQs)

Here are answers to questions you may have about your drug list and prescription medication coverage.

**. How often is the drug list updated? How do I know if my medication coverage changed?**
**A.** We review and update the drug list on a regular basis to make sure you have coverage for low-cost, safe and effective medications. We make changes for many reasons; for example, when a new medication comes out or is no longer available, or when a medication's price changes. These changes may include:

- **Moving a medication to a lower cost tier.** This can happen at any time during the year.
- **Moving a brand medication to a higher cost tier when a generic comes out.** This can happen at any time during the year.
- **Moving a medication to a higher cost tier and/ or no longer covering a medication.** This typically happens twice a year on January I and July I.
- **Adding extra coverage rules (requirements) to a medication.** This typically happens twice a year on January I and July I.

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

**Q. Why doesn't my plan cover certain medications?**
**A.** To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives that can treat the same condition. If your medication isn't covered and your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover it through our review process.

There are also some medications and products that your plan won't cover for any reason because they're a "plan (or benefit) exclusion." This means the medication or product isn't on your drug list, and there's no option to ask us to cover it through our review process. For example, your plan doesn't cover (or "excludes") 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 coverage for the right medication, at the right cost, in the right amount and for the right situation.

**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 your plan will cover it.
- **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.

# Information about this drug list

## Frequently asked questions (FAQs) *(cont.)*

**Q. What types of medications typically need approval?**
**A.** Medications that:

- May not be safe when you take them with other medications.
- Have lower-cost alternatives that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

**Q. What types of medications typically have quantity limits?**
**A.** Medications that are often:

- Taken in a greater amount or used for a longer time than they should be.
- Used in the wrong way or are abused (taken more often than you should).

**Q. What medications are part of Step Therapy?**
**A.** They're typically high-cost medications that treat conditions such as:

- 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.** Not all medications are right for all ages. Some medications work best for people of a certain age or within a certain age range. As you get older, body changes can decrease the body's ability to break down or get rid of certain medications. This means that the medication may stay in your body longer. So, an older adult may need a lower dose of the medication or a different medication that's safer.

**Q. How do I get approval (prior authorization) for my medication?**
**A.** Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at **cignaforhcp.com**.

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or **myCigna.com** to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

- **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. 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 plan doesn't cover my medication. I need to take it because it's medically necessary for my treatment. How do I get approval (prior authorization) for my medication?**
**A.** If your doctor feels that your medication is necessary for your treatment and an alternative isn't right for you, your doctor can ask us to consider approving coverage of your medication. Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at **cignaforhcp.com**.

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or **myCigna.com** to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

- **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. **It's important to know that when medications are approved, it's typically for one year of coverage.** If your medication is approved for less time, it's because there's a clinical reason based on our coverage rules (requirements) for the medication and/or the reviewing doctor.

**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.** If you and your doctor feel an alternative medication won't work for you, your doctor can ask us to consider approving coverage of your current medication. Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at **cignaforhcp.com**.

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or **myCigna.com** to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request

again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

- **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.

**Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?**

**A.** When your pharmacist tries to fill your prescription, they'll see that the medication needs our approval before it can be covered. Because you didn't get approval ahead of time, your plan won't cover its cost. If that happens, ask your doctor to contact us to start the coverage review process.

You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.

**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 covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

**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 all recently approved medications and products to see if they should be covered, and if so, at what cost-share (tier). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

If your doctor wants you to use a recently approved medication, your doctor's office can ask us to cover it through our review process.

# Information about this drug list

## Frequently asked questions (FAQs) *(cont.)*

**Q. What are preventive medications?**
**A.** Preventive medications can help keep you from getting certain long-term health conditions such as asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis (a disease that causes bones to become weak), prenatal nutrient deficiency (when a pregnant person doesn't get enough of the nutrients they need) and stroke. They improve your chances of staying well and living longer.

**Q. Which medications are covered under the health care reform law?**
**A.** The Patient Protection and Affordable Care Act (PPACA), also known as health care reform, helps make health care and preventive care more affordable. PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything – not even a copay, coinsurance or deductible for these products.

To see a list of $0 medications, go to **Cigna.com/PDL** and click on the dropdown next to "Drug Lists for Employer Plans." Under the Preventive Drug Lists section, click on the link for the PPACA No Cost-Share Preventive Drug List.

**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. Just because a medication is listed on your plan's drug list doesn't mean your doctor will write you a prescription for it. Your doctor will work with you to find the medication he or she feels is best for your specific treatment.

**Q. How can I find out how much I'll pay for a specific medication?**
**A.** When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost options are available, and which pharmacies have the best prices can help you avoid surprises. Log in to the myCigna App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or even before you leave your doctor's office.[2]

**Q. What's a cost-share?**
**A.** It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

**Q. How can I save money on my prescription medications?**
**A.** You should think about using a medication that's covered on a lower tier, such as a generic or preferred brand medication, or by filling a 90-day supply (if your plan allows). Ask your doctor if one of these options may work for you.

**Q. What's a generic medication?**
**A.** A generic is the same as its brand-name version. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and typically costs less.[3] Generics are typically sold under their chemical or scientific name, instead of the brand name.

**Q. Do generics work the same as brand-name medications?**
**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as the brand-name medication.[3]

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

- Look different. For example, generics may have a different shape, size or color than their brand-name versions.
- Have a different flavor and/or different preservatives, come in different packaging and/or with different labeling and may expire at different times.

It's important to know that these differences don't affect how the generic works.

# Information about this drug list

## Frequently asked questions (FAQs) *(cont.)*

**Q. What is a "biosimilar" medication?**
**A.** A biosimilar is "highly similar" to its original biologic medication, which is also known as a reference product, that the FDA has already approved. Even though biosimilars aren't identical to the original medication, they're used to treat the same conditions, and provide the same clinical outcomes and treatment benefits. There are no clinical differences in how safe they are to use and how well they work. They also typically cost less.[4]

**Q. How do I know which pharmacies are in my plan's network?**
**A.** There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. And some stores are open 24-hours. To find an in-network pharmacy near you, log in to the myCigna App or **myCigna.com**. Then click on the Prescriptions tab and choose "Find a Pharmacy" from the dropdown list.

**Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?**
**A.** To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you'll pay your out-of-network cost-share to fill a prescription there.

**Q. Do I have to use home delivery to fill my prescription?**
**A.** It depends on your plan. Some plans require you to fill maintenance medications through Express Scripts® Pharmacy and/or specialty medications through Accredo® Specialty Pharmacy for them to be covered.[5] Log in to the myCigna App or **myCigna.com**, or check your plan materials, to find out what your plan requires.

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

### Fill maintenance medications through Express Scripts Pharmacy

Express Scripts Pharmacy is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online.
- Get standard shipping at no extra cost.[6]
- Fill up to a 90-day supply at one time.
- Talk with a pharmacist, 24/7.
- Sign up for automatic refills or refill reminders so you don't miss a dose.[7]
- Use a payment plan (if you need it).

**Here are two easy ways to get started:**

1. **Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown list. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or,
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**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

### Fill specialty medications through Accredo Specialty Pharmacy

If you're using a specialty medication, Accredo's team can help you manage your rare and/or complex medical condition. They'll also fill and ship your specialty medication to you, so you don't have to stand in line at the pharmacy. To learn more, go to **Cigna.com/specialty**.

- Talk with specially-trained pharmacists and nurses, 24/7.

- Get fast shipping at no extra cost.[6]
- Sign up for refills and reminders. Some refills can be done by text.[8]
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

To get started, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST.

**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.** Some plans allow one or more fills at a retail pharmacy before switching to Accredo. Check your plan materials to find out if your plan allows retail fills.

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call them about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

**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. He or she should be able to tell you which in-network pharmacies can fill your prescription. Once you find a pharmacy, ask your doctor to send them your prescription.

You may also be able to use Accredo to fill your prescription; they have access to most specialty medications.[5] Call Accredo at **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST, for more information.

**Q. How do I fill my prescription?**
**A.** First, you'll need to get a prescription from your doctor. Then, your doctor can either:

1. **Send it electronically** to the in-network retail pharmacy of your choice, Express Scripts home delivery or Accredo. Or
2. **Give you a paper prescription.** You can bring it to the in-network retail pharmacy of your choice or mail it to Express Scripts Pharmacy or Accredo.

**Q. How can I get help with my specialty medication?**
**A.** Managing a rare and/or complex medical condition isn't easy. Accredo's team of specialty-trained pharmacists and nurses can help. They'll also fill and ship your specialty medication to you, so you don't have to stand in line at the pharmacy.

Go to **Cigna.com/specialty** to learn more about Accredo or call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

**Q. Where can I find more information about my pharmacy benefits?**
**A.** Use the online tools and resources on the myCigna App or **myCigna.com**. You can find out how much your medication costs (and what lower-cost options may be available), see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details, and more. You can also manage your home delivery orders.

**Q. How can I find out my cost-share for each tier of the drug list?**
**A.** We put covered medications into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay for the medication. Here are three places you can go to find out how much you'll pay for your medication based on the tier it's listed in, including the maximum cost-share amount allowed:

1. **Check your Cigna Healthcare ID card.** It lists your cost-share for Tier 1, Tier 2, Tier 3, Tier 4, Tier 5 and Tier 6 medications.
2. **Log in to the myCigna App or myCigna.com to view your pharmacy coverage information.** You can also use the Price a Medication tool to find out how much your medication may cost you at the different pharmacies in your plan's network.
3. **Check your Summary of Benefits** coverage document.

# Information about this drug list

## Frequently asked questions (FAQs) *(cont.)*

**Q. What's the difference between medications covered under the pharmacy benefit and medical benefit?**
**A.** Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Log in to the myCigna App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medication.

- Medications that you fill at the pharmacy and take yourself are typically covered under the pharmacy benefit.
- Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

***Why this matters:*** Which benefit the medication's covered under may affect how much it costs, if it needs approval from Cigna Healthcare before your plan will cover it and/or if you have to fill it through a certain pharmacy to be covered. Check your medical summary of benefits coverage to learn more about how your plan covers 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 bill limiting the cost-share for oral chemotherapy medications. This means that if you have both your medical and pharmacy benefits through Cigna Healthcare, here's how certain oral cancer medications are covered:

- **For copay plans:** These medications will be covered at 100%, or no cost-share ($0) to you.
- **For high deductible health plans (HDHPs) that include a Health Savings Account (HSA) or qualified HDHPs:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share ($0) to you. This is because of a federal HSA requirement.
- **For plans with a combined deductible [including Health Reimbursements Accounts (HRAs) with a combined deductible]:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share ($0) to you.
- **For plans with a split deductible [including Health Reimbursements Accounts (HRAs) with a split deductible]:** These medications will be 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.** Here is how these products are 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 are available at their applicable 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 are available at their applicable cost-share.
  - **Certain vitamins:** Covered at 100%, or no cost-share ($0) to you. All other prescription vitamins are available at their applicable cost-share and deductible (if applicable).
- **Certain over-the-counter (OTC) products:** If you have a prescription from your doctor, these are covered at 100%, or no cost-share ($0) to you. All other OTC products are excluded from coverage.
- **Oral fertility medications:** Covered at their applicable tier cost-share. For some plans, injectable fertility medications are covered under the medical benefit.

# Information about this drug list

## Frequently asked questions (FAQs) *(cont.)*

- **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 applicable cost-share to fill a preferred brand and/or non-preferred brand preventive care medication.
- **Diabetic supplies:** Covered at their applicable cost-share.
- **Growth Hormones:** Need approval from Cigna Healthcare before your plan will cover them (prior authorization). If approved, you'll pay your applicable tier cost-share to fill the medication.
- **Vaccines:** Vaccines are now covered under the pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.
- **Compounded medications:** If the medication is more than $200, you'll need approval from Cigna Healthcare before your plan will cover them (prior authorization). If approved, you'll pay your applicable tier cost-share to fill the medication.

## 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.

## Information about this drug list

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

- **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.
- **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 is a list of the most commonly prescribed medications covered on the Cigna Healthcare National Preferred 6-Tier Prescription Drug List as of January 1, 2026. **The drug list is updated often**; so, not all of the medications your plan covers may be listed here. Also, your plan may not cover all of these medications. Log in to the myCigna App or **myCigna.com** to see which medications your plan covers.

## How to read this drug list

Medications are listed alphabetically 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 put covered medications into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay for the medication.

| | | |
|---|---|---|
| **Tier 1** | **Preferred Generics. These medications are covered at your plan's lowest cost-share.** Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less.[3] | **$** |
| **Tier 2** | **Non-Preferred Generics.** These medications may cost more than preferred generics.[3] | **$$** |
| **Tier 3** | **Preferred Brands.** These medications typically have one or more lower-cost generic that treats the same condition. | **$$$** |
| **Tier 4** | **Non-Preferred Brands.** These medications typically have a generic and/or preferred brand alternative(s) that treats the same condition. | **$$$$** |
| **Tier 5** | **Preferred Specialty.** These medications typically cost less than non-preferred specialty medications. | **$$$$$** |
| **Tier 6** | **Non-Preferred Specialty. These medications are covered at your plan's highest cost-share.** They typically have a preferred alternative. | **$$$$$$** |

* 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 (acronyms) in the Notes column**
In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

| | |
|---|---|
| **PA** | **Prior Authorization*** – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet the medication's coverage rules (requirements). |
| **QL** | **Quantity Limit*** – Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more. |
| **ST** | **Step Therapy*** – This is a high-cost medication that has a lower-cost alternative(s) that treats the same condition. Your plan won't cover this medication until you try at least one preferred medication first (typically a generic or preferred brand) and can show that it didn't work for you.<br><br>If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost medication. |
| **AGE** | **Age Requirement*** – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to use the medication, your doctor's office can ask us to cover it. |
| **SP** | This is a **specialty medication**, which is used to treat a rare and/or complex medical condition. Some plans have extra coverage rules (requirements) for specialty medications. For example, some may only cover up to a 30-day supply and/or require you to fill it at a preferred specialty pharmacy to be covered. |
| **HD** | **Home Delivery Medications** – Some plans only cover certain maintenance medications if they're filled through home delivery with Express Scripts Pharmacy. Depending on your plan, you may be able to get coverage for one, two or three fills at an in-network retail pharmacy before you have to switch to home delivery. |
| **PPACA** | Health care reform under the **Patient Protection and Affordable Care Act (PPACA)** requires plans to cover the full cost of this preventive medication or product. This means you don't have to pay anything – not even a 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 have extra coverage rules (requirements) on medications.** Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

# Information about this drug list

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

Use the table below to understand how medications are covered on the Cigna Healthcare National Preferred 6-Tier Prescription Drug List.*

| 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) |

**Therapeutic drug category and class** describes the condition the medication is used to treat.

**Coverage requirements and limits** lets you know if your plan has extra requirements before it will cover the medication.

**Drug tier** gives you an idea of how much you may pay for a medication.

**Prescription drug name** is the name of the medication.

Medications are listed in **alphabetical order (A-Z)** within each column.

Brand name medications are in all **CAPITAL** letters.

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

* This table is just an example. It may not show how these medications are currently covered on this drug list.

# Information about this drug list

## How to find your medication

First, look for the therapeutic category/class your medication is in using the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

# Information about this drug list

## How to find your medication *(cont.)*

# Information about this drug list

## How to find your medication *(cont.)*

# 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** | | |
| *butalbital/acetaminophen* | T2 | |
| *butalbital/acetaminophen* (Bupap) | T2 | |
| **ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.** | | |
| *butalbital/aspirin/caffeine* | T2 | |
| **ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB** | | |
| *butalb/acetaminophen/caffeine* | T2 | |
| *butalb/acetaminophen/caffeine* (Esgic) | T2 | |
| *butalb/acetaminophen/caffeine* (Fioricet) | T2 | |
| ESGIC *(butalb/acetaminophen/caffeine)* | T4 | PA |
| FIORICET *(butalb/acetaminophen/caffeine)* | T4 | PA |
| **ANALGESIC/ANTIPYRETICS, SALICYLATES** | | |
| *choline salicyl/mag salicylate* | T2 | HD |
| *diflunisal* | T2 | HD |
| **ANALGESICS, NON-OPIOID** | | |
| JOURNAVX | T4 | QL (30 tabs/90 days) |
| **ANTIMIGRAINE PREPARATIONS** | | |
| AIMOVIG AUTOINJECTOR | T3 | PA QL(1 auto-inj/30 days) |
| AJOVY 225 MG/1.5 ML AUTOINJECT | T3 | PA QL(1 auto-inj/30 days) |
| AJOVY 225 MG/1.5 ML AUTOINJECT | T3 | PA QL(3 auto-injs/90 days) |
| AJOVY SYRINGE | T3 | PA QL(1 syringe/30 days) |
| *almotriptan malate 12.5 mg tab* | T2 | ST QL (12 tabs/30 days) |
| *almotriptan malate 6.25 mg tab* | T2 | ST QL (6 tabs/30 days) |
| AMERGE *(naratriptan hcl)* | T4 | ST QL(9 tabs/fill) |
| CAMBIA | T4 | ST QL(9 packs/fill) |
| *dihydroergotamine 1 mg/ml amp* | T2 | |
| *dihydroergotamine 4 mg/ml spry* (Migranal) | T2 | ST QL(8 mls/fill) |
| *eletriptan hydrobromide* (Relpax) | T2 | QL(6 tabs/fill) |
| EMGALITY 120 MG/ML SYRINGE | T3 | PA QL(1 syringe/30 days) |
| EMGALITY PEN | T3 | PA QL(1 pen/30 days) |
| ERGOMAR | T4 | |
| *ergotamine tartrate/caffeine* | T2 | |
| FROVA *(frovatriptan succinate)* | T4 | ST QL(9 tabs/fill) |
| *frovatriptan succinate* (Frova) | T2 | ST QL (9 tabs/30 days) |

T1 – Preferred Generics
T2 – Non-Preferred Generics
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T6 – Non-Preferred Specialty
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** |
| **ANTIMIGRAINE PREPARATIONS** (cont.) | | |
| MIGRANAL (*dihydroergotamine mesylate*) | T4 | ST QL(8 mls/fill) |
| *naratriptan hcl* (Amerge) | T2 | QL(9 tabs/fill) |
| NURTEC ODT | T3 | PA QL(16 tabs/fill) |
| QULIPTA | T3 | PA QL(30 tabs/30 days) |
| REYVOW | T4 | PA QL(8 tabs/fill) |
| *rizatriptan benzoate* (Maxalt) | T2 | QL(18 tabs/fill) |
| *sumatriptan* | T2 | QL (6 units/30 days) |
| *sumatriptan 4 mg/0.5 ml inject* (Imitrex) | T2 | QL(2 pens/fill) |
| *sumatriptan 6 mg/0.5 ml cart* (Imitrex) | T2 | QL(1 ml/fill) |
| *sumatriptan 6 mg/0.5 ml inject* (Imitrex) | T2 | QL(2 pens/fill) |
| *sumatriptan 6 mg/0.5 ml vial* | T2 | QL(2 vials/fill) |
| TOSYMRA | T4 | ST QL(6 units/fill) |
| UBRELVY | T3 | PA QL(10 tabs/fill) |
| ZEMBRACE SYMTOUCH | T4 | ST QL(4 pens/fill) |
| *zolmitriptan* | T2 | QL (6 tabs/30 days) |
| ZOLMITRIPTAN 2.5MG NASAL SPRAY | T4 | ST QL (6 units/30 days) |
| *zolmitriptan 5 mg nasal spray* (Zomig) | T2 | ST QL(6 units/fill) |
| *zolmitriptan 2.5 mg tablet* (Zomig) | T2 | QL(6 tabs/fill) |
| *zolmitriptan 5 mg tablet* (Zomig) | T2 | QL(6 tabs/fill) |
| ZOMIG 2.5 MG NASAL SPRAY | T3 | ST QL (6 units/30 days) |
| ZOMIG 5 MG NASAL SPRAY (*zolmitriptan*) | T4 | ST QL(6 units/fill) |
| **NASAL NSAIDS, COX NON-SELECTIVE,SYSTEMIC ANALGESIC** | | |
| SPRIX | T4 | ST QL(5 units/fill) |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS** | | |
| *diclofenac pot 25mg tablet* | T2 | ST HD |
| *diclofenac pot 50 mg tablet* | T2 | HD |
| *diclofenac pot 50 mg powdr pkt* | T2 | HD |
| *diclofenac potassium* | T2 | ST HD |
| *diclofenac potassium 25 mg cap* (Zipsor) | T2 | ST HD |
| *ketorolac 10 mg tablet* | T2 | QL(20 tabs/fill) |
| *ketorolac 15 mg/ml carpuject* | T2 | HD |
| *ketorolac 15 mg/ml syr* | T2 | HD |
| *ketorolac 15 mg/ml syringe* | T2 | |

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QL – Quantity Limit
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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** |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS** (cont.) | | |
| *ketorolac 15 mg/ml vial* | T2 | |
| *ketorolac 30 mg/ml syr* | T2 | HD |
| *ketorolac 30 mg/ml syringe* | T2 | |
| *ketorolac 30 mg/ml vial* | T2 | |
| *ketorolac 300 mg/10 ml vial* | T2 | |
| *ketorolac 60 mg/2 ml syringe* | T2 | |
| *ketorolac 60 mg/2 ml vial* | T2 | |
| *mefenamic acid* | T2 | HD |
| **OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS** | | |
| *acetaminophen with codeine* | T2 | PA QL |
| *hydrocodone-acetamin 10-300 mg* | T2 | PA QL |
| *hydrocodone-acetamin 10-325 mg* | T2 | PA QL |
| *hydrocodone-acetamin 10-300/15* (Lortab) | T2 | PA QL (12 ds/60 days) |
| *hydrocodone-acetamin 10-325/15* | T2 | PA QL |
| HYDROCODONE-ACETAMIN 2.5-108/5 | T4 | PA QL |
| *hydrocodone-acetamin 2.5-325* | T2 | PA QL (12 ds/60 days) |
| HYDROCODONE-ACETAMIN 5-217/10 | T4 | PA QL |
| *hydrocodone-acetamin 5-300 mg* | T2 | PA QL |
| *hydrocodone-acetamin 5-325 mg* | T2 | PA QL |
| *hydrocodone-acetamin 7.5-300* | T2 | PA QL |
| *hydrocodone-acetamin 7.5-325/15* | T2 | PA QL |
| HYDROCODONE-ACETAMIN 7.5-325/15 | T4 | PA QL |
| LORTAB *(hydrocodone/acetaminophen)* | T4 | PA QL (12 ds/60 days) |
| NALOCET | T4 | PA QL |
| *oxycodone hcl/acetaminophen* | T2 | PA QL |
| *tramadol hcl/acetaminophen* | T2 | PA QL(12 ds/60 days) |
| **OPIOID ANALGESIC AND NSAID COMBINATION** | | |
| *hydrocodone/ibuprofen* | T2 | PA QL |
| **OPIOID ANALGESIC, NON-SALICYLATE, XANTHINE COMB** | | |
| *acetaminophen/caff/dihydrocod* | T2 | PA QL |
| TREZIX | T4 | PA QL |
| **OPIOID ANALGESICS** | | |
| ABSTRAL | T4 | PA QL |

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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** |
| **OPIOID ANALGESICS** (cont.) | | |
| ACTIQ (*fentanyl citrate*) | T4 | PA QL |
| BELBUCA | T3 | PA QL (60 films/30 days) |
| *buprenorphine* (Butrans) | T2 | PA |
| *butorphanol tartrate* | T2 | PA QL (12 ds/180 days) |
| *codeine sulfate* | T2 | PA QL |
| DILAUDID *(hydromorphone hcl)* | T4 | PA QL |
| *fentanyl* | T2 | PA QL (15 patches/30 days) |
| FENTANYL CIT 400 MCG BUCCAL TB | T4 | PA QL (90 tabs/30 days) |
| FENTANYL CIT 600 MCG BUCCAL TB | T4 | PA QL (90 tabs/30 days) |
| FENTANYL CIT 800 MCG BUCCAL TB | T4 | PA QL (90 tabs/30 days) |
| *fentanyl cit otfc 1,200 mcg* | T2 | PA QL (90 lozs/30 days) |
| *fentanyl cit otfc 1,600 mcg (*Actiq*)* | T2 | PA QL |
| *fentanyl citrate otfc 200 mcg* | T2 | PA QL (90 lozs/30 days) |
| *fentanyl citrate otfc 400 mcg* | T2 | PA QL (90 lozs/30 days) |
| *fentanyl citrate otfc 800 mcg* | T2 | PA QL (90 lozs/30 days) |
| *hydrocodone er 10 mg capsule* | T2 | PA QL (90 caps/30 days) |
| *hydrocodone er 15 mg capsule* | T2 | PA QL (90 caps/30 days) |
| *hydrocodone er 20 mg capsule* | T2 | PA QL (90 caps/30 days) |
| *hydrocodone er 30 mg capsule* | T2 | PA QL (90 caps/30 days) |
| *hydrocodone er 40 mg capsule* | T2 | PA QL (90 caps/30 days) |
| *hydrocodone er 50 mg capsule* | T2 | PA QL (90 caps/30 days) |
| *hydrocodone er 20 mg tablet* (Hysingla Er) | T2 | PA QL (60 tabs/30 days) |
| *hydrocodone er 30 mg tablet (*Hysingla Er*)* | T2 | PA QL (60 tabs/30 days) |
| *hydrocodone er 40 mg tablet* (Hysingla Er) | T2 | PA QL (60 tabs/30 days) |
| *hydrocodone er 60 mg tablet* (Hysingla Er) | T2 | PA QL (60 tabs/30 days) |
| *hydrocodone er 80 mg tablet (*Hysingla Er*)* | T2 | PA QL (60 tabs/30 days) |
| *hydrocodone er 100 mg tablet* (Hysingla Er) | T2 | PA QL (60 tabs/30 days) |
| *hydrocodone er 120 mg tablet* | T2 | PA QL (60 tabs/30 days) |
| *hydromorphone hcl* | T2 | PA QL (60 tabs/30 days) |
| *hydromorphone hcl* (Dilaudid) | T2 | PA QL |
| HYSINGLA ER *(hydrocodone bitartrate)* | T3 | PA QL (60 tabs/30 days) |
| KADIAN | T4 | ST QL(90 caps/30 days) |
| KADIAN (*morphine sulfate*) | T4 | ST QL(90 caps/30 days) |
| LAZANDA 100 MCG NASAL SPRAY | T4 | PA QL(23 units/30 days) |

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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.) | | |
| LAZANDA 400 MCG NASAL SPRAY | T4 | PA QL(23 units/30 days) |
| *methadone hcl* | T1 | |
| *methadone hcl* | T2 | |
| *morphine sulfate er 10 mg cap* | T2 | PA QL (90 caps/30 days) |
| *morphine sulfate er 20 mg cap* | T2 | PA QL (90 caps/30 days) |
| *morphine sulfate er 30 mg cap* | T2 | PA QL (60 caps/30 days) |
| *morphine sulfate er 30 mg cap* | T2 | PA QL (90 caps/30 days) |
| *morphine sulfate er 45 mg cap* | T2 | PA QL (60 caps/30 days) |
| *morphine sulfate er 50 mg cap* | T2 | PA QL (90 caps/30 days) |
| *morphine sulfate er 60 mg cap* | T2 | PA QL (60 caps/30 days) |
| *morphine sulfate er 60 mg cap* | T2 | PA QL (90 caps/30 days) |
| *morphine sulfate er 75 mg cap* | T2 | PA QL (60 caps/30 days) |
| *morphine sulfate er 80 mg cap* | T2 | PA QL (90 caps/30 days) |
| *morphine sulfate er 90 mg cap* | T2 | PA QL (60 caps/30 days) |
| *morphine sulfate er 100 mg cap* | T2 | PA QL (90 caps/30 days) |
| *morphine sulfate er 120 mg cap* | T2 | PA QL (60 caps/30 days) |
| *morphine sulfate er 10 mg cap (*Kadian*)* | T2 | ST QL(90 caps/30 days) |
| *morphine sulfate er 50 mg cap (*Kadian*)* | T2 | ST QL(90 caps/30 days) |
| *morphine sulfate er 60 mg cap (*Kadian*)* | T2 | ST QL(90 caps/30 days) |
| *morphine sulfate er 80 mg cap (*Kadian*)* | T2 | ST QL(90 caps/30 days) |
| *morphine sulfate er 100 mg cap (*Kadian*)* | T2 | ST QL(90 caps/30 days) |
| *morphine sulf er 15 mg tablet (*Ms Contin*)* | T2 | PA QL (120 tabs/30 days) |
| *morphine sulf er 30 mg tablet* (Ms Contin) | T2 | PA QL (120 tabs/30 days) |
| *morphine sulf er 60 mg tablet (*Ms Contin*)* | T2 | PA QL (120 tabs/30 days) |
| *morphine sulf er 100 mg tablet* (Ms Contin) | T2 | PA QL (120 tabs/30 days) |
| *morphine sulf er 200 mg tablet* (Ms Contin) | T2 | PA QL (120 tabs/30 days) |
| MS CONTIN (*morphine sulfate*) | T4 | PA QL (120 tabs/30 days) |
| *opium/belladonna alkaloids* | T2 | PA QL |
| *oxycodone hcl (ir) 10 mg tab* | T2 | PA QL (12 ds/60 days) |
| *oxycodone hcl (ir) 15 mg tab* (Roxicodone) | T2 | PA QL (12 ds/60 days) |
| *oxycodone hcl (ir) 20 mg tab* | T2 | PA QL (12 ds/60 days) |
| *oxycodone hcl (ir) 30 mg tab* (Roxicodone) | T2 | PA QL (12 ds/60 days) |
| *oxycodone hcl (ir) 5 mg cap* | T2 | PA QL (12 ds/60 days) |
| *oxycodone hcl (ir) 5 mg tablet* (Roxicodone) | T2 | PA QL (12 ds/60 days) |

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T2 – Non-Preferred Generics
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T4 – Non-Preferred Brands
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QL – Quantity Limit
ST – Step Therapy
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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.) | | |
| *oxycodone hcl 100 mg/5 ml conc* | T2 | PA QL (12 ds/60 days) |
| *oxycodone hcl 5 mg/5 ml cup* | T2 | PA QL (12 ds/60 days) |
| *oxycodone hcl 5 mg/5 ml soln* | T2 | PA QL (12 ds/60 days) |
| OXYCONTIN | T4 | PA QL (90 tabs/30 days) |
| *oxymorphone hcl* | T2 | PA QL (90 tabs/30 days) |
| *pentazocine hcl/naloxone hcl* | T2 | PA QL |
| ROXICODONE (*oxycodone hcl*) | T4 | PA QL |
| SUBSYS | T4 | PA QL (90 units/30 days) |
| *tramadol er 100 mg tablet* | T2 | PA QL (30 tabs/30 days) |
| *tramadol er 200 mg tablet* | T2 | PA QL (30 tabs/30 days) |
| *tramadol er 300 mg tablet* | T2 | PA QL (30 tabs/30 days) |
| *tramadol hcl 50 mg tablet* | T2 | PA QL |
| *tramadol hcl 100 mg tablet* | T2 | PA QL (12 ds/60 days) |
| *tramadol hcl er 100 mg tablet* | T2 | PA QL (30 tabs/30 days) |
| *tramadol hcl er 200 mg tablet* | T2 | PA QL (30 tabs/30 days) |
| *tramadol hcl er 300 mg tablet* | T2 | PA QL (30 tabs/30 days) |
| **OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE** | | |
| *codeine/butalbital/asa/caffein* | T2 | PA QL |
| **OPIOID, NON-SALICYL.ANALGESIC, BARBITURATE, XANTHINE** | | |
| *butalbit/acetamin/caff/codeine* | T2 | PA QL |
| butalbit/acetamin/caff/codeine (Fioricet With Codeine) | T2 | PA QL |
| FIORICET WITH CODEINE *(butalbit/acetamin/caff/codeine)* | T4 | PA QL |
| **SKELETAL MUSCLE RELAXANT, SALICYLAT, OPIOID ANALGESC** | | |
| *carisoprodol/aspirin/codeine* | T2 | PA QL |
| **ANALGESICS (Urinary Tract Conditions)** | | |
| **URINARY TRACT ANALGESIC AGENTS** | | |
| ELMIRON | T3 | |
| RIMSO-50 | T4 | |
| **ANESTHETICS (Miscellaneous)** | | |
| **GENERAL ANESTHETICS, INHALANT** | | |
| *desflurane* | T2 | |
| *isoflurane* | T2 | |
| *sevoflurane* (Ultane) | T2 | |

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# List of Prescription Medications

| ANESTHETICS (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **GENERAL ANESTHETICS, INHALANT** (cont.) | | |
| SUPRANE | T4 | |
| ULTANE (*sevoflurane*) | T4 | |
| **ANESTHETICS (Pain Relief And Inflammatory Disease)** | | |
| **LOCAL ANESTHETICS** | | |
| *lidocaine hcl* | T2 | QL(60 mls/30 days) |
| *lidocaine hcl* | T2 | |
| *lidocaine hcl 2% jel urojet ac* | T2 | QL(60 mls/30 days) |
| *lidocaine hcl 2% jelly uro-jet* | T2 | QL(60 mls/30 days) |
| *lidocaine hcl 4% solution* | T2 | |
| **TOPICAL LOCAL ANESTHETICS** | | |
| CETACAINE ANESTHETIC | T4 | |
| DYCLOPRO | T4 | |
| L.E.T. *(*LIDO-EPINEPH-TETRA*)* | T4 | |
| *lidocaine 5% ointment* | T2 | QL(50 gms/28 days) |
| *lidocaine 5% patch* (Lidocan Ii) | T2 | PA |
| *lidocaine 5% patch (*Lidoderm*)* | T2 | PA |
| *lidocaine* (Lidocan Ii) | T2 | PA |
| *lidocaine hcl* | T2 | |
| *lidocaine hcl 4% solution* | T2 | |
| LIDOCAINE-EPINEPHRIN-TETRACAIN | T4 | |
| *lidocaine-prilocaine cream* | T2 | QL (30 gms/30 days) PPACA |
| *lidocaine-prilocaine cream* | T2 | |
| *lidocaine/racepinep/tetracaine* | T2 | |
| LIDOCAN II (*lidocaine*) | T4 | PA |
| SYNERA | T4 | PA |
| ZTLIDO | T3 | PA |
| **ANESTHETICS (Urinary Tract Conditions)** | | |
| **URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)** | | |
| *phenazopyridine hcl (*Pyridium*)* | T2 | |
| **ANTIALLERGY (Allergy/Nasal Sprays)** | | |
| **MAST CELL STABILIZER** | | |
| *cromolyn 100 mg/5 ml oral conc (*Gastrocrom*)* | T2 | |
| GASTROCROM (*cromolyn sodium*) | T4 | |

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# List of Prescription Medications

| ANTIARTHRITICS (Pain Relief And Inflammatory Disease) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANALGESIC/ANTIPYRETICS, SALICYLATES** | | |
| DISALCID (*salsalate*) | T4 | HD |
| *salsalate* (Disalcid) | T2 | HD |
| **ANTI-ARTHRITIC AND CHELATING AGENTS** | | |
| DEPEN (penicillamine) | T6 | PA SP |
| *penicillamine* (Cuprimine) | T2 | PA SP |
| *penicillamine* (Depen) | T2 | PA SP |
| **ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS** | | |
| RASUVO | T4 | ST |
| **ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR** | | |
| ARAVA (*leflunomide*) | T4 | QL(30 tabs/fill) HD |
| *leflunomide* (Arava) | T2 | QL(30 tabs/fill) HD |
| **ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4(PDE4) INHIB.** | | |
| OTEZLA 10-20 MG STARTER 28 DAY | T5 | PA QL (55 tabs/365 days) SP HD |
| OTEZLA 10-20-30MG START 28 DAY | T5 | PA QL (55 tabs/365 days) SP HD |
| OTEZLA 20 MG TABLET | T5 | PA QL (60 tabs/30 days) SP HD |
| OTEZLA 30 MG TABLET | T5 | PA QL(60 tabs/30 days) SP HD |
| OTEZLA XR | T5 | PA SP HD |
| **COLCHICINE** | | |
| *colchicine 0.6 mg tablet* (Colcrys) | T2 | HD |
| *colchicine 0.6 mg capsule* (Mitigare) | T2 | ST |
| GLOPERBA | T4 | HD |
| MITIGARE (*colchicine*) | T3 | ST |
| **GOLD SALTS** | | |
| RIDAURA | T3 | |
| **HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS** | | |
| *allopurinol* | T1 | HD |
| *allopurinol* (Zyloprim) | T1 | HD |
| *febuxostat* (Uloric) | T2 | ST HD |
| ZYLOPRIM (*allopurinol*) | T4 | HD |
| **JANUS KINASE (JAK) INHIBITORS** | | |
| RINVOQ ER 15 MG TABLET | T5 | PA QL(30 tabs/fill) SP HD |
| RINVOQ ER 30 MG TABLET | T5 | PA QL(30 tabs/fill) SP HD |
| RINVOQ ER 45 MG TABLET | T5 | PA QL(56 tabs/365 days) SP HD |
| RINVOQ LQ | T5 | PA QL (360 mls/30 days) SP HD |

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# List of Prescription Medications

| ANTIARTHRITICS (Pain Relief And Inflammatory Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **JANUS KINASE (JAK) INHIBITORS** (cont.) | | |
| XELJANZ 1 MG/ML SOLUTION | T5 | PA QL(300 mls/fill) SP HD |
| XELJANZ 10 MG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| XELJANZ 5 MG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| XELJANZ XR | T5 | PA QL(30 tabs/fill) SP HD |
| **NSAID AND TOPICAL IRRITANT COUNTER-IRRITANT COMB.** | | |
| COMFORT PAC-IBUPROFEN | T4 | |
| COMFORT PAC-MELOXICAM | T4 | |
| COMFORT PAC-NAPROXEN | T4 | |
| **NSAIDS(COX NON-SPEC.INHIB)AND PROSTAGLANDIN ANALOG** | | |
| ARTHROTEC 50 (*diclofenac sodium/misoprostol*) | T4 | ST HD |
| ARTHROTEC 75 (*diclofenac sodium/misoprostol*) | T4 | ST HD |
| *diclofenac sodium/misoprostol* (Arthrotec 50) | T2 | HD |
| *diclofenac sodium/misoprostol* (Arthrotec 75) | T2 | HD |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS** | | |
| ANAPROX DS (*naproxen sodium*) | T4 | ST HD |
| DAYPRO (*oxaprozin*) | T4 | ST HD |
| *diclofenac sod dr 25 mg, 50 mg, 75 mg tab* | T2 | HD |
| *diclofenac sod ec 25 mg tab* | T2 | HD |
| *diclofenac sod ec 50 mg tab* | T2 | HD |
| *diclofenac sod ec 75 mg tab* | T2 | HD |
| *diclofenac sodium* | T2 | HD |
| EC-NAPROSYN (*naproxen*) | T4 | ST HD |
| *ec-naproxen dr 375 mg tablet* (Ec-Naprosyn) | T2 | HD |
| *ec-naproxen dr 500 mg tablet* (Ec-Naprosyn) | T2 | ST HD |
| *etodolac* | T2 | HD |
| *etodolac* (Lodine) | T2 | HD |
| FELDENE (*piroxicam*) | T4 | ST HD |
| *fenoprofen 400 mg capsule* (Nalfon) | T2 | ST HD |
| *fenoprofen 600 mg tablet* (Nalfon) | T2 | ST HD |
| FENORTHO 200 MG CAPSULE | T4 | ST HD |
| *flurbiprofen* | T2 | HD |
| *ibuprofen* | T1 | HD |
| *ibuprofen* | T2 | HD |

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# List of Prescription Medications

| ANTIARTHRITICS (Pain Relief And Inflammatory Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS** (cont.) | | |
| *indomethacin* | T2 | HD |
| INDOMETHACIN 20 MG CAPSULE | T4 | ST QL (90 caps/30 days) HD |
| *indomethacin 25 mg capsule* | T2 | HD |
| *indomethacin 50 mg capsule* | T2 | HD |
| *indomethacin 50 mg suppository* (Indocin) | T2 | HD |
| *indomethacin 25 mg/5 ml susp* (Indocin) | T2 | ST HD |
| *ketoprofen* | T2 | ST HD |
| *ketoprofen 25 mg capsule* | T2 | ST HD |
| *ketoprofen 50 mg, 75 mg capsule* | T2 | HD |
| *ketoprofen er 200 mg capsule* | T2 | ST HD |
| LODINE (*etodolac*) | T4 | ST HD |
| *meclofenamate sodium* | T2 | HD |
| *meloxicam 5 mg capsule* (Vivlodex) | T2 | ST QL(30 caps/fill) HD |
| *meloxicam 10 mg capsule* (Vivlodex) | T2 | ST QL(30 caps/fill) HD |
| *meloxicam 7.5 mg tablet* | T1 | QL (30 tabs/30 days) HD |
| *nabumetone* (Relafen) | T2 | HD |
| NALFON 600 MG TABLET (*fenoprofen calcium*) | T4 | ST HD |
| NAPRELAN | T4 | ST HD |
| NAPRELAN (*naproxen sodium*) | T4 | ST HD |
| NAPROSYN (*naproxen*) | T4 | ST HD |
| *naproxen 125 mg/5 ml suspen* (Naprosyn) | T2 | ST HD |
| *naproxen 250 mg, 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) | T2 | ST HD |
| *naproxen dr 500 mg tablet* (Ec-Naprosyn) | T2 | ST HD |
| *naproxen sod er 750 mg tablet* | T2 | ST HD |
| *naproxen sodium* | T2 | HD |
| *naproxen sodium* (Anaprox Ds) | T2 | HD |
| *naproxen sodium* (Naprelan) | T2 | ST HD |
| *oxaprozin 600 mg caplet* (Daypro) | T2 | HD |
| *oxaprozin 600 mg tablet* (Daypro) | T2 | HD |
| *piroxicam* | T2 | HD |
| *piroxicam* (Feldene) | T2 | HD |

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# List of Prescription Medications

| ANTIARTHRITICS (Pain Relief And Inflammatory Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS** (cont.) | | |
| RELAFEN (*nabumetone*) | T4 | ST HD |
| *sulindac* | T1 | HD |
| TIVORBEX | T4 | ST QL (90 caps/30 days) HD |
| TOLECTIN 600 *(tolmetin sodium)* | T4 | ST HD |
| *tolmetin sodium 400 mg, 600 mg cap* | T2 | ST HD |
| *tolmetin sodium 200 mg tab* | T2 | HD |
| *tolmetin sodium 600 mg tab* (Tolectin 600) | T2 | ST HD |
| **NSAIDS,CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR** | | |
| *celecoxib* (Celebrex) | T2 | ST HD |
| **URICOSURIC AGENTS** | | |
| *probenecid* | T2 | HD |
| *probenecid/colchicine* | T2 | HD |
| **ANTIASTHMATICS (Asthma/COPD/Respiratory)** | | |
| **ANTICHOLINERGICS, ORALLY INHALED LONG ACTING** | | |
| INCRUSE ELLIPTA | T3 | QL (1 inhaler/30 days) HD |
| LONHALA MAGNAIR REFILL | T4 | QL(60 mls/fill) HD |
| LONHALA MAGNAIR STARTER | T4 | QL(60 mls/fill) HD |
| SPIRIVA HANDIHALER 18 MCG CAP *(tiotropium bromide)* | T4 | QL (90 caps/30 days) HD |
| SPIRIVA RESPIMAT | T3 | QL(1 inhaler/fill) HD |
| YUPELRI | T3 | QL(30 vls/fill) HD |
| **ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING** | | |
| ATROVENT HFA | T4 | QL(2 inhalers/fill) HD |
| *ipratropium br 0.02% soln* | T2 | HD |
| **BETA-ADRENERGIC AGENTS** | | |
| *albuterol 2 mg/5 ml syrup cup* | T2 | HD |
| *albuterol 8 mg/20 ml syrup cup* | T2 | HD |
| *albuterol sulf 2 mg/5 ml syrup* | T2 | HD |
| *albuterol sulfate 2 mg, 4 mg tab* | T2 | HD |
| *albuterol sulfate er 4 mg, 8 mg tab* | T2 | HD |
| *metaproterenol sulfate* | T2 | HD |
| *terbutaline sulfate* | T2 | HD |
| **BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING** | | |
| *albuterol 2.5 mg/0.5 ml sol* | T2 | |
| *albuterol 75 mg/15 ml soln* | T2 | |

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# List of Prescription Medications

| ANTIASTHMATICS (Asthma/COPD/Respiratory) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING** (cont.) | | |
| *albuterol 100 mg/20 ml soln* | T2 | |
| *albuterol 5 mg/ml solution* | T2 | |
| *albuterol 15 mg/3 ml solution* | T2 | |
| *albuterol hfa 90 mcg inhaler* | T2 | QL (2 inhalers/30 days) |
| *albuterol sul 0.63 mg/3 ml sol* | T2 | |
| *albuterol sul 1.25 mg/3 ml sol* | T2 | |
| albuterol sul 2.5 mg/3 ml soln | T2 | |
| *levalbuterol hcl* (Xopenex Concentrate) | T2 | |
| *levalbuterol hcl* (Xopenex) | T2 | |
| XOPENEX (*levalbuterol hcl*) | T4 | |
| XOPENEX CONCENTRATE (*levalbuterol hcl*) | T4 | |
| **BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING** | | |
| STRIVERDI RESPIMAT | T3 | QL(1 inhaler/30 days) HD |
| **BETA-ADRENERGIC AGENTS, ORALLY INHALED,LONG ACTING** | | |
| *arformoterol tartrate* (Brovana) | T2 | QL(120 mls/fill) HD |
| BROVANA (*arformoterol tartrate*) | T4 | QL(120 mls/fill) HD |
| *formoterol fumarate* (Perforomist) | T2 | |
| FORMOTEROL FUMARATE-NEBULIZER | T3 | QL (120 mls/30 days) HD |
| **BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED** | | |
| ANORO ELLIPTA | T3 | QL(1 inhaler/fill) HD |
| COMBIVENT RESPIMAT | T3 | QL (2 inhalers/30 days) |
| SEEBRI NEOHALER 15.6MCG INHALER | T4 | |
| STIOLTO RESPIMAT | T3 | QL(1 inhaler/fill) HD |
| UTIBRON NEOHALER | T4 | |
| **BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED** | | |
| ADVAIR HFA | T3 | PA QL(1 inhaler/fill) HD |
| AIRSUPRA | T3 | HD |
| BREO ELLIPTA 100-25 MCG INH | T3 | PA QL(60 blisters/fill) HD |
| BREO ELLIPTA 100-25 MCG INH | T3 | PA QL(28 blisters/fill) HD |
| BREO ELLIPTA 200-25 MCG INH | T3 | PA QL(1 inhaler/fill) HD |
| BREO ELLIPTA 50-25 MCG INHALER | T3 | PA QL(60 blisters/fill) HD |
| *breyna 80-4.mcg, 160-4.5 mcg inhaler* | T2 | PA |
| *budesonide-formoterol 160-4.5, 80-4.5* | T2 | PA QL (1 inhaler/30 days) HD |

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# List of Prescription Medications

| ANTIASTHMATICS (Asthma/COPD/Respiratory) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED** (cont.) | | |
| DULERA 100 MCG-5 MCG INHALER | T3 | PA QL(1 inhaler/fill) HD |
| DULERA 200 MCG-5 MCG INHALER | T3 | PA QL(1 inhaler/fill) HD |
| DULERA 50 MCG-5 MCG INHALER | T3 | PA QL(13 gms/fill) HD |
| *fluticasone propion/salmeterol* (Advair Diskus) | T2 | PA QL(1 inhaler/30 days) |
| *fluticasone-salmeterol 100-50* (Advair Diskus) | T2 | PA QL(1 inhaler/fill) HD |
| *fluticasone-salmeterol 250-50* (Advair Diskus) | T2 | PA QL(1 inhaler/fill) HD |
| *fluticasone-salmeterol 500-50* (Advair Diskus) | T2 | PA QL(1 inhaler/fill) HD |
| SYMBICORT *(budesonide/formoterol fumarate)* | T4 | PA QL(1 inhaler/30 days) HD |
| **BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED** | | |
| BREZTRI AEROSPHERE | T3 | QL(1 inhaler/fill) |
| TRELEGY ELLIPTA 100-62.5-25 | T3 | QL(60 blisters/fill) |
| TRELEGY ELLIPTA 100-62.5-25 | T3 | QL(28 blisters/fill) |
| TRELEGY ELLIPTA 200-62.5-25 | T3 | QL(60 blisters/fill) |
| TRELEGY ELLIPTA 200-62.5-25 | T3 | QL(28 blisters/fill) |
| **GLUCOCORTICOIDS, ORALLY INHALED** | | |
| ALVESCO 80 MCG INHALER | T4 | QL(1 inhaler/fill) HD |
| ALVESCO 160 MCG INHALER | T4 | QL(2 inhalers/fill) HD |
| ARNUITY ELLIPTA 50 MCG INH | T4 | QL (30 blisters/30 days) |
| ARNUITY ELLIPTA 100 MCG, 200 MCG INH | T4 | QL (1 inhaler/30 days) |
| ASMANEX | T3 | QL(1 inhaler/fill) HD |
| ASMANEX HFA 50 MCG INHALER | T3 | QL(13 gms/fill) HD |
| ASMANEX HFA 100 MCG, 200 MCG INHALER | T3 | QL(1 inhaler/fill) HD |
| *budesonide 1 mg/2 ml inh susp* (Pulmicort) | T2 | QL(60 mls/fill) HD |
| FLOVENT 50 MCG, 100 MCG DISKUS | T3 | QL(1 inhaler/fill) HD |
| FLOVENT 250 MCG DISKUS | T3 | QL(4 inhalers/fill) HD |
| FLOVENT HFA 44 MCG INHALER | T3 | QL(11 gms/fill) HD |
| FLOVENT HFA 110 MCG INHALER | T3 | QL(12 gms/fill) HD |
| FLOVENT HFA 220 MCG INHALER | T3 | QL(24 gms/fill) HD |
| QVAR REDIHALER 40 MCG | T3 | QL (11 gms/30 days) |
| QVAR REDIHALER 80 MCG | T3 | QL (22 gms/30 days) |
| **INTERLEUKIN-5 (IL-5) ANTAGONISTS, MAB** | | |
| NUCALA 100 MG/ML AUTO-INJECTOR | T5 | PA QL(1 auto-inj/28 days) SP HD |
| NUCALA 100 MG/ML SYRINGE | T5 | PA QL(1 syringe/28 days) SP HD |
| NUCALA 40 MG/0.4 ML SYRINGE | T5 | PA QL(1 syringe/28 days) SP HD |

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T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
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# List of Prescription Medications

| ANTIASTHMATICS (Asthma/COPD/Respiratory) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB** | | |
| FASENRA PEN | T5 | PA QL(1 syringe/56 days) SP HD |
| **LEUKOTRIENE RECEPTOR ANTAGONISTS** | | |
| ACCOLATE (*zafirlukast*) | T4 | HD |
| *montelukast sodium* (Singulair) | T2 | HD |
| *zafirlukast* (Accolate) | T2 | HD |
| **MAST CELL STABILIZERS, ORALLY INHALED** | | |
| *cromolyn 20 mg/2 ml neb soln* | T2 | HD |
| **MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)** | | |
| XOLAIR 300 MG/2 ML AUTOINJECT | T5 | PA QL (2 auto-injs/28 days) SP HD |
| XOLAIR 75 MG/0.5 ML AUTOINJECT | T5 | PA QL (2 auto-injs/28 days) SP HD |
| XOLAIR 150 MG/ML AUTOINJECTOR | T5 | PA QL (2 auto-injs/28 days) SP HD |
| XOLAIR 150 MG/1.2 ML POWDER VL | T5 | PA QL(6 vls/28 days) SP HD |
| XOLAIR 300 MG/2 ML SYRINGE | T5 | PA QL (2 syringes/28 days) SP HD |
| **MUCOLYTICS** | | |
| *acetylcysteine* | T2 | |
| **PHOSPHODIESTERASE (PDE) INHIBITORS** | | |
| *roflumilast 250 mcg tablet* (Daliresp) | T2 | PA QL (30 tabs/30 days) HD |
| *roflumilast 500 mcg tablet* (Daliresp) | T2 | PA HD |
| **XANTHINES** | | |
| ELIXOPHYLLIN | T4 | HD |
| THEO-24 | T4 | HD |
| *theophylline anhydrous* | T2 | HD |
| **ANTIBIOTICS (Ear Medications)** | | |
| **EAR PREPARATIONS, ANTIBIOTICS** | | |
| *ciprofloxacin hcl* | T2 | |
| CORTISPORIN-TC | T4 | |
| *neomycin/polymyxin b/hydrocort* | T2 | |
| *ofloxacin* | T2 | |
| OTIPRIO | T4 | QL(1 ml/fill) |
| **OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS** | | |
| *ciprofloxacin hcl/dexameth* | T2 | |
| OTOVEL | T4 | |

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# List of Prescription Medications

| ANTIBIOTICS (Eye Conditions) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS** | | |
| GATIFLOXACIN-DEXAMETHASONE | T4 | |
| MAXITROL *(neomycin/polymyxin b/dexametha)* | T4 | |
| *neomycin/bacit/p-myx/hydrocort* | T2 | |
| *neomycin/polymyxin b/dexametha* (Maxitrol) | T2 | |
| *neomycin/polymyxin b/hydrocort* | T2 | |
| PRED-G | T4 | |
| PREDNISOLONE ACET-MOXIFLOXACIN | T4 | |
| PREDNISOLONE PHOS-GATIFLOXACIN | T4 | |
| PREDNISOLONE PHOS-MOXIFLOXACIN | T4 | |
| TOBRADEX | T4 | |
| *tobramycin/dexamethasone* | T2 | |
| **EYE ANTIBIOTIC AND NSAID COMBINATIONS** | | |
| MOXIFLOXACIN-BROMFENAC | T4 | |
| **EYE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB.** | | |
| *pred ph-moxi-brom 1-0.5-0.075%* | T2 | |
| PRED PH-MOXI-BROM 1-0.5-0.075% | T4 | |
| PREDNISOLONE ACET-GATIFLO-BROM | T4 | |
| PREDNISOLONE AC-MOXIFLOX-BROMF | T4 | |
| PREDNISOLONE AC-MOXIFLOX-NEPAF | T4 | |
| PREDNISOLONE PH-MOXIFLOX-KETOR | T4 | |
| PREDNISOLONE PHOS-GATIFLO-BROM | T4 | |
| **EYE SULFONAMIDES** | | |
| BLEPH-10 (*sulfacetamide sodium*) | T4 | |
| BLEPHAMIDE S.O.P. | T4 | |
| *sulfacetamide sodium* | T2 | |
| *sulfacetamide sodium (*Bleph-10*)* | T2 | |
| *sulfacetamide/prednisolone sp* | T2 | |
| **OPHTHALMIC ANTIBIOTICS** | | |
| AZASITE | T3 | |
| *bacitracin* | T2 | |
| *bacitracin/polymyxin b sulfate* | T2 | |
| CEFUROXIME SODIUM-0.9% NACL | T4 | PA |
| CILOXAN 0.3% EYE DROPS (*ciprofloxacin hcl*) | T4 | |
| *ciprofloxacin hcl* (Ciloxan) | T2 | |

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# List of Prescription Medications

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTIBIOTICS (Eye Conditions)** (cont.) | | |
| **OPHTHALMIC ANTIBIOTICS** (cont.) | | |
| *erythromycin base* | T2 | |
| *gatifloxacin* | T2 | |
| *gentamicin 0.3% eye drop* | T2 | |
| *gentamicin sulfate* | T2 | |
| KLARITY-A(AZITHROMYCIN-CHONDR) | T4 | |
| *levofloxacin* | T2 | |
| *moxifloxacin (*Vigamox*)* | T2 | |
| *moxifloxacin* | T2 | |
| *neomycin/bacitracin/polymyxinb* | T2 | |
| *neomycin/polymyxn b/gramicidin* | T2 | |
| OCUFLOX (*ofloxacin*) | T4 | |
| *ofloxacin* (Ocuflox) | T2 | |
| *polymyxin b sulf/trimethoprim* (Polytrim) | T2 | |
| POLYTRIM (*polymyxin b sulf/trimethoprim*) | T4 | |
| *tobramycin 0.3% eye drop* (Tobrex) | T2 | |
| TOBREX | T4 | |
| TOBREX (*tobramycin*) | T4 | |
| VIGAMOX *(moxifloxacin hcl)* | T4 | |
| **ANTIBIOTICS (Infections)** | | |
| **2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL** | | |
| SOLOSEC | T3 | QL(1 pack/fill) |
| **ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS** | | |
| BACTRIM (*sulfamethoxazole/trimethoprim*) | T4 | |
| BACTRIM DS (*sulfamethoxazole/trimethoprim*) | T4 | |
| *sulfadiazine* | T2 | |
| *sulfamethoxazole/trimethoprim* | T2 | |
| *sulfamethoxazole/trimethoprim (*Bactrim Ds*)* | T1 | |
| *sulfamethoxazole/trimethoprim (*Bactrim*)* | T1 | |
| **AMINOGLYCOSIDE ANTIBIOTICS** | | |
| ARIKAYCE | T5 | PA SP |
| BETHKIS *(tobramycin)* | T6 | PA QL(224 mls/fill) SP HD |
| *gentamicin 80 mg/2 ml vial* | T2 | PA |
| *gentamicin 800 mg/20 ml vial* | T2 | PA |

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# List of Prescription Medications

| ANTIBIOTICS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **AMINOGLYCOSIDE ANTIBIOTICS** (cont.) | | |
| *gentamicin ped 20 mg/2 ml vial* | T2 | PA |
| KITABIS PAK | T5 | PA QL(280 mls/fill) SP HD |
| *neomycin sulfate* | T2 | |
| TOBI PODHALER | T5 | PA QL(224 caps/fill) SP HD |
| *tobramycin 300 mg/4 ml ampule* (Bethkis) | T2 | PA QL(224 mls/fill) SP HD |
| *tobramycin 300 mg/5 ml ampule* (Tobi) | T2 | PA QL(280 mls/fill) SP HD |
| TOBRAMYCIN PAK 300 MG/5 ML | T6 | PA QL(280 mls/fill) SP HD |
| *tobramycin sulfate* | T2 | PA |
| **ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS** | | |
| FLAGYL *(metronidazole)* | T4 | |
| *metronidazole 375 mg capsule* (Flagyl) | T2 | |
| *metronidazole 250 mg tablet* | T2 | |
| *metronidazole 500 mg tablet* | T2 | |
| **ANTIBIOTIC, ANTIBACTERIAL, MISC.** | | |
| *fosfomycin tromethamine* | T2 | |
| *meth/meblue/sod phos/psal/hyos* | T2 | |
| *methen/mblue/sal/sod phos/hyos* | T2 | |
| *methenam/m.blue/salicyl/hyoscy* (Uribel Tabs) | T2 | |
| *methenam/sod phos/mblue/hyoscy* | T2 | |
| *methenamine hippurate* | T2 | |
| *methenamine mandelate* | T2 | |
| PRIMSOL | T4 | |
| *trimethoprim* | T2 | |
| TRIMPEX | T4 | |
| URELLE | T4 | |
| URIBEL | T4 | |
| URIBEL TABS *(methenam/m.blue/salicyl/hyoscy)* | T4 | |
| **ANTILEPROTICS** | | |
| *dapsone 100 mg tablet* | T2 | |
| *dapsone 25 mg tablet* | T2 | |
| THALOMID 50 MG CAPSULE | T5 | PA QL(30 caps/fill) SP HD |
| THALOMID 100 MG CAPSULE | T5 | PA QL(30 caps/fill) SP HD |
| THALOMID 200 MG CAPSULE | T5 | PA QL(60 caps/fill) SP HD |

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# List of Prescription Medications

| ANTIBIOTICS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-MYCOBACTERIUM AGENTS** | | |
| *clindamycin hcl* (Cleocin Hcl) | T2 | |
| *clindamycin hcl* (Cleocin Hcl) | T2 | |
| *clindamycin palmitate hcl* (Cleocin Pediatric) | T2 | |
| *ethambutol hcl* | T2 | HD |
| *isoniazid* | T2 | HD |
| MYCOBUTIN (*rifabutin*) | T4 | HD |
| PASER | T4 | HD |
| *pyrazinamide* | T2 | HD |
| *rifabutin* (Mycobutin) | T2 | HD |
| TRECATOR | T4 | HD |
| **ANTITUBERCULAR ANTIBIOTICS** | | |
| *cycloserine* | T2 | |
| PRETOMANID | T4 | PA |
| PRIFTIN | T3 | |
| *rifampin* | T2 | |
| SIRTURO | T5 | PA SP |
| **BETALACTAMS** | | |
| CAYSTON | T5 | PA QL(84 mls/fill) SP HD |
| **CEPHALOSPORIN ANTIBIOTICS - IST GENERATION** | | |
| *cefadroxil* | T2 | |
| *cephalexin* | T2 | |
| **CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION** | | |
| *cefaclor* | T2 | |
| *cefprozil* | T2 | |
| *cefuroxime axetil* | T2 | |
| **CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION** | | |
| *cefdinir* | T2 | |
| *cefditoren pivoxil* (Spectracef) | T2 | |
| *cefpodoxime proxetil* | T2 | |
| *ceftriaxone sodium* | T2 | PA |
| SPECTRACEF (*cefditoren pivoxil*) | T4 | |
| **LINCOSAMIDE ANTIBIOTICS** | | |
| CLEOCIN HCL (*clindamycin hcl*) | T4 | |
| CLEOCIN PEDIATRIC (*clindamycin palmitate hcl*) | T4 | |

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# List of Prescription Medications

| ANTIBIOTICS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MACROLIDE ANTIBIOTICS** | | |
| *azithromycin* | T2 | |
| *azithromycin* (Zithromax Tri-Pak) | T2 | |
| *azithromycin* (Zithromax) | T2 | |
| *clarithromycin* | T2 | |
| DIFICID 200 MG TABLET *(fidaxomicin)* | T4 | QL (20 tabs/30 days) |
| DIFICID 40 MG/ML SUSPENSION | T4 | QL(1 bottle/fill) |
| E.E.S. 200 *(erythromycin ethylsuccinate)* | T4 | |
| ERYPED 200 *(erythromycin ethylsuccinate)* | T4 | |
| ERYPED 400 (erythromycin ethylsuccinate) | T4 | |
| *ery-tab dr 250 mg, 333 mg tablet* | T2 | |
| ERY-TAB DR 500 MG TABLET *(erythromycin base)* | T4 | |
| *erythromycin base* | T2 | |
| erythromycin base (Ery-Tab) | T2 | |
| *erythromycin ethylsuccinate* | T2 | |
| *erythromycin ethylsuccinate* (E.E.S. 200) | T2 | |
| *erythromycin ethylsuccinate* (Eryped 200) | T2 | |
| *erythromycin ethylsuccinate* (Eryped 400) | T2 | |
| *erythromycin stearate* | T2 | |
| *fidaxomicin* (Dificid) | T2 | QL (20 tabs/30 days) |
| ZITHROMAX *(azithromycin)* | T4 | |
| ZITHROMAX TRI-PAK (*azithromycin*) | T4 | |
| **NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS** | | |
| FURADANTIN (*nitrofurantoin*) | T4 | |
| MACROBID (*nitrofurantoin monohyd/m-cryst*) | T4 | |
| *nitrofurantoin* (Furadantin) | T2 | |
| *nitrofurantoin mcr 25 mg, 50 mg, 100 mg cap* | T2 | |
| *nitrofurantoin monohyd/m-cryst* (Macrobid) | T2 | |
| **OXAZOLIDINONE ANTIBIOTICS** | | |
| *linezolid* (Zyvox) | T2 | PA |
| ZYVOX (*linezolid*) | T4 | PA |
| **PENICILLIN ANTIBIOTICS** | | |
| *amoxicillin/potassium clav* | T2 | |
| *amoxicillin/potassium clav* (Augmentin Xr) | T2 | |
| *amoxicillin/potassium clav* (Augmentin) | T2 | |

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# List of Prescription Medications

| ANTIBIOTICS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PENICILLIN ANTIBIOTICS** (cont.) | | |
| *ampicillin trihydrate* | T2 | |
| AUGMENTIN 125-31.25 MG/5 ML | T3 | |
| AUGMENTIN 250-62.5 MG/5 ML *(amoxicillin/potassium clav)* | T4 | |
| AUGMENTIN XR *(amoxicillin/potassium clav)* | T4 | |
| *dicloxacillin sodium* | T2 | |
| MOXATAG | T4 | |
| *penicillin v potassium* | T2 | |
| **PLEUROMUTILIN DERIVATIVES** | | |
| XENLETA | T4 | |
| **QUINOLONE ANTIBIOTICS** | | |
| BAXDELA | T3 | QL(28 tabs/fill) |
| CIPRO (*ciprofloxacin hcl*) | T4 | |
| CIPRO (*ciprofloxacin*) | T4 | |
| *ciprofloxacin* (Cipro) | T2 | |
| *ciprofloxacin hcl* | T1 | |
| *ciprofloxacin hcl* (Cipro) | T1 | |
| FACTIVE | T4 | |
| *levofloxacin* | T2 | |
| *moxifloxacin hcl* | T2 | |
| *ofloxacin* | T2 | |
| **RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS** | | |
| AEMCOLO | T4 | QL(12 tabs/fill) |
| XIFAXAN 200 MG TABLET | T3 | QL(9 tabs/fill) |
| XIFAXAN 550 MG TABLET | T3 | QL(60 tabs/fill) |
| **TETRACYCLINE ANTIBIOTICS** | | |
| ACTICLATE *(doxycycline hyclate)* | T4 | ST |
| AVIDOXY DK | T4 | ST |
| *demeclocycline hcl* | T2 | |
| *doxycycline 25 mg/5 ml susp* (Vibramycin) | T2 | |
| *doxycycline 50 mg tablet* (Targadox) | T2 | ST |
| *doxycycline hyc dr 50 mg tab* | T2 | ST |
| *doxycycline hyc dr 75 mg tab* | T2 | ST |
| *doxycycline hyc dr 100 mg tab* | T2 | ST |

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# List of Prescription Medications

| ANTIBIOTICS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TETRACYCLINE ANTIBIOTICS** (cont.) | | |
| *doxycycline hyc dr 150 mg tab* | T2 | ST |
| *doxycycline hyc dr 200 mg tab* (Doryx) | T2 | ST |
| *doxycycline hyclate 50 mg cap* | T2 | |
| *doxycycline hyclate 100 mg cap* | T2 | |
| *doxycycline hyclate 75 mg tab* (Acticlate) | T2 | ST |
| *doxycycline hyclate 100 mg tab* (Lymepak) | T2 | |
| *doxycycline hyclate 150 mg tab* (Acticlate) | T2 | ST |
| *doxycycline mono 50 mg cap* (Monodox) | T2 | |
| *doxycycline mono 100 mg cap* | T2 | |
| *doxycycline mono 150 mg cap* | T2 | ST |
| *doxycycline mono 75 mg capsule* | T2 | ST |
| *doxycycline mono 50 mg tablet* | T2 | |
| *doxycycline mono 75 mg tablet* | T2 | |
| *doxycycline mono 100 mg tablet* | T2 | |
| *doxycycline mono 150 mg tablet* | T2 | |
| *doxycycline monohydrate* | T2 | |
| *doxycycline monohydrate* (Monodox) | T2 | |
| *doxycycline monohydrate* (Oracea) | T2 | ST |
| LYMEPAK *(doxycycline hyclate)* | T4 | |
| *minocycline 100 mg capsule* | T2 | |
| *minocycline 50 mg capsule* | T2 | |
| *minocycline 75 mg capsule* | T2 | |
| *minocycline hcl 100 mg tablet* | T2 | ST |
| *minocycline hcl 50 mg tablet* | T2 | ST |
| *minocycline hcl 75 mg tablet* | T2 | ST |
| *minocycline hcl* | T2 | ST |
| *minocycline hcl (Solodyn)* | T2 | ST |
| MINOLIRA ER | T4 | ST |
| *mondoxyne nl 100 mg capsule* | T2 | |
| *mondoxyne nl 75 mg capsule* | T2 | ST |
| MORGIDOX 1X100 MG KIT | T4 | ST |
| MORGIDOX 1X50 MG KIT | T4 | ST |
| MORGIDOX 2X100 MG KIT | T4 | ST |
| *morgidox 50 mg capsule* | T2 | |

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# List of Prescription Medications

| ANTIBIOTICS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TETRACYCLINE ANTIBIOTICS** (cont.) | | |
| NUZYRA | T6 | QL(30 tabs/30 days) SP |
| SEYSARA | T4 | ST |
| SOLODYN *(minocycline hcl)* | T4 | ST |
| TARGADOX *(doxycycline hyclate)* | T4 | ST |
| *tetracycline 250 mg, 500 mg capsule* | T2 | |
| *tetracycline 250 mg tablet* | T2 | ST |
| *tetracycline 500 mg tablet* | T2 | ST |
| XACIATO | T4 | |
| VIBRAMYCIN | T4 | ST |
| VIBRAMYCIN (*doxycycline monohydrate*) | T4 | ST |
| **VAGINAL ANTIBIOTICS** | | |
| CLEOCIN | T4 | |
| CLEOCIN (clindamycin phosphate) | T4 | |
| *clindamycin 2% vaginal cream* (Cleocin) | T2 | |
| CLINDESSE | T4 | |
| *metronidazole* | T2 | |
| *metronidazole vaginal 0.75% gl* | T2 | |
| NUVESSA | T4 | |
| **VANCOMYCIN ANTIBIOTICS AND DERIVATIVES** | | |
| VANCOCIN HCL 125 MG CAPSULE (*vancomycin hcl*) | T4 | PA QL(40 caps/fill) |
| VANCOCIN HCL 250 MG CAPSULE *(vancomycin hcl)* | T4 | PA QL(80 caps/fill) |
| *vancomycin 250 mg/5 ml soln* | T2 | QL(450 mls/fill) |
| **ANTIBIOTICS (Skin Conditions)** | | |
| **TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID** | | |
| NEO-SYNALAR | T4 | |
| **TOPICAL ANTIBIOTICS** | | |
| AKTIPAK | T4 | ST |
| AMZEEQ | T4 | ST |
| BENZAMYCIN (*erythromycin/benzoyl peroxide*) | T4 | ST |
| CENTANY | T4 | ST QL(30 gms/fill) |
| CENTANY AT | T4 | ST QL(1 kit/fill) |
| CLEOCIN T 1% LOTION (*clindamycin phosphate*) | T4 | ST QL(120 mls/30 days) |
| CLEOCIN T 1% PLEDGETS *(clindamycin phosphate)* | T4 | ST |

T1 – Preferred Generics
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QL – Quantity Limit
ST – Step Therapy
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# List of Prescription Medications

| ANTIBIOTICS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTIBIOTICS** (cont.) | | |
| *clindacin etz 1% pledget* (Cleocin T) | T2 | |
| CLINDACIN ETZ KIT | T4 | ST |
| CLINDACIN PAC | T4 | ST |
| *clindamycin ph 1% gel* | T2 | QL(120 gms/30 days) |
| *clindamycin ph 1% solution* | T2 | QL(120 mls/30 days) |
| *clindamycin phos 1% pledget* (Cleocin T) | T2 | |
| *clindamycin phosp 1% lotion* (Cleocin T) | T2 | QL(120 mls/30 days) |
| *clindamycin phosphate* (Cleocin T) | T2 | |
| *clindamycin phosphate* (Evoclin) | T2 | ST QL (100 gms/30 days) |
| *clindamycin phosphate 1% foam* (Evoclin) | T2 | ST QL (100 gms/30 days) |
| *clindamycin phosphate 1% gel* (Clindagel) | T2 | QL(150 mls/30 days) |
| *erythromycin base in ethanol* | T2 | |
| *erythromycin/benzoyl peroxide* (Benzamycin) | T2 | |
| EVOCLIN *(clindamycin phosphate)* | T4 | ST QL(100 gms/30 days) |
| *gentamicin 0.1% cream* | T2 | QL(60 gms/fill) |
| gentamicin 0.1% ointment | T2 | QL(60 gms/fill) |
| *mupirocin 2% cream* | T2 | ST QL(30 gms/fill) |
| *mupirocin 2% ointment* | T2 | QL (1 treatment/30 days) |
| *mupirocin 2% ointment* | T2 | QL(30 gms/fill) |
| XEPI | T4 | ST QL(30 gms/fill) |
| **TOPICAL SULFONAMIDES** | | |
| AVAR LS | T4 | ST |
| AVAR-E | T4 | ST |
| AVAR-E GREEN | T4 | ST |
| AVAR-E LS | T4 | ST |
| *mafenide acetate* (Sulfamylon) | T2 | |
| PLEXION | T4 | ST |
| ROSULA 10%-4.5% WASH | T4 | ST |
| *rosula 10%-5% cloths* | T2 | |
| SILVADENE *(silver sulfadiazine)* | T4 | |
| *silver sulfadiazine* (Silvadene) | T2 | |
| *sod sulface-sulf 9.8-4.8% clsr* | T2 | ST |
| *sod sulface-sulfur 9-4.5% wash* | T2 | ST |
| *sod sulfacet-sulfr 9.8-4.8%pad* | T2 | ST |

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# List of Prescription Medications

| ANTIBIOTICS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL SULFONAMIDES** (cont.) | | |
| *sod sulfacet-sulfur 10-2% clsr* | T2 | ST |
| *sod sulfacet-sulfur 10-4% pad* (Sumaxin) | T2 | |
| *sod sulfacet-sulfur 10-5% clsr* | T2 | |
| *sod sulfac-sulfur 9.8-4.8% crm* | T2 | ST |
| *sod sulfac-sulfur 9.8-4.8% lot* | T2 | ST |
| *sss 10-5 cream* | T2 | |
| *sss 10-5 foam* | T2 | ST |
| *sulfacetamide sodium/sulfur* | T2 | ST |
| *sulfacetamide-sulfur 10-2% crm* | T2 | ST |
| *sulfacetamide-sulfur 10-5% crm* | T2 | |
| *sulfacetamide-sulfur 10-5% lot* | T2 | ST |
| *sulfacetamide-sulfur 10-5% sus* | T2 | ST |
| *sulfacetamide-sulfur 8-4% susp* | T2 | |
| *sulfacetamide-sulfur 9-4% clsr* | T2 | ST |
| SULFAMYLON 8.5% CREAM | T3 | |
| SULFAMYLON POWDER PACKET *(mafenide acetate)* | T4 | |
| SUMADAN | T4 | ST |
| SUMADAN XLT | T4 | ST |
| SUMAXIN | T4 | ST |
| SUMAXIN *(sulfacetamide sodium/sulfur)* | T4 | ST |
| SUMAXIN CP | T4 | ST |
| SUMAXIN TS | T4 | ST |
| **ANTICOAGULANTS (Blood Thinners/Anti-Clotting)** | | |
| **CITRATES AS ANTICOAGULANTS** | | |
| ACD SOLUTION A | T3 | |
| ACD-A | T3 | |
| ANTICOAGULANT SODIUM CITRATE | T4 | |
| CITRATE PHOSPHATE DEXTROSE | T3 | |
| CRRT TRISODIUM CITRATE | T4 | |
| *sodium citrate 4% lock flush* | T2 | |
| SODIUM CITRATE 4% LOCK FLUSH | T4 | |
| SODIUM CITRATE 4% SOLN | T4 | |
| SODIUM CITRATE 4% SYRINGE | T4 | |

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# List of Prescription Medications

| ANTICOAGULANTS (Blood Thinners/Anti-Clotting) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CITRATES AS ANTICOAGULANTS** (cont.) | | |
| SODIUM CITRATE 4% VIAL | T4 | |
| TRISODIUM CITRATE CRRT | T4 | |
| **DIRECT FACTOR XA INHIBITORS** | | |
| ELIQUIS 2.5 MG, 5 MG TABLET | T3 | |
| ELIQUIS DVT-PE TREAT START 5MG | T3 | |
| *rivaroxaban (Xarelto)* | T2 | |
| XARELTO | T3 | PA |
| XARELTO *(rivaroxaban)* | T3 | |
| **HEPARIN AND RELATED PREPARATIONS** | | |
| ARIXTRA (*fondaparinux sodium*) | T6 | SP |
| *enoxaparin sodium* (Lovenox) | T2 | SP |
| *fondaparinux sodium* (Arixtra) | T2 | SP |
| FRAGMIN | T5 | SP |
| *heparin 5,000 unit/ml carpujct* | T2 | |
| *heparin 2,000 unit/2 ml vial* | T2 | |
| *heparin 10,000 unit/10 ml vial* | T2 | |
| *heparin 30,000 unit/30 ml vial* | T2 | |
| *heparin 40,000 unit/4 ml vial* | T2 | |
| *heparin 50,000 unit/10 ml vial* | T2 | |
| *heparin 50,000 unit/5 ml vial* | T2 | |
| *heparin sod 1,000 unit/ml vial* | T2 | |
| *heparin sod 5,000 unit/0.5 ml* | T2 | |
| HEPARIN SOD 5,000 UNIT/0.5 ML | T3 | |
| HEPARIN SOD 5,000 UNIT/0.5 ML | T4 | |
| HEPARIN SOD 5,000 UNIT/ML SYRG | T4 | |
| *heparin sod 5,000 unit/ml syringe, vial* | T2 | |
| *heparin sod 10,000 unit/ml vl* | T2 | |
| *heparin sod 20,000 unit/ml vl* | T2 | |
| **ANTIDOTES (Gastrointestinal/Heartburn)** | | |
| **MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING** | | |
| MOVANTIK | T3 | QL(30 tabs/fill) |
| RELISTOR 12 MG/0.6 ML SYRINGE, VIAL | T3 | ST |
| RELISTOR 8 MG/0.4 ML SYRINGE | T3 | ST |
| SYMPROIC | T3 | |

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# List of Prescription Medications

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTIDOTES (Substance Abuse)** | | |
| **OPIOID ANTAGONISTS** | | |
| EVZIO *(naloxone)* | T4 | QL(1 ml/fill) |
| KLOXXADO | T3 | QL(2 units/fill) |
| *naloxone 0.4 mg/ml carpuject, syringe, vial* | T2 | |
| *naloxone 2 mg/2 ml syringe* | T2 | |
| *naloxone 4 mg/10 ml vial* | T2 | |
| *naloxone hcl 4 mg nasal spray* (Narcan) | T2 | QL(2 units/fill) |
| *naltrexone hcl* | T1 | |
| NARCAN (*naloxone hcl*) | T4 | QL(2 units/30 days) |
| REXTOVY | T3 | QL (2 units/30 days) |
| **ANTIFUNGALS (Eye Conditions)** | | |
| **OPHTHALMIC ANTIFUNGAL AGENTS** | | |
| NATACYN | T3 | |
| **ANTIFUNGALS (Feminine Products)** | | |
| **VAGINAL ANTIFUNGALS** | | |
| GYNAZOLE 1 | T4 | |
| *miconazole nitrate* | T2 | |
| *terconazole* | T2 | |
| **ANTIFUNGALS (Infections)** | | |
| **ANTIFUNGAL AGENTS** | | |
| ANCOBON (*flucytosine*) | T4 | PA |
| *clotrimazole* | T2 | |
| CRESEMBA | T3 | PA |
| DIFLUCAN 10 MG/ML SUSPENSION *(fluconazole)* | T4 | |
| DIFLUCAN 100 MG TABLET *(fluconazole)* | T4 | |
| DIFLUCAN 150 MG TABLET *(fluconazole)* | T4 | QL(2 tabs/fill) |
| DIFLUCAN 200 MG TABLET *(fluconazole)* | T4 | |
| DIFLUCAN 40 MG/ML SUSPENSION *(fluconazole)* | T4 | |
| DIFLUCAN 50 MG TABLET *(fluconazole)* | T4 | |
| *fluconazole 10 mg/ml susp* | T2 | |
| *fluconazole 40 mg/ml susp* (Diflucan) | T2 | |
| *fluconazole 50 mg tablet* (Diflucan) | T2 | |
| *fluconazole 100 mg tablet* | T2 | |
| *fluconazole 150 mg tablet* (Diflucan) | T2 | QL(2 tabs/fill) |

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# List of Prescription Medications

| ANTIFUNGALS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIFUNGAL AGENTS** (cont.) | | |
| *fluconazole 200 mg tablet* | T2 | |
| *flucytosine* (Ancobon) | T2 | |
| *itraconazole 10 mg/ml solution* | T2 | QL (2 bottles/30 days) |
| *itraconazole 100 mg capsule* (Sporanox) | T2 | QL(30 caps/fill) |
| *itraconazole 100 mg/10 ml cup* | T2 | QL (2 bottles/30 days) |
| *ketoconazole 200 mg tablet* | T2 | |
| NOXAFIL 300 MG POWDERMIX SUSP | T3 | PA |
| NOXAFIL 40 MG/ML SUSPENSION | T3 | PA SP |
| ORAVIG | T4 | |
| POSACONAZOLE 200 MG/5 ML SUSP | T3 | PA |
| *posaconazole dr 100 mg tablet* (Noxafil) | T2 | PA |
| SPORANOX (*itraconazole*) | T4 | QL (30 caps/30 days) |
| *terbinafine hcl* | T2 | |
| VFEND *(voriconazole)* | T4 | PA |
| VIVJOA | T6 | PA QL (18 caps/30 days) SP |
| *voriconazole* (Vfend) | T2 | PA |
| **ANTIFUNGAL ANTIBIOTICS** | | |
| BREXAFEMME | T4 | ST QL(4 tabs/fill) |
| *griseofulvin ultramicrosize* | T2 | |
| *griseofulvin, microsize* | T2 | |
| *nystatin 100,000 unit/ml susp* | T2 | |
| nystatin 500,000 unit oral tab | T2 | |
| *nystatin 500,000 unit/5 ml cup* | T2 | |
| **ANTIFUNGALS (Skin Conditions)** | | |
| **TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY, STEROID AGENT** | | |
| *clotrimazole-betamethasone crm* | T2 | QL(90 gms/28 days) |
| *clotrimazole-betamethasone lot* | T2 | QL(60 mls/28 days) |
| **TOPICAL ANTIFUNGALS** | | |
| *ciclodan 0.77% cream* (Loprox) | T2 | QL(90 gms/28 days) |
| CICLODAN 0.77% CREAM KIT | T4 | |
| *ciclodan 8% solution* | T2 | |
| *ciclopirox 0.77% cream* (Loprox) | T2 | QL(90 gms/28 days) |
| *ciclopirox 0.77% gel* | T2 | QL(100 gms/28 days) |

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# List of Prescription Medications

| ANTIFUNGALS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTIFUNGALS** (cont.) | | |
| *ciclopirox 0.77% topical susp* (Loprox) | T2 | QL(60 mls/28 days) |
| *ciclopirox 1% shampoo* | T2 | QL(120 mls/28 days) |
| *ciclopirox 8% solution* | T2 | |
| *econazole nitrate 1% cream* | T2 | QL (85 gms/28 days) |
| EXELDERM 1% CREAM, SOLUTION | T4 | QL(60 gms/28 days) |
| EXTINA *(ketoconazole)* | T4 | ST QL(100 gms/28 days) |
| JUBLIA | T4 | ST |
| *ketoconazole 2% cream* | T2 | QL(60 gms/28 days) |
| *ketoconazole 2% foam* (Extina) | T2 | ST QL(100 gms/28 days) |
| *ketodan 2% foam* (Extina) | T2 | ST QL(100 gms/28 days) |
| *ketodan 2% foam kit* | T2 | |
| LOPROX 0.77% CREAM (*ciclopirox olamine*) | T4 | QL(90 gms/28 days) |
| LOPROX 0.77% CREAM KIT | T4 | QL(544 gms/30 days) |
| LOPROX 0.77% SUSPENSION KIT | T4 | QL(1 kit/30 days) |
| LOPROX 0.77% TOPICAL SUSP (*ciclopirox olamine*) | T4 | QL(60 mls/28 days) |
| *naftifine hcl 1% cream* | T2 | QL (90 gms/28 days) |
| *naftifine hcl 2% cream* | T2 | QL (60 gms/28 days) |
| *naftifine hcl 2% gel* (Naftin) | T2 | QL (60 gms/28 days) |
| NAFTIN | T4 | QL(60 gms/28 days) |
| NAFTIN 1% GEL *(naftifine hcl)* | T4 | QL (90 gms/28 days) |
| NAFTIN 2% GEL *(naftifine hcl)* | T4 | QL (60 gms/28 days) |
| *nystatin* | T2 | QL(180 gms/fill) |
| *nystatin 100,000 unit/gm cream* | T2 | QL(60 gms/28 days) |
| *nystatin 100,000 unit/gm oint* | T2 | QL(60 gms/28 days) |
| *nystatin/triamcin* | T2 | QL(60 gms/28 days) |
| *oxiconazole nitrate* | T2 | QL(60 gms/28 days) |
| *tavaborole* | T2 | ST |
| **ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays)** | | |
| **1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION** | | |
| *phenylephrine hcl/prometh hcl* | T2 | |
| **2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION** | | |
| CLARINEX-D 12 HOUR | T4 | |
| CLARINEX-D 24 HOUR | T4 | |

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# List of Prescription Medications

| ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION** | | |
| CLARINEX-D 12 HOUR | T4 | |
| CLARINEX-D 24 HOUR | T4 | |
| **ANTIHISTAMINES (Allergy/Nasal Sprays)** | | |
| **ANTIHISTAMINES - 1ST GENERATION** | | |
| *carbinoxamine 4 mg/5 ml liquid* | T2 | |
| *carbinoxamine maleate* | T2 | ST |
| *carbinoxamine maleate 4 mg tab* | T2 | |
| *carbinoxamine maleate 6 mg tab* | T2 | ST |
| *cyproheptadine 2 mg/5 ml soln, syrup* | T2 | |
| *cyproheptadine 4 mg tablet* | T2 | |
| CYPROHEPTADINE 4 MG/10 ML SYRP | T4 | |
| *dexchlorpheniramine maleate* (Ryclora) | T2 | |
| *hydroxyzine hcl* | T2 | |
| *hydroxyzine hcl* | T1 | |
| *hydroxyzine pamoate* | T1 | |
| *hydroxyzine pamoate* (Vistaril) | T1 | |
| *promethazine hcl* | T2 | |
| RYCLORA *(dexchlorpheniramine maleate)* | T4 | |
| RYVENT | T4 | ST |
| VISTARIL (*hydroxyzine pamoate*) | T4 | |
| **ANTIHISTAMINES - 2ND GENERATION** | | |
| CLARINEX *(desloratadine)* | T4 | QL(30 tabs/fill) HD |
| *desloratadine* | T2 | QL(30 tabs/fill) HD |
| *desloratadine* (Clarinex) | T2 | QL(30 tabs/fill) HD |
| **ANTIHISTAMINES (Eye Conditions)** | | |
| **EYE ANTIHISTAMINES** | | |
| *azelastine hcl 0.05% drops* | T2 | |
| *bepotastine besilate* (Bepreve) | T2 | ST |
| BEPREVE | T2 | |
| *epinastine hcl* | T2 | |
| LASTACAFT 0.25% EYE DROPS | T4 | ST |

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# List of Prescription Medications

| ANTIHYPERGLYCEMICS (Diabetes) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHYPERGLY,DPP-4 ENZYME INHIB.-THIAZOLIDINEDIONE** | | |
| ADLYXIN 10-20 MCG STARTER PACK | T4 | PA QL (1 kit/28 days) HD |
| ADLYXIN 20 MCG MAINTENANCE PK | T4 | PA QL (1 kit/28 days) HD |
| BYDUREON BCISE | T3 | PA QL (4 auto-injs/28 days) |
| BYDUREON PEN | T3 | PA QL(4 pens/fill) HD |
| BYETTA | T3 | PA QL (1 pen/30 days) |
| OSENI | T4 | ST QL(30 tabs/fill) HD |
| OZEMPIC | T3 | PA QL(1 pen/28 days |
| RYBELSUS | T3 | PA QL (30 tabs/30 days) |
| TRULICITY | T3 | PA QL (4 pens/28 days) |
| VICTOZA 2-PAK | T3 | PA QL(1 pen/fill) HD |
| VICTOZA 3-PAK | T3 | PA QL(30 tabs/fill) HD |
| **ANTIHYPERGLY,INCRETIN MIMETIC(GLP-I RECEP.AGONIST)** | | |
| *exenatide* | T2 | PA QL (1 pen/30 days) |
| *liraglutide 2-pak 18 mg/3 ml* (Victoza 2-Pak) | T2 | PA |
| *liraglutide 2-pak 18 mg/3 ml* (Victoza 2-Pak) | T2 | PA QL (2 pens/30 days) |
| *liraglutide 2-pak 18 mg/3 ml* (Victoza 3-Pak) | T2 | PA |
| *liraglutide 2-pak 18 mg/3 ml* (Victoza 3-Pak) | T2 | PA QL (2 pens/30 days) |
| *liraglutide 3-pak 18 mg/3 ml* (Victoza 2-Pak) | T2 | PA |
| *liraglutide 3-pak 18 mg/3 ml* (Victoza 2-Pak) | T2 | PA QL (3 pens/30 days) |
| *liraglutide 3-pak 18 mg/3 ml* (Victoza 3-Pak) | T2 | PA |
| *liraglutide 3-pak 18 mg/3 ml* (Victoza 3-Pak) | T2 | PA QL (3 pens/30 days) |
| RYBELSUS | T3 | PA QL (30 tabs/30 days) |
| **ANTIHYPERGLY, INSULIN, LONG ACT-GLP-I RECEPT.AGONIST** | | |
| SOLIQUA 100-33 | T3 | QL (15 mls/30 days) |
| **ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS** | | |
| CYCLOSET | T4 | HD |
| **ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION** | | |
| MOUNJARO | T3 | PA QL(4 pens/fill) |
| **ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS** | | |
| *acarbose* (Precose) | T2 | HD |
| *miglitol* | T2 | HD |
| PRECOSE *(acarbose)* | T4 | HD |
| **ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE** | | |
| SYMLINPEN 60 | T3 | PA QL (7 pens/30 days) |
| SYMLINPEN 120 | T3 | PA QL(7 pens/fill) HD |

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# List of Prescription Medications

| ANTIHYPERGLYCEMICS (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHYPERGLYCEMIC, BIGUANIDE TYPE** | | |
| *metformin er 1,000 mg gastr-tb* (Glumetza) | T2 | PA QL(60 tabs/fill) HD |
| *metformin er 500 mg gastrc-tb* (Glumetza) | T2 | PA QL(120 tabs/fill) HD |
| *metformin er 500 mg osmotic tb* | T2 | PA QL (30 tabs/30 days) HD |
| *metformin er 1,000 mg osm-tab* | T2 | PA QL (60 tabs/30 days) HD |
| *metformin hcl 500 mg tablet* | T1 | HD |
| *metformin hcl 750 mg tablet* | T1 | ST HD |
| *metformin hcl 1,000 mg tablet* | T1 | HD |
| *metformin hcl 500 mg/5 ml soln* (Riomet) | T2 | ST HD |
| *metformin hcl 850 mg tablet* | T1 | HD |
| *metformin hcl er 500 mg tablet* | T1 | QL(120 tabs/fill) HD |
| *metformin hcl er 750 mg tablet* | T1 | QL(60 tabs/fill) HD |
| RIOMET *(metformin hcl)* | T4 | ST HD |
| **ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS** | | |
| JANUVIA | T3 | ST QL(30 tabs/fill) HD |
| *saxagliptin* (Onglyza) | T2 | ST QL(30 tabs/30 days) HD |
| **ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE** | | |
| *glimepiride* (Amaryl) | T1 | HD |
| *glimepiride 1 mg tablet* | T1 | HD |
| *glimepiride 2 mg tablet* | T1 | HD |
| *glimepiride 4 mg tablet* | T1 | HD |
| *glipizide* | T1 | HD |
| *glipizide* (Glucotrol XI) | T1 | HD |
| GLUCOTROL XL (*glipizide*) | T4 | HD |
| *glyburide* | T2 | HD |
| *glyburide,micronized* | T2 | HD |
| *glyburide,micronized* (Glynase) | T2 | HD |
| GLYNASE *(glyburide,micronized)* | T4 | HD |
| *nateglinide* | T2 | HD |
| PRANDIN *(repaglinide)* | T4 | HD |
| *repaglinide* | T2 | HD |
| *repaglinide* (Prandin) | T2 | HD |
| **ANTIHYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB** | | |
| GLYXAMBI | T3 | ST QL(30 tabs/fill) HD |

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# List of Prescription Medications

| ANTIHYPERGLYCEMICS (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE** | | |
| ACTOPLUS MET *(pioglitazone hcl/metformin hcl)* | T4 | QL (90 tabs/30 days) HD |
| *pioglitazone hcl/metformin hcl* | T2 | QL(90 tabs/fill) HD |
| *pioglitazone hcl/metformin hcl* (Actoplus Met) | T2 | QL(90 tabs/fill) HD |
| **ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE-SULFONYLUREA** | | |
| DUETACT (*pioglitazone-glimepiride*) | T4 | QL (30 tabs/30 days) HD |
| *pioglitazone hcl/glimepiride* (Duetact) | T2 | QL(30 tabs/fill) HD |
| **ANTIHYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS.** | | |
| JANUMET | T3 | ST QL(60 tabs/fill) HD |
| JANUMET XR 100-1,000 MG TABLET | T3 | ST QL(30 tabs/fill) HD |
| JANUMET XR 50-1,000 MG TABLET | T3 | ST QL(60 tabs/fill) HD |
| JANUMET XR 50-500 MG TABLET | T3 | ST QL(60 tabs/fill) HD |
| *saxagliptn-metform er 2.5-1000* (Kombiglyze Xr) | T2 | ST QL(60 tabs/30 days) HD |
| *saxagliptin-metformin er 5-500* (Kombiglyze Xr) | T2 | ST QL(30 tabs/30 days) HD |
| *saxagliptin-metformn er 5-1000* (Kombiglyze Xr) | T2 | ST QL(30 tabs/30 days) HD |
| **ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIM.-BIGUANIDE** | | |
| *glipizide/metformin hcl* | T1 | HD |
| *glyburide/metformin hcl* | T2 | HD |
| **ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE (PPARG AGONIST)** | | |
| ACTOS *(pioglitazone hcl)* | T4 | QL (30 tabs/30 days) HD |
| **ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER** | | |
| *mifepristone 300 mg tablet* (Korlym) | T2 | PA SP |
| **ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.** | | |
| SYNJARDY | T3 | ST QL(60 tabs/fill) HD |
| SYNJARDY XR 10-1,000 MG TABLET | T3 | ST QL(30 tabs/fill) HD |
| SYNJARDY XR 12.5-1,000 MG TAB | T3 | ST QL(60 tabs/fill) HD |
| SYNJARDY XR 25-1,000 MG TABLET | T3 | ST QL(30 tabs/fill) HD |
| SYNJARDY XR 5-1,000 MG TABLET | T3 | ST QL(60 tabs/fill) HD |
| XIGDUO XR 10 MG-1,000 MG TAB | T3 | ST QL(30 tabs/fill) HD |
| XIGDUO XR 10 MG-500 MG TABLET | T3 | ST QL(30 tabs/fill) HD |
| XIGDUO XR 2.5 MG-1,000 MG TAB | T3 | ST QL(60 tabs/fill) HD |
| XIGDUO XR 5 MG-1,000 MG TABLET | T3 | ST QL(60 tabs/fill) HD |
| XIGDUO XR 5 MG-500 MG TABLET | T3 | ST QL(30 tabs/fill) HD |

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| ANTIHYPERGLYCEMICS (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH** | | |
| FARXIGA | T3 | ST QL (30 tabs/30 days) |
| JARDIANCE | T3 | ST QL(30 tabs/fill) HD |
| **ANTIHYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB** | | |
| TRIJARDY XR | T3 | ST HD |
| **INSULINS** | | |
| HUMALOG 100 UNIT/ML CARTRIDGE | T3 | HD |
| HUMALOG JUNIOR KWIKPEN | T3 | HD |
| HUMALOG KWIKPEN U-100, U-200 | T3 | HD |
| HUMALOG MIX 50-50 KWIKPEN | T3 | HD |
| HUMALOG MIX 75-25 | T3 | HD |
| HUMALOG MIX 75-25 KWIKPEN | T3 | HD |
| HUMULIN 70/30 KWIKPEN | T3 | HD |
| HUMULIN 70-30 | T3 | HD |
| HUMULIN N | T3 | HD |
| HUMULIN N KWIKPEN | T3 | HD |
| HUMULIN R | T3 | HD |
| HUMULIN R U-500 | T3 | HD |
| HUMULIN R U-500 KWIKPEN | T3 | HD |
| INSULIN GLARGINE-YFGN | T3 | HD |
| INSULIN LISPRO 100 UNIT/ML VIAL | T3 | HD |
| INSULIN LISPRO JUNIOR KWIKPEN | T3 | HD |
| INSULIN LISPRO KWIKPEN U-100 | T3 | HD |
| INSULIN LISPRO PROTAMINE MIX | T3 | HD |
| LANTUS | T3 | HD |
| LANTUS SOLOSTAR | T3 | HD |
| LYUMJEV | T3 | HD |
| LYUMJEV KWIKPEN U-100 | T3 | HD |
| LYUMJEV KWIKPEN U-200 | T3 | HD |
| MYXREDLIN | T4 | |
| SEMGLEE (YFGN) | T3 | HD |
| SEMGLEE (YFGN) PEN | T3 | HD |
| TOUJEO MAX SOLOSTAR | T3 | HD |
| TOUJEO SOLOSTAR | T3 | HD |
| TRESIBA | T3 | HD |

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|---|---|---|
| **ANTIHYPERGLYCEMICS (Diabetes)** (cont.) | | |
| **INSULINS** (cont.) | | |
| TRESIBA FLEXTOUCH U-100 | T3 | HD |
| TRESIBA FLEXTOUCH U-200 | T3 | HD |
| **ANTIINFECTIVES (Feminine Products)** | | |
| **VAGINAL SULFONAMIDES** | | |
| AVC | T4 | |
| **ANTIINFECTIVES/MISCELLANEOUS (Feminine Products)** | | |
| **VAGINAL ANTISEPTICS** | | |
| *acetic acid/oxyquinoline* (Relagard) | T2 | |
| RELAGARD *(acetic acid/oxyquinoline)* | T4 | |
| TRIMO-SAN | T3 | |
| **ANTIINFECTIVES/MISCELLANEOUS (Infections)** | | |
| **2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL** | | |
| *tinidazole 250 mg tablet* | T2 | QL(40 tabs/30 days) |
| *tinidazole 500 mg tablet* | T2 | QL(20 tabs/30 days) |
| **AMEBICIDES** | | |
| HUMATIN | T4 | |
| **ANTHELMINTICS** | | |
| *albendazole* (Albenza) | T2 | QL(120 tabs/30 days) |
| ALBENZA (*albendazole*) | T4 | QL(120 tabs/30 days) |
| BILTRICIDE (*praziquantel*) | T4 | |
| EMVERM | T3 | QL(6 tabs/30 days) |
| *ivermectin 6 mg tablet* | T2 | PA QL (8 tabs/30 days) |
| *praziquantel* (Biltricide) | T2 | |
| STROMECTOL (*ivermectin*) | T4 | PA QL(14 tabs/30 days) |
| **ANTIMALARIAL DRUGS** | | |
| ARAKODA | T4 | QL(16 tabs/fill) |
| *atovaquone-proguanil 250-100* (Malarone) | T2 | QL(60 tabs/180 days) |
| *atovaquone-proguanil 62.5-25* (Malarone) | T2 | QL(180 tabs/180 days) |
| *chloroquine phosphate* | T2 | |
| COARTEM | T3 | QL(24 tabs/30 days) |
| DARAPRIM *(pyrimethamine)* | T6 | PA SP |
| HYDROXYCHLOROQUINE 100 MG TAB | T4 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTIINFECTIVES/MISCELLANEOUS (Infections)** (cont.) | | |
| **ANTIMALARIAL DRUGS** (cont.) | | |
| *hydroxychloroquine 200 mg tab* (Plaquenil) | T2 | |
| HYDROXYCHLOROQUINE 300 MG TAB | T4 | |
| HYDROXYCHLOROQUINE 400 MG TAB | T4 | |
| KRINTAFEL | T4 | QL(2 tabs/30 days) |
| MALARONE 250-100 MG TABLET *(atovaquone/proguanil hcl)* | T4 | QL(60 tabs/180 days) |
| MALARONE 62.5-25 MG PED TAB *(atovaquone/proguanil hcl)* | T4 | QL(180 tabs/180 days) |
| *mefloquine hcl* | T2 | QL(13 tabs/180 days) |
| PRIMAQUINE 26.3 MG TABLET | T3 | QL(120 tabs/180 days) |
| *primaquine 26.3 mg tablet* | T2 | QL(120 tabs/180 days) |
| *pyrimethamine 25 mg tablet* (Daraprim) | T2 | PA |
| *pyrimethamine 25 mg tablet* (Daraprim) | T2 | PA SP |
| *quinine sulfate* | T2 | QL (42 caps/30 days) |
| **ANTIPROTOZOAL DRUGS, MISCELLANEOUS** | | |
| *atovaquone* (Mepron) | T2 | |
| BENZNIDAZOLE | T3 | QL(360 tabs/fill) |
| IMPAVIDO | T3 | PA QL(84 caps/30 days) |
| MEPRON (*atovaquone*) | T4 | |
| NEBUPENT *(pentamidine isethionate)* | T4 | QL(1 vl/28 days) |
| *pentamidine isethionate* (Nebupent) | T2 | QL(1 vl/28 days) |
| **ANTIINFECTIVES/MISCELLANEOUS (Miscellaneous)** | | |
| **ANTIBACTERIAL AGENTS,MISCELLANEOUS** | | |
| *glycine urologic solution* | T2 | |
| **ANTISEPTICS,GENERAL** | | |
| ALCOHOL SWABSTICK | T4 | |
| CVS ISOPROPYL ALCOHOL 91% SPRY | T4 | |
| GS ISOPROPYL ALCOHOL 70% SPRAY | T4 | |
| ISOPROPYL ALCOHOL 70% SPRAY | T4 | |
| MEDI-FIRST ISOPROPYL ALCOHOL | T4 | |
| **TOPICAL ANTISEPTIC DRYING AGENTS** | | |
| *formaldehyde* | T2 | |
| **ANTIINFECTIVES/MISCELLANEOUS (Skin Conditions)** | | |
| **TOPICAL ANTIFUNGALS** | | |
| CICLODAN 8% KIT | T4 | ST |
| *ciclopirox 8% treatment kit* | T2 | |

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# List of Prescription Medications

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|---|---|---|
| **ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease)** | | |
| **ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR** | | |
| ADALIMUMAB-ADAZ (CF) | T5 | PA QL (2 syringes/28 days) SP |
| ADALIMUMAB-ADAZ(CF) PEN | T5 | PA QL (2 pens/28 days) SP |
| ADALIMUMAB-ADBM(CF)PEN | T5 | PA QL (2 kits/28 days) SP HD |
| ADALIMUMAB-RYVK(CF) | T5 | PA QL (2 srnge kits/28 days) SP HD |
| ADALIMUMAB-RYVK(CF) AI 40 MG | T5 | PA QL (2 auto-injs/28 days) SP HD |
| CYLTEZO(CF) | T6 | PA QL (2 srnge kits/28 days) SP HD |
| CYLTEZO(CF) PEN | T6 | PA QL (2 kits/28 days) SP HD |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | T6 | PA QL (6 pens/365 days) SP HD |
| CYLTEZO(CF) PEN PSORIASIS-UV | T6 | PA QL (4 pens/365 days) SP HD |
| SIMLANDI(CF) | T6 | PA QL (2 srnge kits/28 days) SP |
| ENBREL 25 MG KIT | T5 | PA QL SP HD |
| ENBREL 25 MG/0.5 ML SYRINGE | T5 | PA QL SP HD |
| ENBREL 25 MG/0.5 ML VIAL | T5 | PA QL SP HD |
| ENBREL 50 MG/ML SYRINGE | T5 | PA QL(2 srnge kits/28 days) SP HD |
| ENBREL MINI | T5 | PA QL(2 kits/28 days) SP HD |
| ENBREL SURECLICK | T5 | PA QL(6 pens/365 days) SP HD |
| SIMLANDI(CF) | T5 | PA QL (2 srnge kits/28 days) SP HD |
| SIMPONI 100 MG/ML PEN INJECTOR | T5 | PA QL(1 pen/30 days) SP HD |
| SIMPONI 100 MG/ML SYRINGE | T5 | PA QL(1 syringe/30 days) SP HD |
| SIMPONI ARIA | T6 | PA SP HD |
| **ANTINEOPLASTICS (Cancer)** | | |
| **ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)** | | |
| *bexarotene* (Targretin) | T2 | PA SP HD CSL |
| **ANTINEOPLAST, HISTONE DEACETYLASE (HDAC) INHIBITORS** | | |
| FARYDAK | T4 | PA QL(6 caps/fill) CSL |
| ZOLINZA | T5 | PA QL(120 caps/fill) SP HD CSL |
| **ANTINEOPLASTIC - ALKYLATING AGENTS** | | |
| ALKERAN (*melphalan*) | T6 | SP CSL |
| *cyclophosphamide 25 mg, 50 mg capsule* | T2 | SP HD CSL |
| CYCLOPHOSPHAMIDE 50 MG TABLET | T6 | SP HD CSL |
| GLEOSTINE | T3 | CSL |
| HYDREA *(hydroxyurea)* | T4 | CSL |
| *hydroxyurea* (Hydrea) | T2 | CSL |
| LEUKERAN | T3 | CSL |

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| ANTINEOPLASTICS (Cancer) (cont.) | | |
|---|---|---|
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| **ANTINEOPLASTIC - ALKYLATING AGENTS** (cont.) | | |
| MYLERAN | T3 | CSL |
| *temozolomide* | T2 | PA SP HD CSL |
| **ANTINEOPLASTIC - ANTIANDROGENIC AGENTS** | | |
| *abiraterone acetate* (Zytiga) | T2 | PA QL (120 tabs/30 days) CSL |
| *bicalutamide* (Casodex) | T2 | CSL |
| CASODEX (*bicalutamide*) | T4 | CSL |
| ERLEADA | T5 | PA QL(30 tabs/fill) SP HD CSL |
| EULEXIN *(flutamide)* | T4 | CSL |
| *flutamide* (Eulexin) | T2 | CSL |
| NILANDRON *(nilutamide)* | T4 | PA CSL |
| *nilutamide* (Nilandron) | T2 | PA CSL |
| NUBEQA | T5 | PA QL(120 tabs/fill) SP HD CSL |
| XTANDI 40 MG CAPSULE | T5 | PA QL(120 tabs/caps/fill) SP HD CSL |
| XTANDI 40 MG TABLET | T5 | PA QL(120 tabs/caps/fill) SP HD CSL |
| XTANDI 80 MG TABLET | T5 | PA QL(60 tabs/fill) SP HD CSL |
| **ANTINEOPLASTIC - ANTIMETABOLITES** | | |
| LONSURF | T5 | PA SP HD CSL |
| *mercaptopurine 20 mg/ml suspen* (Purixan) | T2 | ST SP CSL |
| *mercaptopurine 2.5 mg, 50 mg tablet* | T2 | CSL |
| *methotrexate 250 mg/10 ml vial* | T2 | |
| *methotrexate 50 mg/2 ml vial* | T2 | |
| *methotrexate sodium/pf* | T2 | |
| PURIXAN *(mercaptopurine)* | T5 | ST SP CSL |
| TABLOID | T4 | CSL |
| TREXALL | T4 | CSL |
| XELODA 150 MG TABLET (*capecitabine*) | T6 | PA QL(56 tabs/fill) SP HD CSL |
| XELODA 500 MG TABLET (*capecitabine*) | T6 | PA QL(140 tabs/fill) SP HD CSL |
| YONSA | T5 | PA QL (120 tabs/30 days) SP HD CSL |
| **ANTINEOPLASTIC - AROMATASE INHIBITORS** | | |
| *anastrozole* (Arimidex) | T2 | HD PPACA CSL |
| AROMASIN (*exemestane*) | T4 | HD CSL |
| *exemestane* (Aromasin) | T2 | HD PPACA CSL |
| FEMARA *(letrozole)* | T4 | HD CSL |
| *letrozole* (Femara) | T2 | HD CSL |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTINEOPLASTIC - BRAF KINASE INHIBITORS** | | |
| BRAFTOVI | T5 | PA QL (180 caps/30 days) SP HD CSL |
| OJEMDA | T5 | PA SP CSL |
| TAFINLAR | T5 | PA QL(120 caps/fill) SP HD CSL |
| TAFINLAR 10 MG TABLET FOR SUSP | T5 | PA QL (840ml/30 days) SP HD CSL |
| ZELBORAF | T5 | PA QL(240 tabs/fill) SP HD CSL |
| **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR** | | |
| DAURISMO 100 MG TABLET | T6 | PA QL(30 tabs/fill) SP HD CSL |
| DAURISMO 25 MG TABLET | T6 | PA QL(60 tabs/fill) SP HD CSL |
| ERIVEDGE | T5 | PA QL(30 caps/fill) SP HD CSL |
| ODOMZO | T5 | PA QL(30 caps/fill) SP HD CSL |
| **ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS** | | |
| JAKAFI | T5 | PA QL(60 tabs/fill) SP HD CSL |
| **ANTINEOPLASTIC - KRAS PROTEIN INHIBITOR** | | |
| LUMAKRAS | T6 | PA SP HD CSL |
| **ANTINEOPLASTIC - MEK KINASE INHIBITORS** | | |
| COTELLIC | T5 | PA QL (63 tabs/30 days) SP HD CSL |
| GOMEKLI | T5 | PA SP CSL |
| KOSELUGO 10 MG CAPSULE | T6 | PA SP CSL |
| KOSELUGO 25 MG CAPSULE | T6 | PA SP CSL |
| MEKINIST 0.05 MG/ML SOLUTION | T5 | PA QL (1080 mls/30 days) SP HD CSL |
| MEKINIST 0.5 MG TABLET | T5 | PA QL (90 tabs/30 days) SP HD CSL |
| MEKINIST 2 MG TABLET | T5 | PA QL (30 tabs/30 days) SP HD CSL |
| MEKTOVI | T5 | PA QL (180 tabs/30 days) SP HD CSL |
| **ANTINEOPLASTIC - MTOR KINASE INHIBITORS** | | |
| *everolimus* (Afinitor) | T2 | PA QL (30 tabs/30 days) SP CSL |
| *everolimus 2 mg tab for susp* (Afinitor Disperz) | T2 | PA QL(30 tabs/fill) SP CSL |
| *everolimus 3 mg tab for susp* (Afinitor Disperz) | T2 | PA QL(30 tabs/fill) SP CSL |
| *everolimus 5 mg tab for susp (*Afinitor Disperz*)* | T2 | PA QL(30 tabs/fill) SP CSL |
| **ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT** | | |
| TAZVERIK | T6 | PA SP CSL |
| **ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS COMBS** | | |
| AVMAPKI-FAKZYNJA | T5 | PA SP CSL |
| **ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS** | | |
| HYCAMTIN | T5 | PA SP HD CSL |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT** | | |
| KISQALI FEMARA 200 MG CO-PACK | T5 | PA QL (49 tabs/30 days) SP CSL |
| KISQALI FEMARA 400 MG CO-PACK | T5 | PA QL (70 tabs/30 days) SP CSL |
| KISQALI FEMARA 600 MG CO-PACK | T5 | PA QL (91 tabs/30 days) SP CSL |
| **ANTINEOPLASTIC IMMUNOMODULATOR AGENTS** | | |
| *lenalidomide* | T2 | PA QL(30 caps/fill) SP HD CSL |
| POMALYST | T5 | PA SP HD CSL |
| REVLIMID | T5 | PA QL(30 caps/fill) SP HD CSL |
| **ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS** | | |
| ORGOVYX | T6 | PA QL(30 tabs/fill) SP CSL |
| **ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS** | | |
| ALECENSA | T5 | PA QL(240 caps/fill) SP HD CSL |
| ALUNBRIG 30 MG TABLET | T5 | PA QL(60 tabs/fill) SP CSL |
| ALUNBRIG 90 MG , 180 MG TABLET | T5 | PA QL(30 tabs/fill) SP CSL |
| ALUNBRIG 90 MG-180 MG TAB PACK | T5 | PA QL(30 tabs/fill) SP CSL |
| AUGTYRO | T5 | PA SP CSL |
| AYVAKIT | T6 | PA QL(30 tabs/fill) SP CSL |
| BALVERSA | T5 | PA SP CSL |
| BOSULIF 50 MG CAPSULE | T5 | PA QL(30 caps/fill) SP HD CSL |
| BOSULIF 100 MG CAPSULE | T5 | PA QL(90 tabs/fill) SP HD CSL |
| BOSULIF 100 MG TABLET | T5 | PA QL(90 tabs/fill) SP HD CSL |
| BOSULIF 400 MG, 500 MG TABLET | T5 | PA QL(30 tabs/fill) SP HD CSL |
| BRUKINSA | T5 | PA SP CSL |
| CALQUENCE | T5 | PA QL(60 tabs/caps/fill) SP CSL |
| CAPRELSA 100 MG TABLET | T5 | PA QL(60 tabs/fill) SP CSL |
| CAPRELSA 300 MG TABLET | T5 | PA QL(30 tabs/fill) SP CSL |
| COMETRIQ 100 MG DAILY-DOSE PK | T5 | PA QL(56 caps/fill) SP HD CSL |
| COMETRIQ 140 MG DAILY-DOSE PK | T5 | PA QL(112 caps/fill) SP HD CSL |
| COMETRIQ 60 MG DAILY-DOSE PACK | T5 | PA QL(84 caps/fill) SP HD CSL |
| COPIKTRA | T6 | PA QL(56 caps/fill) SP CSL |
| DANZITEN | T5 | PA SP CSL |
| *dasatinib 100 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP CSL |
| *dasatinib 100 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP HD CSL |
| *dasatinib 140 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP CSL |
| *dasatinib 140 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP HD CSL |

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# List of Prescription Medications

| ANTINEOPLASTICS (Cancer) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS** (cont.) | | |
| *dasatinib 20 mg tablet* (Sprycel) | T2 | PA QL (90 tabs/30 days) SP CSL |
| *dasatinib 20 mg tablet* (Sprycel) | T2 | PA QL (90 tabs/30 days) SP HD CSL |
| *dasatinib 50 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP CSL |
| *dasatinib 50 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP HD CSL |
| *dasatinib 70 mg tablet* (Sprycel) | T2 | PA QL (60 tabs/30 days) SP CSL |
| *dasatinib 70 mg tablet* (Sprycel) | T2 | PA QL (60 tabs/30 days) SP HD CSL |
| *dasatinib 80 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP CSL |
| *dasatinib 80 mg tablet* (Sprycel) | T2 | PA QL (30 tabs/30 days) SP HD CSL |
| ENSACOVE | T5 | PA SP CSL |
| *erlotinib hcl 100 mg tablet* | T2 | PA QL (30 tabs/30 days) SP HD CSL |
| *erlotinib hcl 150 mg tablet* | T2 | PA QL (30 tabs/30 days) SP HD CSL |
| FRUZAQLA | T5 | PA SP CSL |
| GAVRETO | T5 | PA QL (120 caps/30 days) SP CSL |
| GILOTRIF | T5 | PA QL(30 tabs/fill) SP HD CSL |
| IBRANCE | T5 | PA QL (21 tabs/caps/30 days) SP HD CSL |
| IBTROZI | T5 | PA SP CSL |
| ICLUSIG | T5 | PA QL(30 tabs/fill) SP CSL |
| IMBRUVICA 70 MG CAPSULE | T5 | PA QL(30 caps/fill) SP CSL |
| IMBRUVICA 70 MG/ML SUSPENSION | T5 | PA QL(3 bottles/fill) SP CSL |
| IMBRUVICA 140 MG CAPSULE | T5 | PA QL(120 caps/fill) SP CSL |
| IMBRUVICA 140 MG, 280 MG, 420 MG TABLET | T5 | PA QL(30 tabs/fill) SP CSL |
| IMKELDI | T5 | PA SP CSL |
| INLYTA 1 MG TABLET | T5 | PA QL(180 tabs/fill) SP HD CSL |
| INLYTA 5 MG TABLET | T5 | PA QL(120 tabs/fill) SP HD CSL |
| IRESSA (*gefitinib*) | T6 | PA QL(30 *tabs/30 days)* SP HD CSL |
| IWILFIN | T5 | PA SP CSL |
| KISQALI | T6 | PA QL (1 pack/1 time) CSL SP HD |
| KISQALI FEMARA CO-PACK | T6 | PA QL (1 pack/28 days) CSL SP HD |
| LAZCLUZE | T6 | PA SP CSL |
| *lapatinib ditosylate* (Tykerb) | T2 | PA QL(180 tabs/fill) SP HD CSL |
| LENVIMA 10 MG DAILY DOSE | T5 | PA QL(30 caps/fill) SP HD CSL |
| LENVIMA 12 MG DAILY DOSE | T5 | PA QL(90 caps/fill) SP HD CSL |
| LENVIMA 14 MG DAILY DOSE | T5 | PA QL(60 caps/fill) SP HD CSL |
| LENVIMA 18 MG DAILY DOSE | T5 | PA QL(90 caps/fill) SP HD CSL |

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# List of Prescription Medications

| ANTINEOPLASTICS (Cancer) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS** (cont.) | | |
| LENVIMA 20 MG DAILY DOSE | T5 | PA QL(60 caps/fill) SP HD CSL |
| LENVIMA 24 MG DAILY DOSE | T5 | PA QL(90 caps/fill) SP HD CSL |
| LENVIMA 4 MG CAPSULE | T5 | PA QL(30 caps/fill) SP HD CSL |
| LENVIMA 8 MG DAILY DOSE | T5 | PA QL(60 caps/fill) SP HD CSL |
| LORBRENA 100 MG TABLET | T5 | PA QL(30 tabs/fill) SP HD CSL |
| LORBRENA 25 MG TABLET | T5 | PA QL(90 tabs/fill) SP HD CSL |
| LYNPARZA | T5 | PA QL(120 tabs/fill) SP HD CSL |
| LYTGOBI | T5 | PA SP CSL |
| NERLYNX | T5 | PA SP HD CSL |
| NEXAVAR (*sorafenib tosylate*) | T6 | PA QL(120 tabs/fill) SP HD CSL |
| *nilotinib 150 mg capsule* (Tasigna) | T2 | PA QL (112 caps/30 days) SP HD CSL |
| *nilotinib 200 mg capsule* (Tasigna) | T2 | PA QL (112 caps/30 days) SP HD CSL |
| *nilotinib 50 mg capsule* (Tasigna) | T2 | PA QL (120 caps/30 days) SP HD CSL |
| NINLARO | T5 | PA QL(3 caps/fill) SP HD CSL |
| OGSIVEO | T6 | PA SP CSL |
| *pazopanib* (Votrient) | T2 | PA QL(120 tabs/30 days) SP HD CSL |
| PEMAZYRE | T5 | PA QL(28 tabs/fill) SP CSL |
| PIQRAY | T5 | PA SP CSL |
| RETEVMO 40 MG CAPSULE | T5 | PA QL(180 caps/fill) SP HD CSL |
| RETEVMO 80 MG CAPSULE | T5 | PA QL(120 caps/fill) SP HD CSL |
| ROZLYTREK 100 MG CAPSULE | T5 | PA QL(30 caps/fill) SP HD CSL |
| ROZLYTREK 200 MG CAPSULE | T5 | PA QL(90 caps/fill) SP HD CSL |
| ROZLYTREK 50 MG PELLET PACKET | T5 | PA QL(42 packs/fill) SP HD CSL |
| RETEVMO 40 MG TABLET | T6 | PA QL (90 tabs/fill) SP HD CSL |
| RETEVMO 80 MG TABLET | T6 | PA QL (60 tabs/fill) SP HD CSL |
| RETEVMO 120 MG TABLET | T6 | PA QL (60 tabs/fill) SP HD CSL |
| RETEVMO 160 MG TABLET | T6 | PA QL (60 tabs/fill) SP HD CSL |
| REVUFORJ | T5 | PA SP CSL |
| ROMVIMZA | T6 | PA QL (8 caps/fill) SP CSL |
| RYDAPT | T5 | PA QL(224 caps/fill) SP HD CSL |
| SCEMBLIX 20 MG TABLET | T5 | PA QL (600 tabs/30 days) SP CSL |
| SCEMBLIX 40 MG TABLET | T5 | PA QL (300 tabs/30 days) SP CSL |
| SCEMBLIX 100 MG TABLET | T5 | PA QL (120 tabs/fill) SP CSL |
| *sorafenib tosylate* (Nexavar) | T2 | PA QL(120 tabs/fill) SP HD CSL |

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# List of Prescription Medications

| ANTINEOPLASTICS (Cancer) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS** (cont.) | | |
| *sunitinib malate 12.5 mg cap* (Sutent) | T2 | PA QL(90 caps/fill) SP HD CSL |
| *sunitinib malate 25 mg capsule* (Sutent) | T2 | PA QL(30 caps/fill) SP HD CSL |
| *sunitinib malate 37.5 mg cap* (Sutent) | T2 | PA QL(30 caps/fill) SP HD CSL |
| *sunitinib malate 50 mg capsule* (Sutent) | T2 | PA QL(30 caps/fill) SP HD CSL |
| SUTENT 12.5 MG CAPSULE (*sunitinib malate*) | T6 | PA QL(90 caps/fill) SP HD CSL |
| SUTENT 25 MG CAPSULE (*sunitinib malate*) | T6 | PA QL(30 caps/fill) SP HD CSL |
| SUTENT 37.5 MG CAPSULE (*sunitinib malate*) | T6 | PA QL(30 caps/fill) SP HD CSL |
| SUTENT 50 MG CAPSULE (*sunitinib malate*) | T6 | PA QL(30 caps/fill) SP HD CSL |
| TABRECTA | T5 | PA SP HD CSL |
| TAGRISSO | T5 | PA QL(30 tabs/fill) SP HD CSL |
| TALZENNA | T5 | PA QL(30 caps/fill) SP HD CSL |
| TALZENNA 0.1 MG CAPSULE, SOFTGEL | T5 | PA QL (30 caps/fill) SP CSL |
| TALZENNA 0.25 MG CAPSULE, SOFTGEL | T5 | PA QL (30 caps/30 days) SP CSL |
| TALZENNA 0.35 MG CAPSULE, SOFTGEL | T5 | PA QL (30 caps/fill) SP CSL |
| TALZENNA 0.5 MG CAPSULE, SOFTGEL | T5 | PA QL (30 caps/30 days) SP CSL |
| TALZENNA 0.75 MG CAPSULE, SOFTGEL | T5 | PA QL (30 caps/30 days) SP CSL |
| TALZENNA 1 MG CAPSULE, SOFTGEL | T5 | PA QL (30 caps/30 days) SP CSL |
| TASIGNA 150 MG CAPSULE *(nilotinib hcl)* | T6 | PA QL (112 caps/30 days) SP HD CSL |
| TASIGNA 200 MG CAPSULE *(nilotinib hcl)* | T6 | PA QL (112 caps/30 days) SP HD CSL |
| TASIGNA 50 MG CAPSULE *(nilotinib hcl)* | T6 | PA QL (120 caps/30 days) SP HD CSL |
| TRUQAP | T5 | PA SP CSL |
| TUKYSA 150 MG TABLET | T6 | PA QL(120 tabs/fill) SP CSL |
| TUKYSA 50 MG TABLET | T6 | PA QL(300 tabs/fill) SP CSL |
| TURALIO | T6 | PA QL(120 caps/fill) SP CSL |
| VERZENIO | T5 | PA QL(60 tabs/fill) SP HD CSL |
| VITRAKVI 100 MG CAPSULE | T5 | PA QL(60 caps/fill) SP HD CSL |
| VITRAKVI 20 MG/ML SOLUTION | T5 | PA QL(300 mls/fill) SP HD CSL |
| VITRAKVI 25 MG CAPSULE | T5 | PA QL(180 caps/fill) SP HD CSL |
| VIZIMPRO | T5 | PA QL(30 tabs/fill) SP HD CSL |
| VONJO | T5 | PA QL(120 caps/fill) SP CSL |
| VOTRIENT *(pazopanib hcl)* | T6 | PA QL(120 tabs/30 days) SP HD CSL |
| XALKORI 200MG, 250 MG CAPSULE | T5 | PA QL(60 caps/30 days) SP HD CSL |
| XALKORI 20MG PELLET | T5 | PA QL (120 caps/fill) SP HD CSL |
| XALKORI 50 MG PELLET | T5 | PA QL (120 caps/fill) SP HD CSL |

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# List of Prescription Medications

| ANTINEOPLASTICS (Cancer) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS** (cont.) | | |
| XALKORI 150 MG PELLET | T5 | PA QL (120 caps/fill) SP HD CSL |
| XOSPATA | T5 | PA QL(90 tabs/fill) SP CSL |
| ZYDELIG | T5 | PA QL(60 tabs/fill) SP HD CSL |
| ZYKADIA | T5 | PA QL(90 tabs/caps/fill) SP HD CSL |
| **ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS** | | |
| VENCLEXTA 10 MG TABLET | T5 | PA QL(56 tabs/fill) SP CSL |
| VENCLEXTA 10 MG TAB (10MG X 2) | T5 | PA QL(56 tabs/fill) SP CSL |
| VENCLEXTA 50 MG TABLET | T5 | PA QL(28 tabs/fill) SP CSL |
| VENCLEXTA 100 MG TABLET | T5 | PA QL(180 tabs/fill) SP CSL |
| VENCLEXTA STARTING PACK | T5 | PA QL(42 tabs/fill) SP CSL |
| **ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH** | | |
| WELIREG | T6 | PA SP CSL |
| **ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS** | | |
| IDHIFA | T5 | PA QL(30 tabs/fill) SP HD CSL |
| TIBSOVO | T5 | PA SP CSL |
| VORANIGO | T6 | PA SP CSL |
| **ANTINEOPLASTICS, MISCELLANEOUS** | | |
| *etoposide* | T2 | SP HD CSL |
| LYSODREN | T3 | CSL |
| MATULANE | T5 | SP CSL |
| *tretinoin 10 mg capsule* | T2 | CSL |
| **IMMUNOMODULATORS** | | |
| ACTIMMUNE | T5 | PA SP HD |
| **SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)** | | |
| FARESTON (*toremifene citrate*) | T4 | HD CSL |
| SOLTAMOX | T4 | HD PPACA CSL |
| *tamoxifen citrate* | T2 | HD PPACA CSL |
| *toremifene citrate* (Fareston) | T2 | HD CSL |
| **STEROID ANTINEOPLASTICS** | | |
| *megestrol 20 mg , 40 mg tablet* | T2 | CSL |
| **ANTINEOPLASTICS (Skin Conditions)** | | |
| **PHOTOACT, TOPICAL ANTINEOPLAST, PREMALIGNANT LESIONS** | | |
| LEVULAN | T6 | SP |

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# List of Prescription Medications

| ANTINEOPLASTICS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS** | | |
| *bexarotene 1% gel* (Targretin) | T2 | PA SP HD |
| diclofenac sodium 3% gel | T2 | PA QL(100 gms/28 days) |
| EFUDEX *(fluorouracil)* | T4 | |
| FLUOROPLEX | T4 | |
| *fluorouracil 2% topical soln* | T2 | |
| *fluorouracil 5% cream* (Efudex) | T2 | |
| *fluorouracil 5% topical soln* | T2 | |
| PANRETIN | T6 | PA SP HD |
| TARGRETIN 1% GEL (*bexarotene*) | T6 | PA SP HD |
| VALCHLOR | T5 | PA SP HD |
| **ANTI-OBESITY DRUGS (Weight Management)** | | |
| **ANTI-OBESITY - ANOREXIC AGENTS** | | |
| ADIPEX-P (*phentermine hcl*) | T4 | PA QL(30 tabs/30 days) |
| *benzphetamine hcl* | T2 | PA QL(90 tabs/fill) |
| *diethylpropion hcl* | T2 | PA QL(90 tabs/fill) |
| *diethylpropion hcl* | T2 | PA QL(30 tabs/fill) |
| LOMAIRA | T4 | PA QL(90 tabs/fill) |
| *phendimetrazine tartrate* | T2 | PA QL(30 caps/fill) |
| *phendimetrazine tartrate* | T2 | PA QL(180 tabs/fill) |
| *phentermine 15 mg 30 mg capsule* | T2 | PA QL(30 caps/fill) |
| *phentermine 37.5 mg capsule* | T2 | PA QL(30 caps/30 days) |
| *phentermine 8 mg tablet* | T2 | PA QL (90 tabs/30 days) |
| *phentermine 37.5 mg tablet* (Adipex-P) | T2 | PA QL(30 tabs/fill) |
| *phentermine/topiramate* (Qsymia) | T2 | PA QL (30 caps/30 days) |
| QSYMIA *(phentermine/topiramate)* | T4 | PA QL (30 caps/30 days) |
| **ANTI-OBESITY - INCRETIN MIMETICS COMBINATION** | | |
| ZEPBOUND 2.5 MG/0.5 ML PEN | T3 | PA QL (2 mls/28 days) |
| ZEPBOUND 2.5 MG/0.5 ML VIAL | T4 | PA QL (2 mls/28 days) |
| ZEPBOUND 5 MG/0.5 ML PEN | T3 | PA QL (2 mls/28 days) |
| ZEPBOUND 5 MG/0.5 ML VIAL | T4 | PA QL (2 mls/28 days) |
| ZEPBOUND 7.5 MG/0.5 ML PEN | T3 | PA QL (2 mls/28 days) |
| ZEPBOUND 7.5 MG/0.5 ML VIAL | T4 | PA QL (2 mls/28 days) |
| ZEPBOUND 10 MG/0.5 ML PEN | T3 | PA QL (2 mls/28 days) |

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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 - INCRETIN MIMETICS COMBINATION** (cont.) | | |
| ZEPBOUND 10 MG/0.5 ML VIAL | T4 | PA QL (2 mls/28 days) |
| ZEPBOUND 12.5 MG/0.5 ML PEN | T3 | PA QL (2 mls/28 days) |
| ZEPBOUND 12.5 MG/0.5 ML VIAL | T4 | PA QL (2 mls/28 days) |
| ZEPBOUND 15 MG/0.5 ML PEN | T3 | PA QL (2 mls/28 days) |
| ZEPBOUND 15 MG/0.5 ML VIAL | T4 | PA QL (2 mls/28 days) |
| **ANTI-OBESITY - MELANOCORTIN 4 RECEPTOR AGONISTS** | | |
| IMCIVREE | T6 | PA QL(6 mls/30 days) SP |
| **ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST** | | |
| *liraglutide 18 mg/3 ml pen* (Saxenda) | T2 | PA QL (5 pens/30 days) |
| *liraglutide 5-pak 18 mg/3 ml* (Saxenda) | T2 | PA QL (5 pens/30 days) |
| SAXENDA *(liraglutide)* | T4 | PA QL (5 pens/30 days) |
| WEGOVY 0.25 MG/0.5 ML PEN | T3 | PA QL(8 pens/year) |
| WEGOVY 0.5 MG/0.5 ML PEN | T3 | PA QL(8 pens/year) |
| WEGOVY 1 MG/0.5 ML PEN | T3 | PA QL(8 pens/year) |
| WEGOVY 1.7 MG/0.75 ML PEN | T3 | PA QL(8 pens/year) |
| WEGOVY 2.4 MG/0.75 ML PEN | T3 | PA QL(4 pens/28 days) |
| **ANTI-OBESITY SEROTONIN 2C RECEPTOR AGONISTS** | | |
| BELVIQ | T4 | PA |
| BELVIQ XR | T4 | PA |
| **ANTI-OBESITY-OPIOID ANTAG-NOREPI, DOPAMINE RU INHIB** | | |
| CONTRAVE | T4 | PA QL(120 tabs/fill) |
| **FAT ABSORPTION DECREASING AGENTS** | | |
| ORLISTAT | T4 | PA QL(90 caps/fill) |
| XENICAL | T4 | PA QL(90 caps/fill) |
| **ANTIPARASITICS (Eye Conditions)** | | |
| **OPHTHALMIC (EYE) ANTIPARASITICS** | | |
| XDEMVY | T5 | QL(10 mgs/30 days) SP |
| **ANTIPARASITICS (Infections)** | | |
| **ANTIPARASITICS** | | |
| ALINIA 100 MG/5 ML SUSPENSION | T3 | QL(360 mls/30 days) |
| **TOPICAL ANTIPARASITICS** | | |
| *crotamiton* | T2 | |
| ELIMITE (*permethrin*) | T4 | |

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# List of Prescription Medications

| ANTIPARASITICS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTIPARASITICS** (cont.) | | |
| EURAX | T4 | |
| *permethrin* (Elimite) | T2 | |
| *spinosad* (Natroba) | T2 | |
| ULESFIA | T4 | |
| **ANTIPARKINSON DRUGS (Parkinson's Disease)** | | |
| **ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC** | | |
| *benztropine mesylate* | T1 | HD |
| *trihexyphenidyl hcl* | T2 | HD |
| **ANTIPARKINSONISM DRUGS, OTHER** | | |
| *amantadine hcl* | T2 | HD |
| *apomorphine hcl* | T2 | PA QL(30 mls/30 days) SP |
| AZILECT (*rasagiline mesylate*) | T4 | ST HD |
| *bromocriptine mesylate* | T2 | HD |
| *carbidopa/levodopa* | T2 | HD |
| *carbidopa/levodopa/entacapone* (Stalevo 100) | T2 | HD |
| *carbidopa/levodopa/entacapone* (Stalevo 125) | T2 | HD |
| *carbidopa/levodopa/entacapone* (Stalevo 75) | T2 | HD |
| CREXONT | T4 | ST HD |
| DUOPA | T6 | PA SP HD |
| *entacapone* | T2 | HD |
| INBRIJA | T5 | PA QL(300 caps/fill) SP HD |
| KYNMOBI | T3 | PA QL(150 films/30 days) HD |
| NEUPRO | T4 | HD |
| NOURIANZ | T6 | PA QL(30 tabs/fill) SP HD |
| ONGENTYS | T4 | PA QL (30 caps/30 days) HD |
| *pramipexole di-hcl* | T2 | HD |
| *rasagiline mesylate* (Azilect) | T2 | HD |
| *ropinirole hcl* | T2 | HD |
| RYTARY | T4 | ST HD |
| *selegiline hcl* | T2 | HD |
| STALEVO 100 (*carbidopa/levodopa/entacapone*) | T4 | HD |
| STALEVO 75 (*carbidopa/levodopa/entacapone*) | T4 | HD |
| TASMAR (*tolcapone*) | T4 | PA HD |
| *tolcapone* (Tasmar) | T2 | PA HD |

T1 – Preferred Generics
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T5 – Preferred Specialty
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PA – Prior Authorization
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# List of Prescription Medications

| ANTIPARKINSON DRUGS (Parkinson's Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DECARBOXYLASE INHIBITORS** | | |
| *carbidopa* (Lodosyn) | T2 | PA |
| LODOSYN *(carbidopa)* | T4 | PA |
| **ANTIPLATELET DRUGS (Blood Thinners/Anti-Clotting)** | | |
| **PLATELET AGGREGATION INHIBITORS** | | |
| *aspirin/dipyridamole* | T2 | HD |
| ASPIRIN-OMEPRAZOLE | T4 | PA HD |
| BRILINTA *(ticagrelor)* | T4 | ST HD |
| *cilostazol* | T2 | HD |
| *clopidogrel bisulfate* | T1 | HD |
| *clopidogrel bisulfate* (Plavix) | T1 | HD |
| *dipyridamole* | T2 | HD |
| EFFIENT *(prasugrel hcl)* | T4 | HD |
| *prasugrel hcl* (Effient) | T2 | HD |
| *ticagrelor* (Brilinta) | T2 | HD |
| ZONTIVITY | T4 | PA HD |
| **PLATELET REDUCING AGENTS** | | |
| AGRYLIN *(anagrelide hcl)* | T4 | |
| *anagrelide hcl* | T2 | |
| *anagrelide hcl* (Agrylin) | T2 | |
| **ANTIVIRALS (AIDS/HIV)** | | |
| **ANTIRETROVIRAL - CAPSID INHIBITORS** | | |
| YEZTUGO | T5 | SP |
| **ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.** | | |
| JULUCA | T5 | SP |
| DOVATO | T5 | SP |
| TRIUMEQ | T5 | SP |
| TRIUMEQ PD | T5 | SP |
| **ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE, PROTEASE INH.** | | |
| SYMTUZA | T5 | SP |
| **ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB** | | |
| APTIVUS | T5 | SP |
| *darunavir* (Prezista) | T2 | SP |
| PREZISTA | T5 | PA SP |

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# List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB** (cont.) | | |
| PREZISTA 600 MG TABLET (*darunavir*) | T6 | SP |
| PREZISTA 800 MG TABLET (*darunavir*) | T6 | SP |
| **ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG** | | |
| CIMDUO | T5 | SP |
| DESCOVY | T5 | SP |
| *emtricitabine-tenofv 100-150mg (*Truvada*)* | T2 | SP |
| *emtricitabine-tenofv 133-200mg (*Truvada*)* | T2 | SP |
| *emtricitabine-tenofv 167-250mg (*Truvada*)* | T2 | SP |
| *emtricitabine-tenofv 200-300mg (*Truvada*)* | T2 | SP PPACA |
| TEMIXYS | T5 | SP |
| **ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB** | | |
| *abacavir sulfate/lamivudine (*Epzicom*)* | T2 | SP |
| COMBIVIR *(lamivudine/zidovudine)* | T6 | SP |
| EPZICOM *(abacavir sulfate/lamivudine)* | T6 | SP |
| *lamivudine/zidovudine (*Combivir*)* | T2 | SP |
| **ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.** | | |
| *maraviroc* (Selzentry) | T2 | SP |
| SELZENTRY 150 MG TABLET (*maraviroc*) | T6 | SP |
| SELZENTRY 20 MG/ML ORAL SOLN | T5 | SP |
| SELZENTRY 300 MG TABLET (*maraviroc*) | T6 | SP |
| **ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS** | | |
| FUZEON | T5 | PA SP |
| **ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI** | | |
| EDURANT | T5 | SP |
| EDURANT PED | T6 | SP |
| *efavirenz (*Sustiva*)* | T2 | SP |
| *etravirine (*Intelence*)* | T2 | SP |
| INTELENCE 100 MG TABLET *(etravirine)* | T6 | SP |
| INTELENCE 200 MG TABLET *(etravirine)* | T6 | SP |
| INTELENCE 25 MG TABLET | T5 | SP |
| *nevirapine* | T2 | SP |
| PIFELTRO | T5 | SP |
| SUNLENCA | T6 | PA SP |
| SUSTIVA *(efavirenz)* | T6 | SP |

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# List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI** | | |
| *abacavir sulfate* (Ziagen) | T2 | SP |
| *didanosine* | T2 | SP |
| *emtricitabine* (Emtriva) | T2 | SP |
| EMTRIVA 10 MG/ML SOLUTION | T5 | SP |
| EMTRIVA 200 MG CAPSULE (*emtricitabine*) | T6 | SP |
| EPIVIR (*lamivudine*) | T6 | SP |
| *lamivudine* (Epivir) | T2 | SP |
| RETROVIR (zidovudine) | T6 | SP |
| *stavudine* | T2 | SP |
| *tenofovir disoproxil fumarate* (Viread) | T2 | SP |
| VIREAD 150 MG TABLET | T5 | SP |
| VIREAD 200 MG TABLET | T5 | SP |
| VIREAD 250 MG TABLET | T5 | SP |
| VIREAD 300 MG TABLET (*tenofovir disoproxil fumarate*) | T6 | SP |
| VIREAD POWDER | T5 | SP |
| ZIAGEN (*abacavir sulfate*) | T6 | SP |
| *zidovudine* | T2 | SP |
| *zidovudine* (Retrovir) | T2 | SP |
| **ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB** | | |
| *lopinavir/ritonavir* | T2 | SP |
| *lopinavir/ritonavir* (Kaletra) | T2 | SP |
| KALETRA | T6 | SP |
| KALETRA (*lopinavir/ritonavir*) | T6 | SP |
| **ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS** | | |
| *abacavir sulfate* | T2 | SP |
| *atazanavir sulfate* (Reyataz) | T2 | SP |
| EVOTAZ | T6 | SP |
| *fosamprenavir calcium* | T2 | SP |
| NORVIR 100 MG POWDER PACKET | T5 | SP |
| NORVIR 100 MG TABLET (*ritonavir*) | T6 | SP |
| REYATAZ 150 MG CAPSULE (*atazanavir sulfate*) | T6 | SP |
| REYATAZ 200 MG CAPSULE (*atazanavir sulfate*) | T6 | SP |
| REYATAZ 300 MG CAPSULE (*atazanavir sulfate*) | T6 | SP |

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# List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS** (cont.) | | |
| REYATAZ 50 MG POWDER PACKET | T5 | SP |
| *ritonavir* (Norvir) | T2 | SP |
| VIRACEPT | T5 | SP |
| **ANTIVIRALS, HIV-I INTEGRASE STRAND TRANSFER INHIBTR** | | |
| APRETUDE | T5 | SP PPACA |
| ISENTRESS | T5 | SP |
| ISENTRESS HD | T5 | SP |
| TIVICAY | T5 | SP |
| TIVICAY PD | T5 | SP |
| **ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB** | | |
| DELSTRIGO | T5 | SP |
| *efavirenz/emtricit/tenofovr df* | T2 | SP |
| *efavirenz/lamivu/tenofov disop* (Symfi Lo) | T2 | SP |
| *efavirenz/lamivu/tenofov disop* (Symfi) | T2 | SP |
| *emtricita/rilpivirine/tenof df* (Complera) | T2 | SP |
| ODEFSEY | T5 | SP |
| SYMFI *(efavirenz/lamivu/tenofov disop)* | T5 | SP |
| SYMFI LO *(efavirenz/lamivu/tenofov disop)* | T5 | SP |
| **ARV-NUCLEOSIDE, NUCLEOTIDE RTI, INTEGRASE INHIBITORS** | | |
| BIKTARVY | T5 | SP |
| GENVOYA | T5 | SP |
| **ANTIVIRALS (Eye Conditions)** | | |
| **EYE ANTIVIRALS** | | |
| *trifluridine* | T2 | |
| ZIRGAN | T4 | |
| **ANTIVIRALS (Infections)** | | |
| **ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR** | | |
| PAXLOVID 150-100 MG (MODERATE) | T3 | QL (20 tabs/180 days) |
| PAXLOVID 300/150-100MG(SEVERE) | T3 | |
| **ANTIVIRAL MONOCLONAL ANTIBODIES** | | |
| BEYFORTUS | T3 | PPACA |
| ENFLONSIA | T3 | PPACA |

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# List of Prescription Medications

| ANTIVIRALS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIVIRALS, GENERAL** | | |
| *acyclovir 200 mg/5 ml susp cup* | T2 | |
| *acyclovir 800 mg/20ml susp cup* | T2 | |
| *acyclovir 200 mg capsule* | T2 | |
| *acyclovir 200 mg/5 ml susp* (Zovirax) | T2 | |
| *acyclovir 400 mg tablet* | T2 | |
| *acyclovir 800 mg tablet* | T2 | |
| *famciclovir 125 mg tablet* | T2 | QL(21 tabs/fill) |
| *famciclovir 250 mg tablet* | T2 | QL(60 tabs/fill) |
| *famciclovir 500 mg tablet* | T2 | QL(21 tabs/fill) |
| FLUMADINE (*rimantadine hcl*) | T4 | |
| LIVTENCITY | T6 | PA QL(112 tabs/28 days) SP |
| *oseltamivir 6 mg/ml suspension* (Tamiflu) | T2 | QL(180 mls/fill) |
| *oseltamivir phos 30 mg capsule* (Tamiflu) | T2 | QL(20 caps/fill) |
| *oseltamivir phos 45 mg capsule* (Tamiflu) | T2 | QL(10 caps/fill) |
| *oseltamivir phos 75 mg capsule* (Tamiflu) | T2 | QL(10 caps/fill) |
| PREVYMIS 120 MG PELLET PACKET | T5 | SP |
| PREVYMIS 20 MG PELLET PACKET | T5 | SP |
| PREVYMIS 240 MG TABLET | T5 | QL (30 tabs/28 days) SP HD |
| PREVYMIS 480 MG TABLET | T5 | QL (30 tabs/28 days) SP HD |
| RELENZA | T4 | QL(20 blisters/fill) |
| *rimantadine hcl* (Flumadine) | T2 | |
| SITAVIG | T4 | PA QL (2 tabs/30 days) |
| TAMIFLU 30 MG CAPSULE (*oseltamivir phosphate*) | T4 | QL(20 caps/fill) |
| TAMIFLU 45 MG CAPSULE (*oseltamivir phosphate*) | T4 | QL(10 caps/fill) |
| TAMIFLU 6 MG/ML SUSPENSION (*oseltamivir phosphate*) | T4 | QL(180 mls/fill) |
| TAMIFLU 75 MG CAPSULE (*oseltamivir phosphate*) | T4 | QL(10 caps/fill) |
| *valacyclovir hcl* (Valtrex) | T2 | QL(30 tabs/fill) |
| VALCYTE *(valganciclovir hcl)* | T4 | |
| *valganciclovir hcl* (Valcyte) | T2 | |
| XOFLUZA | T4 | QL(1 tab/fill) |
| ZOVIRAX 200 MG/5 ML SUSP (*acyclovir*) | T4 | |
| **HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO** | | |
| VOSEVI | T5 | PA QL(28 tabs/fill) SP HD |

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# List of Prescription Medications

| ANTIVIRALS (Infections) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.** | | |
| EPCLUSA 150-37.5 MG PELLET PKT | T5 | PA QL(28 packs/fill) SP HD |
| EPCLUSA 200 MG-50 MG TABLET | T5 | PA QL(28 tabs/fill) SP HD |
| EPCLUSA 200-50 MG PELLET PACK | T5 | PA QL(28 packs/fill) SP HD |
| EPCLUSA 400 MG-100 MG TABLET | T5 | PA QL(28 tabs/fill) SP HD |
| HARVONI 33.75-150 MG PELLET PK | T5 | PA QL(28 packs/fill) SP HD |
| HARVONI 45-200 MG PELLET PACKT | T5 | PA QL(56 packs/fill) SP HD |
| HARVONI 45-200 MG TABLET | T5 | PA QL(56 tabs/fill) SP HD |
| HARVONI 90-400 MG TABLET | T5 | PA QL(>= 18 yo 28 tabs/fill) SP HD |
| **HEPATITIS B TREATMENT AGENTS** | | |
| *adefovir dipivoxil* | T2 | SP HD |
| BARACLUDE 0.05 MG/ML SOLUTION | T5 | SP HD |
| *entecavir* (Baraclude) | T2 | SP HD |
| *lamivudine* | T2 | SP |
| VEMLIDY | T5 | SP HD |
| PEGASYS 180 MCG/0.5 ML SYRINGE | T5 | SP HD |
| PEGASYS 180 MCG/ML VIAL | T5 | SP HD |
| *ribasphere 200 mg capsule* | T2 | ST SP HD |
| *ribasphere 600 mg tablet* | T2 | ST SP |
| **HEPATITIS C TREATMENT AGENTS** | | |
| *ribavirin* | T2 | PA SP HD |
| **HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB** | | |
| ZEPATIER | T5 | PA QL(28 tabs/fill) SP HD |
| **ANTIVIRALS (Skin Conditions)** | | |
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir 5% cream* (Zovirax) | T2 | PA QL(5 gms/fill) |
| *acyclovir 5% ointment* (Zovirax) | T2 | PA QL(30 gms/fill) |
| DENAVIR | T4 | |
| *penciclovir* | T2 | |
| ZOVIRAX 5% CREAM (*acyclovir*) | T4 | PA QL(5 gms/fill) |
| **AUTONOMIC DRUGS (Allergy/Nasal Sprays)** | | |
| **ANAPHYLAXIS THERAPY AGENTS** | | |
| AUVI-Q | T3 | QL(2 auto-injs/30 days) |
| *epinephrine 0.15 mg auto-injct* (Epipen Jr 2-Pak) | T2 | QL(2 auto-injs/fill) |

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# List of Prescription Medications

| 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) | T2 | QL(2 auto-injs/fill) |
| *epinephrine 0.3 mg auto-inject* (Epipen 2-Pak) | T2 | QL(2 auto-injs/fill) |
| *epinephrine 0.3 mg auto-inject* (Epipen) | T2 | QL(2 auto-injs/fill) |
| EPINEPHRINE 0.3 MG/0.3 ML SYR | T4 | QL (2 syringes/30 days) |
| EPIPEN (*epinephrine*) | T3 | PA QL(2 auto-injs/fill) |
| EPIPEN 2-PAK (*epinephrine*) | T3 | PA QL(2 auto-injs/fill) |
| EPIPEN JR (*epinephrine*) | T3 | PA QL(2 auto-injs/fill) |
| EPIPEN JR 2-PAK (*epinephrine*) | T3 | PA QL(2 auto-injs/fill) |
| NEFFY | T3 | QL (4 units/fill) |
| **AUTONOMIC DRUGS (Alzheimer's Disease)** | | |
| **CHOLINESTERASE INHIBITORS** | | |
| ADLARITY | T4 | ST HD |
| ARICEPT *(donepezil hcl)* | T4 | ST HD |
| *donepezil hcl* | T1 | HD |
| *donepezil hcl 10 mg tablet* (Aricept) | T1 | HD |
| *donepezil hcl 23 mg tablet* (Aricept) | T1 | ST HD |
| *donepezil hcl 5 mg tablet* (Aricept) | T1 | HD |
| EXELON *(rivastigmine)* | T4 | ST HD |
| *galantamine hbr* | T2 | HD |
| *galantamine hbr* (Razadyne Er) | T2 | HD |
| *pyridostigmine 60 mg/5 ml soln* (Mestinon) | T2 | HD |
| PYRIDOSTIGMINE BR 30 MG TABLET | T4 | HD |
| *pyridostigmine br 60 mg tablet* (Mestinon) | T2 | HD |
| PYRIDOSTIGMINE ER 105 MG TABLET | T4 | |
| *pyridostigmine er 180 mg tab* (Mestinon) | T2 | HD |
| RAZADYNE ER (*galantamine hbr*) | T4 | ST HD |
| *rivastigmine* (Exelon) | T2 | HD |
| *rivastigmine tartrate* | T2 | HD |
| **AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)[9]** | | |
| **ADRENERGICS, AROMATIC, NON-CATECHOLAMINE** | | |
| ADZENYS XR-ODT | T4 | ST |
| *amphetamine sulfate* (Evekeo) | T2 | |
| DESOXYN (*methamphetamine hcl*) | T4 | |

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# List of Prescription Medications

| AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)[9] (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ADRENERGICS, AROMATIC, NON-CATECHOLAMINE** (cont.) | | |
| DEXEDRINE (*dextroamphetamine sulfate*) | T4 | ST |
| *dextroamphetamine sulfate* | T2 | |
| *dextroamphetamine sulfate* (Dexedrine) | T2 | |
| *dextroamphetamine sulfate* (Zenzedi) | T2 | |
| *dextroamphetamine/amphetamine* (Adderall Xr) | T2 | |
| *dextroamphetamine/amphetamine* (Adderall) | T2 | |
| *dextroamphetamine/amphetamine* (Mydayis) | T2 | |
| EVEKEO ODT | T4 | |
| *methamphetamine hcl* (Desoxyn) | T2 | |
| MYDAYIS (*dextroamphetamine/amphetamine*) | T4 | ST |
| ZENZEDI 2.5 MG TABLET | T4 | |
| *zenzedi 5 mg tablet* | T2 | |
| ZENZEDI 7.5 MG TABLET *(dextroamphetamine sulfate)* | T4 | |
| *zenzedi 10 mg tablet* | T2 | |
| ZENZEDI 15 MG TABLET *(dextroamphetamine sulfate)* | T4 | |
| ZENZEDI 20 MG TABLET *(dextroamphetamine sulfate)* | T4 | |
| ZENZEDI 30 MG TABLET (*dextroamphetamine sulfate*) | T4 | |
| **AUTONOMIC DRUGS (Blood Pressure/Heart Medications)** | | |
| **ADRENERGIC VASOPRESSOR AGENTS** | | |
| *droxidopa* (Northera) | T2 | PA SP HD |
| *midodrine hcl* | T2 | |
| DIBENZYLINE *(phenoxybenzamine hcl)* | T4 | PA HD |
| *phenoxybenzamine hcl* (Dibenzyline) | T2 | PA HD |
| **AUTONOMIC DRUGS (Urinary Tract Conditions)** | | |
| **PARASYMPATHETIC AGENTS** | | |
| *bethanechol chloride* | T2 | HD |
| *bethanechol chloride* (Urecholine) | T2 | HD |
| *cevimeline hcl* (Evoxac) | T2 | HD |
| EVOXAC (*cevimeline hcl*) | T4 | HD |
| *pilocarpine hcl 5 mg tablet* (Salagen) | T2 | HD |
| *pilocarpine hcl 7.5 mg tablet* (Salagen) | T2 | HD |
| SALAGEN *(pilocarpine hcl)* | T4 | HD |
| URECHOLINE (*bethanechol chloride*) | T4 | HD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **BIOLOGICALS (Allergy/Nasal Sprays)** | | |
| **ALLERGENIC EXTRACTS, THERAPEUTIC** | | |
| GRASTEK | T3 | PA |
| ODACTRA | T3 | PA |
| ORALAIR | T3 | PA |
| RAGWITEK | T3 | PA |
| **BIOLOGICALS (Blood Pressure/Heart Medications)** | | |
| **PLASMA KALLIKREIN INHIBITORS** | | |
| TAKHZYRO | T4 | PA SP HD |
| **BIOLOGICALS (Miscellaneous)** | | |
| **PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE** | | |
| PALYNZIQ 10 MG/0.5 ML SYRINGE | T5 | PA QL(30 syringes/fill) SP HD |
| PALYNZIQ 2.5 MG/0.5 ML SYRINGE | T5 | PA QL(8 syringes/fill) SP HD |
| PALYNZIQ 20 MG/ML SYRINGE | T5 | PA QL(60 syringes/fill) SP HD |
| **BIOLOGICALS (Vaccines)** | | |
| **COVID-19 VACCINES** | | |
| COMIRNATY | T3 | PPACA |
| JANSSEN COVID-19 VACCINE (EUA) | T3 | PPACA |
| MNEXSPIKE | T3 | PPACA |
| MODERNA COVID EUA | T3 | PPACA |
| MODERNA COVID-19 BOOSTER (EUA) | T3 | PPACA |
| NOVAVAX COVID (EUA) | T3 | PPACA |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | T3 | PPACA |
| NUVAXOVID | T3 | PPACA |
| PFIZER COVID EUA | T3 | PPACA |
| PFIZER COVID-19 VACCINE (EUA) | T3 | PPACA |
| SPIKEVAX | T3 | PPACA |
| SPIKEVAX COVID VACC | T3 | PPACA |
| **ENTERIC VIRUS VACCINES** | | |
| IPOL | T3 | PPACA |
| ROTARIX | T4 | HD PPACA |
| ROTATEQ | T3 | PPACA |

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ST – Step Therapy
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# List of Prescription Medications

| BIOLOGICALS (Vaccines) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **GRAM NEGATIVE COCCI VACCINES** | | |
| BEXSERO | T3 | PPACA |
| MENACTRA | T3 | |
| MENQUADFI | T3 | PPACA |
| 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 | T3 | PPACA |
| AFLURIA QUAD | T3 | PPACA |
| AFLURIA TRIV | T3 | PPACA |
| AFLURIA TRIVALENT | T3 | PPACA |
| AUDENZ (NATIONAL STOCKPILE) | T3 | |
| FLUAD | T3 | PPACA |
| FLUAD QUAD | T3 | PPACA |
| FLUAD TRIVALENT | T3 | PPACA |
| FLUARIX | T3 | PPACA |
| FLUARIX QUAD | T3 | PPACA |
| FLUARIX TRIVALENT | T3 | PPACA |
| FLUBLOK | T3 | PPACA |
| FLUBLOK QUAD | T3 | PPACA |
| FLUBLOK TRIVALENT | T3 | PPACA |
| FLUCELVAX | T3 | PPACA |
| FLUCELVAX QUAD | T3 | PPACA |
| FLUCELVAX TRIVALENT | T3 | PPACA |
| FLULAVAL | T3 | PPACA |
| FLULAVAL QUAD | T3 | PPACA |
| FLULAVAL TRIVALENT | T3 | PPACA |

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# List of Prescription Medications

| BIOLOGICALS (Vaccines) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **INFLUENZA VIRUS VACCINES** (cont.) | | |
| FLUMIST | T3 | PPACA |
| FLUMIST HOME | T3 | PPACA |
| FLUMIST QUAD | T3 | PPACA |
| FLUMIST TRIVALENT | T3 | PPACA |
| FLUZONE | T3 | PPACA |
| FLUZONE HIGH-DOSE | T3 | PPACA |
| FLUZONE HIGH-DOSE QUAD | T3 | PPACA |
| FLUZONE HIGH-DOSE TRIV | T3 | PPACA |
| FLUZONE QUAD | T3 | PPACA |
| FLUZONE QUAD PEDI | T3 | PPACA |
| FLUZONE TRIVALENT | T3 | PPACA |
| **NEUROTOXIC VIRUS VACCINES** | | |
| DENGVAXIA | T3 | PPACA |
| **TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS** | | |
| BCG VACCINE (TICE STRAIN) | T5 | SP |
| **VACCINE/TOXOID PREPARATIONS, COMBINATIONS** | | |
| ACTHIB | T3 | PPACA |
| ADACEL TDAP | T3 | PPACA |
| BOOSTRIX TDAP | T3 | PPACA |
| DAPTACEL DTAP | T3 | PPACA |
| DIPHTHERIA-TETANUS TOXOIDS-PED | T3 | |
| HIBERIX | T3 | PPACA |
| INFANRIX DTAP | T3 | PPACA |
| KINRIX | T3 | PPACA |
| M-M-R II VACCINE | T3 | PPACA |
| PEDVAXHIB | T3 | PPACA |
| PENTACEL | T3 | PPACA |
| PENTACEL ACTHIB COMPONENT | T3 | PPACA |
| PRIORIX | T3 | PPACA |
| PROQUAD | T3 | PPACA |
| QUADRACEL DTAP-IPV | T3 | PPACA |
| TDVAX | T3 | PPACA |
| TENIVAC | T3 | PPACA |
| VAXELIS | T3 | PPACA |

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# List of Prescription Medications

| BIOLOGICALS (Vaccines) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VIRAL/TUMORIGENIC VACCINES** | | |
| ABRYSVO | T3 | PPACA |
| ACAM2000 | T3 | PPACA |
| AREXVY VIAL KIT | T3 | PPACA |
| ENGERIX-B ADULT | T3 | PPACA |
| ENGERIX-B PEDIATRIC-ADOLESCENT | T3 | PPACA |
| ERVEBO (NATIONAL STOCKPILE) | T3 | |
| GARDASIL 9 | T3 | PPACA |
| HAVRIX | T3 | PPACA |
| HEPLISAV-B | T3 | PPACA |
| JYNNEOS | T3 | |
| MRESVIA | T3 | PPACA |
| PREHEVBRIO | T3 | PPACA |
| RECOMBIVAX HB | T3 | PPACA |
| SHINGRIX | T3 | PPACA |
| TWINRIX | T3 | PPACA |
| VAQTA | T3 | PPACA |
| VARIVAX VACCINE | T3 | PPACA |
| **BLOOD (Blood Modifiers/Bleeding Disorders)** | | |
| **ANTIFIBRINOLYTIC AGENTS** | | |
| AMICAR (*aminocaproic acid*) | T4 | SP HD |
| *aminocaproic acid* (Amicar) | T2 | SP HD |
| LYSTEDA (*tranexamic acid)* | T6 | SP |
| *tranexamic acid* (Lysteda) | T2 | SP |
| **COMPLEMENT INHIBITORS** | | |
| EMPAVELI | T5 | PA SP |
| FABHALTA | T5 | PA SP |
| TAVNEOS | T6 | PA QL (180 caps/30 days) SP |
| VOYDEYA | T5 | PA SP |
| **HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT** | | |
| ALHEMO PEN | T5 | PA SP |
| HEMLIBRA | T5 | PA SP HD |
| HYMPAVZI PEN | T5 | PA SP |
| **PYRUVATE KINASE ACTIVATORS** | | |
| PYRUKYND 20 MG TABLET | T6 | PA QL(56 tabs/28 days) SP |

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# List of Prescription Medications

| BLOOD (Blood Modifiers/Bleeding Disorders) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PYRUVATE KINASE ACTIVATORS** (cont.) | | |
| PYRUKYND 20-5 MG TAPER PACK | T6 | PA QL(14 tabs/365 days) SP |
| PYRUKYND 5 MG , 50 MG TABLET | T6 | PA QL(56 tabs/28 days) SP |
| PYRUKYND 5 MG TAPER PACK | T6 | PA QL(7 tabs/365 days) SP |
| PYRUKYND 50-20 MG TAPER PACK | T6 | PA QL(14 tabs/365 days) SP |
| **SICKLE CELL ANEMIA AGENTS** | | |
| *glutamine* (Endari) | T2 | PA |
| DROXIA | T3 | |
| ENDARI *(glutamine)* | T4 | PA |
| OXBRYTA | T6 | SP |
| **TOPICAL HEMOSTATICS** | | |
| ASTRINGYN | T4 | |
| AVITENE | T4 | |
| ENDO-AVITENE | T4 | |
| EVICEL | T4 | |
| GEL-FLOW | T4 | |
| GEL-FLOW NT | T4 | |
| GELFOAM | T4 | |
| GELFOAM (*gelatin sponge,absorb/porcine*) | T4 | |
| GELFOAM COMPRESSED | T4 | |
| GELFOAM JMI | T4 | |
| MONSEL'S | T3 | |
| RECOTHROM | T4 | |
| SURGICEL | T4 | |
| SURGIFOAM SPONGE SIZE 100, 100C | T4 | |
| *surgifoam sponge size 12-7* (Gelfoam) | T2 | |
| SYRINGE AVITENE | T4 | |
| THROMBI-GEL (*thrombin/cal/cmc/gel/dress,hem*) | T4 | |
| THROMBIN-JMI | T4 | |
| THROMBI-PAD | T4 | |
| ULTRAFOAM | T4 | |
| VISTASEAL FIBRIN SEALANT | T4 | |
| **BLOOD (Blood Thinners/Anti-Clotting)** | | |
| **HEMORRHEOLOGIC AGENTS** | | |
| *pentoxifylline* | T2 | HD |

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# List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC** | | |
| *ranolazine* | T2 | HD |
| *ranolazine* (Ranexa) | T2 | HD |
| RANEXA (*ranolazine*) | T4 | ST HD |
| **ANTIARRHYTHMICS** | | |
| *amiodarone hcl* | T2 | HD |
| *disopyramide phosphate* (Norpace) | T2 | HD |
| *dofetilide* (Tikosyn) | T2 | HD |
| *flecainide acetate* | T2 | HD |
| *mexiletine hcl* | T2 | HD |
| MULTAQ | T3 | HD |
| *propafenone hcl* | T2 | HD |
| *quinidine gluconate* | T2 | HD |
| *quinidine sulfate* | T2 | HD |
| **CALCIUM CHANNEL BLOCKER AND NSAID, COX-2 INHIBITOR** | | |
| CONSENSI | T4 | |
| **CALCIUM CHANNEL BLOCKING AGENTS** | | |
| *amlodipine besylate* (Norvasc) | T1 | HD |
| CALAN SR (*verapamil hcl*) | T4 | ST HD |
| CARDIZEM (*diltiazem hcl*) | T4 | HD |
| CARDIZEM CD (*diltiazem hcl*) | T4 | HD |
| CARDIZEM LA | T4 | HD |
| CARDIZEM LA (*diltiazem hcl*) | T4 | HD |
| *diltiazem hcl* | T2 | HD |
| *diltiazem hcl* | T1 | HD |
| *diltiazem hcl* (Cardizem Cd) | T1 | HD |
| *diltiazem hcl* (Cardizem La) | T2 | HD |
| *diltiazem hcl* (Cardizem) | T1 | HD |
| *diltiazem hcl* (Tiazac) | T1 | HD |
| *felodipine* | T2 | HD |
| *isradipine* | T2 | |
| *nicardipine hcl* | T2 | HD |
| *nifedipine* | T2 | HD |
| *nifedipine* (Procardia XL) | T2 | HD |
| *nifedipine* (Procardia) | T2 | HD |

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# List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CALCIUM CHANNEL BLOCKING AGENTS** (cont.) | | |
| *nimodipine 30 mg capsule* | T2 | HD |
| *nimodipine 60 mg/20 ml soln* | T2 | |
| *nisoldipine* | T2 | HD |
| *nisoldipine* (Sular) | T2 | HD |
| NYMALIZE | T4 | |
| PROCARDIA *(nifedipine)* | T4 | ST HD |
| PROCARDIA XL *(nifedipine)* | T4 | ST HD |
| SULAR *(nisoldipine)* | T4 | ST HD |
| TIAZAC *(diltiazem hcl)* | T4 | HD |
| *verapamil hcl* | T1 | HD |
| *verapamil hcl* (Calan Sr) | T1 | HD |
| *verapamil hcl* (Verelan Pm) | T2 | ST HD |
| *verapamil hcl* (Verelan) | T2 | HD |
| VERELAN *(verapamil hcl)* | T4 | ST HD |
| VERELAN *PM (verapamil hcl)* | T4 | ST HD |
| **CARDIAC MYOSIN INHIBITOR** | | |
| CAMZYOS | T5 | PA QL(30 caps/fill) SP HD |
| **DIGITALIS GLYCOSIDES** | | |
| *digoxin* | T2 | HD |
| *digoxin* (Lanoxin) | T2 | HD |
| LANOXIN | T4 | HD |
| LANOXIN *(digoxin)* | T4 | HD |
| **HEART RATE REDUCING,SA SELECTIVE I(F) CURRENT INH.** | | |
| *ivabradine hcl* (Corlanor) | T2 | PA HD |
| **SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR** | | |
| VERQUVO | T3 | QL(30 tabs/fill) |
| **VASODILATORS, CORONARY** | | |
| GONITRO | T4 | HD |
| ISORDIL *(isosorbide dinitrate)* | T4 | HD |
| ISORDIL TITRADOSE *(isosorbide dinitrate)* | T4 | HD |
| *isosorbide dinitrate* | T2 | HD |
| *isosorbide dinitrate* (Isordil Titradose) | T2 | HD |
| *isosorbide dinitrate* (Isordil) | T2 | HD |
| *isosorbide mononitrate* | T1 | HD |

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# List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VASODILATORS, CORONARY** (cont.) | | |
| NITRO-DUR | T4 | HD |
| *nitroglycerin* | T2 | HD |
| *nitroglycerin 0.3 mg tablet sl* (Nitrostat) | T2 | HD |
| *nitroglycerin 0.4 mg tablet sl* (Nitrostat) | T2 | HD |
| *nitroglycerin 0.6 mg tablet sl* (Nitrostat) | T2 | HD |
| *nitroglycerin 400 mcg spray* (Nitrolingual) | T2 | HD |
| NITROLINGUAL *(nitroglycerin)* | T4 | HD |
| NITROMIST *(nitroglycerin)* | T4 | HD |
| NITROSTAT *(nitroglycerin)* | T4 | HD |
| **CARDIOVASCULAR (Asthma/COPD/Respiratory)** | | |
| **PULM ANTI-HTN, SOLUBLE GUANYLATE CYCLASE STIMULATOR** | | |
| ADEMPAS | T5 | PA QL(90 tabs/fill) SP HD |
| **PULM.ANTI-HTN, SEL.C-GMP PHOSPHODIESTERASE T5 INHIB** | | |
| REVATIO 10 MG/ML ORAL SUSP (*sildenafil citrate*) | T6 | PA QL(112 mls/fill) SP HD |
| REVATIO 20 MG TABLET (*sildenafil citrate*) | T6 | PA QL(90 tabs/fill) SP HD |
| *sildenafil 20 mg tablet (*Revatio*)* | T2 | PA QL(90 tabs/fill) SP HD |
| *tadalafil 20 mg tablet (*Adcirca*)* | T2 | PA QL(60 tabs/fill) SP HD |
| **PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST** | | |
| *ambrisentan (*Letairis*)* | T2 | PA QL(30 tabs/fill) SP HD |
| *bosentan 125 mg tablet* (Tracleer) | T2 | PA QL (60 tabs/30 days) SP HD |
| *bosentan 32 mg tablet for susp* (Tracleer) | T2 | PA QL (120 tabs/30 days) SP HD |
| *bosentan 62.5 mg tablet* (Tracleer) | T2 | PA QL (60 tabs/30 days) SP HD |
| OPSUMIT | T5 | PA QL(30 tabs/fill) SP HD |
| TRACLEER 32 MG TABLET FOR SUSP *(bosentan)* | T5 | PA QL (120 tabs/30 days) SP HD |
| TRACLEER 62.5 MG TABLET (*bosentan*) | T6 | PA QL(60 tabs/fill) SP HD |
| TRACLEER 125 MG TABLET *(bosentan)* | T6 | PA QL(60 tabs/fill) SP HD |
| **PULMONARY ANTIHYPER AGENT, ACTRIIA-FC** | | |
| WINREVAIR | T5 | PA SP HD |
| WINREVAIR (2 PACK) | T5 | PA SP HD |
| **PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE** | | |
| ORENITRAM TITRATION KT MONTH 1 | T6 | PA QL (168 tabs/28 days) SP |
| ORENITRAM TITRATION KT MONTH 2 | T6 | PA QL (336 tabs/28 days) SP |
| ORENITRAM TITRATION KT MONTH 3 | T6 | PA QL (252 tabs/28 days) SP |
| ORENITRAM ER | T6 | PA QL(90 tabs/fill) SP HD |

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| CARDIOVASCULAR (Asthma/COPD/Respiratory) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE** (cont.) | | |
| TYVASO | T5 | PA SP HD |
| TYVASO DPI | T5 | PA SP HD |
| TYVASO INSTITUTIONAL START KIT | T5 | PA SP HD |
| TYVASO REFILL KIT | T5 | PA SP HD |
| TYVASO STARTER KIT | T5 | PA SP HD |
| UPTRAVI 1,000 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| UPTRAVI 1,200 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| UPTRAVI 1,400 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| UPTRAVI 1,600 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| UPTRAVI 200 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| UPTRAVI 400 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| UPTRAVI 600 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| UPTRAVI 800 MCG TABLET | T5 | PA QL(60 tabs/fill) SP HD |
| VENTAVIS | T6 | PA SP HD |
| YUTREPIA | T5 | PA SP HD |
| **PULMONARY HTN-ENDOTHELIN RECEPT ANTG-CGMP PDE5 INH** | | |
| OPSYNVI | T5 | PA QL (30 tabs/fill) SP HD |
| **CARDIOVASCULAR (Blood Pressure/Heart Medications)** | | |
| **ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION** | | |
| *amlodipine besylate/benazepril* | T1 | HD |
| *amlodipine besylate/benazepril* (Lotrel) | T1 | HD |
| PRESTALIA | T4 | ST HD |
| *trandolapril/verapamil hcl* | T2 | HD |
| **ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC** | | |
| ACCURETIC (*quinapril/hydrochlorothiazide*) | T4 | HD |
| *benazepril/hydrochlorothiazide* | T2 | HD |
| *benazepril/hydrochlorothiazide* (Lotensin Hct) | T2 | HD |
| *captopril/hydrochlorothiazide* | T2 | HD |
| *enalapril/hydrochlorothiazide* | T1 | HD |
| *enalapril/hydrochlorothiazide* (Vaseretic) | T1 | HD |
| *fosinopril/hydrochlorothiazide* | T2 | HD |
| *lisinopril/hydrochlorothiazide* (Zestoretic) | T1 | HD |
| LOTENSIN HCT *(benazepril/hydrochlorothiazide)* | T4 | HD |
| *quinapril/hydrochlorothiazide* (Accuretic) | T1 | HD |

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| CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC** (cont.) | | |
| VASERETIC *(enalapril/hydrochlorothiazide)* | T4 | HD |
| ZESTORETIC *(lisinopril/hydrochlorothiazide)* | T4 | HD |
| **ALPHA/BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *carvedilol* (Coreg) | T1 | HD |
| *carvedilol phosphate* (Coreg Cr) | T2 | HD |
| COREG CR *(carvedilol phosphate)* | T4 | ST HD |
| *labetalol hcl 100 mg tablet* | T2 | HD |
| *labetalol hcl 200 mg tablet* | T2 | HD |
| *labetalol hcl 300 mg tablet* | T2 | HD |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| CARDURA 1 MG TABLET (*doxazosin mesylate*) | T4 | ST QL(30 tabs/fill) HD |
| CARDURA 2 MG TABLET (*doxazosin mesylate*) | T4 | ST QL(30 tabs/fill) HD |
| CARDURA 4 MG TABLET (*doxazosin mesylate*) | T4 | ST QL(30 tabs/fill) HD |
| CARDURA 8 MG TABLET (*doxazosin mesylate*) | T4 | ST QL(60 tabs/fill) HD |
| CARDURA XL | T4 | ST QL(30 tabs/fill) HD |
| *doxazosin mesylate 1 mg tab* (Cardura) | T1 | QL(30 tabs/fill) HD |
| *doxazosin mesylate 2 mg tab* (Cardura) | T1 | QL(30 tabs/fill) HD |
| *doxazosin mesylate 4 mg tab* (Cardura) | T1 | QL(30 tabs/fill) HD |
| *doxazosin mesylate 8 mg tab* (Cardura) | T1 | QL(60 tabs/fill) HD |
| MINIPRESS (*prazosin hcl*) | T4 | HD |
| *prazosin hcl* | T2 | HD |
| *prazosin hcl* (Minipress) | T2 | HD |
| *terazosin 1 mg capsule* | T1 | QL(30 caps/fill) HD |
| *terazosin 10 mg capsule* | T1 | QL(60 caps/fill) HD |
| *terazosin 2 mg capsule* | T1 | QL(30 caps/fill) HD |
| *terazosin 5 mg capsule* | T1 | QL(30 caps/fill) HD |
| **ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE** | | |
| *amlodipine/valsartan/hcthiazid* (Exforge Hct) | T2 | HD |
| *olmesartan/amlodipin/hcthiazid* (Tribenzor) | T2 | HD |
| **ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB (ARNI)** | | |
| ENTRESTO *(sacubitril/valsartan)* | T4 | QL (60 tabs/30 days) |
| ENTRESTO SPRINKLE | T3 | QL (240 caps/fill) HD |
| *sacubitril/valsartan* (Entresto) | T2 | QL (60 tabs/30 days) HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB** | | |
| *candesartan/hydrochlorothiazid* (Atacand Hct) | T2 | HD |
| *irbesartan/hydrochlorothiazide* (Avalide) | T1 | HD |
| *losartan/hydrochlorothiazide* (Hyzaar) | T1 | HD |
| *olmesartan/hydrochlorothiazide* (Benicar Hct) | T1 | HD |
| *telmisartan/hydrochlorothiazid* (Micardis Hct) | T2 | HD |
| *valsartan/hydrochlorothiazide* (Diovan Hct) | T2 | HD |
| **ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR** | | |
| *amlodipine bes/olmesartan med* (Azor) | T2 | HD |
| *amlodipine besylate/valsartan* (Exforge) | T2 | HD |
| *telmisartan/amlodipine* | T2 | HD |
| **ANTIHYPERTENSIVES, ACE INHIBITORS** | | |
| ACCUPRIL (*quinapril hcl*) | T4 | HD |
| ALTACE (*ramipril*) | T4 | HD |
| *benazepril hcl* | T1 | HD |
| *benazepril hcl* (Lotensin) | T1 | HD |
| *captopril* | T2 | HD |
| *enalapril maleate* (Epaned) | T2 | HD |
| *enalapril maleate* (Vasotec) | T1 | HD |
| *fosinopril sodium* | T1 | HD |
| *lisinopril* (Zestril) | T1 | HD |
| LOTENSIN (*benazepril hcl*) | T4 | HD |
| *moexipril hcl* | T2 | HD |
| *perindopril erbumine* | T1 | HD |
| *quinapril hcl* (Accupril) | T1 | HD |
| *ramipril* | T1 | HD |
| *ramipril* (Altace) | T1 | HD |
| *trandolapril* | T1 | HD |
| VASOTEC (*enalapril maleate*) | T4 | HD |
| ZESTRIL (*lisinopril*) | T4 | HD |
| **ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST** | | |
| *candesartan cilexetil* (Atacand) | T2 | HD |
| *eprosartan mesylate* | T2 | HD |
| *irbesartan* | T1 | HD |
| *irbesartan* (Avapro) | T1 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST** (cont.) | | |
| *losartan potassium* (Cozaar) | T1 | HD |
| *olmesartan medoxomil* (Benicar) | T1 | HD |
| *telmisartan* | T2 | HD |
| *telmisartan* (Micardis) | T2 | HD |
| *valsartan 20 mg/5 ml solution* | T2 | HD |
| *valsartan 160 mg tablet* (Diovan) | T1 | HD |
| *valsartan 320 mg tablet* (Diovan) | T1 | HD |
| *valsartan 40 mg tablet* (Diovan) | T1 | HD |
| *valsartan 80 mg tablet* (Diovan) | T1 | HD |
| **ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS** | | |
| VECAMYL | T4 | PA |
| **ANTIHYPERTENSIVES, MISCELLANEOUS** | | |
| DEMSER (*metyrosine*) | T4 | PA HD |
| *metyrosine* (Demser) | T2 | PA HD |
| **ANTIHYPERTENSIVES, SYMPATHOLYTIC** | | |
| CATAPRES-TTS 1 (*clonidine*) | T4 | QL(4 patches/28 days) HD |
| CATAPRES-TTS 2 (*clonidine*) | T4 | QL(4 patches/28 days) HD |
| CATAPRES-TTS 3 (*clonidine*) | T4 | QL(4 patches/28 days) HD |
| *clonidine* (Catapres-Tts 1) | T2 | QL(4 patches/28 days) HD |
| *clonidine* (Catapres-Tts 2) | T2 | QL(4 patches/28 days) HD |
| *clonidine* (Catapres-Tts 3) | T2 | QL(4 patches/28 days) HD |
| *guanfacine hcl* | T2 | HD |
| *methyldopa* | T2 | HD |
| *methyldopa/hydrochlorothiazide* | T2 | HD |
| **ANTIHYPERTENSIVES, VASODILATORS** | | |
| *hydralazine hcl* | T2 | HD |
| *minoxidil* | T2 | HD |
| **BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *acebutolol hcl* | T2 | HD |
| *atenolol* (Tenormin) | T1 | HD |
| BETAPACE (*sotalol hcl*) | T4 | ST HD |
| BETAPACE AF *(sotalol hcl)* | T4 | ST HD |
| *betaxolol hcl* | T2 | HD |
| *bisoprolol fumarate 10 mg tab* | T2 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BETA-ADRENERGIC BLOCKING AGENTS** (cont.) | | |
| *bisoprolol fumarate 5 mg tab* | T2 | HD |
| HEMANGEOL | T3 | PA |
| LOPRESSOR 50 MG TABLET (*metoprolol tartrate*) | T4 | ST HD |
| LOPRESSOR 100 MG TABLET (*metoprolol tartrate*) | T4 | ST HD |
| *metoprolol succinate* (Toprol XL) | T1 | HD |
| *metoprolol tartrate* | T1 | HD |
| *metoprolol tartrate* (Lopressor) | T1 | HD |
| *nebivolol hcl* (Bystolic) | T2 | HD |
| *pindolol* | T2 | HD |
| *propranolol hcl* | T1 | HD |
| *propranolol hcl* (Inderal La) | T1 | HD |
| *sotalol hcl* (Betapace Af) | T2 | HD |
| *sotalol hcl* (Betapace) | T2 | HD |
| SOTYLIZE | T3 | HD |
| TENORMIN *(atenolol)* | T4 | ST HD |
| *timolol maleate 10 mg tablet* | T2 | HD |
| *timolol maleate 20 mg tablet* | T2 | HD |
| *timolol maleate 5 mg tablet* | T2 | HD |
| **BETA-BLOCKERS AND THIAZIDE, THIAZIDE-LIKE DIURETICS** | | |
| atenolol/chlorthalidone (Tenoretic 100) | T2 | HD |
| atenolol/chlorthalidone (Tenoretic 50) | T2 | HD |
| *bisoprolol/hydrochlorothiazide* | T1 | HD |
| METOPROLOL SUCCINATE ER-HCTZ | T4 | ST HD |
| *metoprolol/hydrochlorothiazide* | T2 | HD |
| *propranolol/hydrochlorothiazid* | T2 | HD |
| TENORETIC 100 *(atenolol/chlorthalidone)* | T4 | ST HD |
| TENORETIC 50 *(atenolol/chlorthalidone)* | T4 | ST HD |
| **RENIN INHIBITOR, DIRECT** | | |
| *aliskiren hemifumarate* (Tekturna) | T2 | HD |
| **RENIN INHIBITOR, DIRECT AND THIAZIDE DIURETIC COMB** | | |
| TEKTURNA HCT | T3 | HD |
| **VASODILATORS, COMBINATION** | | |
| *isosorbide dinit/hydralazine* (Bidil) | T2 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VASODILATORS, PERIPHERAL** | | |
| *ergoloid mesylates* | T2 | |
| *isoxsuprine hcl* | T2 | |
| **CARDIOVASCULAR (Cholesterol Medications)** | | |
| **ANTIHYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB** | | |
| *ezetimibe-atorvastatin tabs* | T2 | ST QL (30 tabs/30 days) HD |
| *ezetimibe/simvastatin* (Vytorin) | T2 | QL(30 tabs/fill) HD |
| ROSZET | T4 | ST QL(30 tabs/fill) HD |
| **ANTIHYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER** | | |
| *amlodipine/atorvastatin* | T2 | QL(30 tabs/fill) HD |
| *amlodipine/atorvastatin* (Caduet) | T2 | QL(30 tabs/fill) HD |
| CADUET *(amlodipine/atorvastatin)* | T4 | ST QL(30 tabs/fill) HD |
| **ANTIHYPERLIPIDEMIC - APOLIPOPROTEIN INHIBITOR** | | |
| TRYNGOLZA | T6 | PA SP |
| **ANTIHYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR** | | |
| NEXLETOL | T3 | PA |
| **ANTIHYPERLIPIDEMIC - MTP INHIBITOR** | | |
| JUXTAPID | T5 | PA SP HD |
| **ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS** | | |
| REPATHA PUSHTRONEX | T3 | PA |
| REPATHA SURECLICK | T3 | PA |
| REPATHA SYRINGE | T3 | PA |
| **ANTIHYPERLIPIDEMIC-ACLY AND CHOLES ABSORP INHIB** | | |
| NEXLIZET | T3 | PA |
| **ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (STATINS)** | | |
| FLOLIPID | T4 | ST QL(150 mls/fill) HD |
| *fluvastatin sodium* (Lescol XL) | T2 | QL(30 tabs/fill) HD PPACA |
| *fluvastatin sodium 20 mg cap* | T2 | QL(30 caps/fill) HD PPACA |
| *fluvastatin sodium 40 mg cap* | T2 | QL(60 caps/fill) HD PPACA |
| LESCOL XL *(fluvastatin sodium)* | T4 | ST QL(30 tabs/fill) HD |
| *lovastatin 10 mg tablet* | T2 | QL(30 tabs/fill) HD PPACA |
| *lovastatin 20 mg tablet* | T2 | QL(60 tabs/fill) HD PPACA |
| *lovastatin 40 mg tablet* | T2 | QL(60 tabs/fill) HD PPACA |
| *pitavastatin* (Livalo) | T2 | QL(30 tabs/30 days) HD PPACA |
| *pravastatin sodium* | T2 | QL(30 tabs/fill) HD PPACA |

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# List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (STATINS)** (cont.) | | |
| *simvastatin 5 mg tablet* | T1 | QL(30 tabs/fill) HD PPACA |
| *simvastatin 10 mg tablet* (Zocor) | T1 | QL(30 tabs/fill) HD PPACA |
| *simvastatin 20 mg tablet (Zocor)* | T1 | QL(30 tabs/fill) HD PPACA |
| SIMVASTATIN 20 MG/5 ML SUSP | T4 | ST QL(150 mls/fill) HD |
| *simvastatin 40 mg tablet* (Zocor) | T1 | QL(30 tabs/fill) HD PPACA |
| *simvastatin 80 mg tablet* (Zocor) | T1 | QL(30 tabs/fill) HD |
| ZYPITAMAG | T4 | ST QL(30 tabs/fill) HD |
| **BILE SALT SEQUESTRANTS** | | |
| *cholestyramine* | T2 | HD |
| *cholestyramine (with sugar)* (Questran) | T2 | HD |
| *cholestyramine/aspartame* | T2 | HD |
| *cholestyramine* (Questran Light) | T2 | HD |
| *colesevelam hcl* (Welchol) | T2 | HD |
| COLESTID | T4 | ST HD |
| COLESTID (*colestipol hcl)* | T4 | ST HD |
| *colestipol hcl* | T2 | HD |
| *colestipol hcl* (Colestid) | T2 | HD |
| QUESTRAN (*cholestyramine (with sugar))* | T4 | ST HD |
| QUESTRAN LIGHT (*cholestyramine*) | T4 | ST HD |
| **LIPOTROPICS** | | |
| *ezetimibe* (Zetia) | T2 | HD |
| *fenofibrate 120 mg tablet* (Fenoglide) | T2 | ST HD |
| *fenofibrate 130 mg capsule* | T2 | ST HD |
| *fenofibrate 134 mg capsule* | T2 | HD |
| *fenofibrate 145 mg tablet* (Tricor) | T2 | HD |
| *fenofibrate 160 mg tablet* | T2 | HD |
| *fenofibrate 200 mg capsule* | T2 | HD |
| *fenofibrate 40 mg tablet* (Fenoglide) | T2 | ST HD |
| *fenofibrate 43 mg capsule* | T2 | HD |
| *fenofibrate 48 mg tablet* (Tricor) | T2 | HD |
| *fenofibrate 54 mg tablet* | T2 | HD |
| *fenofibrate 67 mg capsule* | T2 | HD |
| *fenofibric acid* | T2 | HD |
| *fenofibric acid (choline)* | T2 | HD |

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# List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **LIPOTROPICS** (cont.) | | |
| *fenofibric acid* (Fibricor) | T2 | HD |
| FENOGLIDE (*fenofibrate*) | T4 | ST HD |
| FIBRICOR (*fenofibric acid*) | T4 | ST HD |
| *gemfibrozil* (Lopid) | T1 | HD |
| LOPID (*gemfibrozil*) | T4 | HD |
| *niacin* | T2 | HD |
| *niacin 500 mg tablet* | T2 | HD |
| NIACOR | T4 | HD |
| **CARDIOVASCULAR (Miscellaneous)** | | |
| **ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST** | | |
| FILSPARI | T5 | PA QL (30 tabs/30 days) SP |
| **CNS DRUGS (Alzheimer's Disease)** | | |
| **ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS** | | |
| MEMANTINE 5-10 MG TITRATION PK | T4 | HD |
| *memantine hcl 10 mg/5 ml cup* | T2 | HD |
| *memantine hcl* | T2 | HD |
| *memantine hcl* (Namenda Xr) | T2 | HD |
| *memantine hcl 2 mg/ml solution* | T2 | HD |
| *memantine hcl 5 mg tablet* | T2 | HD |
| *memantine hcl 10 mg tablet* | T2 | HD |
| NAMENDA | T4 | HD |
| NAMENDA XR TITRATION PACK | T4 | HD |
| NAMZARIC | T3 | ST HD |
| **ALZHEIMER'S THX,NMDA RECEPTOR ANTAG-CHOLINES INHIB** | | |
| *memantine hcl/donepezil hcl* (Namzaric) | T2 | ST HD |
| NAMZARIC (*memantine hcl/donepezil hcl*) | T3 | ST HD |
| **CNS DRUGS (Miscellaneous)** | | |
| **AMYOTROPHIC LATERAL SCLEROSIS AGENTS** | | |
| RADICAVA ORS | T5 | PA SP HD |
| RILUTEK (*riluzole*) | T6 | PA SP HD |
| *riluzole* (Rilutek) | T2 | PA SP HD |
| TEGLUTIK | T6 | PA SP |
| TIGLUTIK | T6 | PA SP |

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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** | | |
| AUSTEDO 6 MG TABLET | T6 | PA QL (60 tabs/30 days) SP HD |
| AUSTEDO 9 MG TABLET | T6 | PA QL (120 tabs/30 days) SP HD |
| AUSTEDO 12 MG TABLET | T6 | PA QL (120 tabs/30 days) SP HD |
| AUSTEDO XR 6 MG TABLET | T6 | PA QL (210 tabs/30 days) SP HD |
| AUSTEDO XR 12 MG TABLET | T6 | PA QL (90 tabs/30 days) SP HD |
| AUSTEDO XR 18 MG TABLET | T6 | PA QL (30 tabs/fill) SP HD |
| AUSTEDO XR 24 MG TABLET | T6 | PA QL (60 tabs/30 days) SP HD |
| AUSTEDO XR 30 MG TABLET | T6 | PA QL (30 tabs/fill) SP HD |
| AUSTEDO XR 36 MG TABLET | T6 | PA QL (30 tabs/fill) SP HD |
| AUSTEDO XR 42 MG TABLET | T6 | PA QL (30 tabs/fill) SP HD |
| AUSTEDO XR 48 MG TABLET | T6 | PA QL (30 tabs/fill) SP HD |
| AUSTEDO XR TITRATION KT(WK1-4) | T6 | PA QL (28 tabs/fill) SP HD |
| HORIZANT | T4 | ST |
| INGREZZA | T5 | PA QL (30 caps/30 days) SP |
| INGREZZA INITIATION PK (TARDIV) | T5 | PA QL (28 caps/30 days) SP |
| INGREZZA SPRINKLE | T5 | PA QL (30 caps/fill) SP |
| *tetrabenazine 12.5 mg tablet* (Xenazine) | T2 | |
| *tetrabenazine 25 mg tablet* (Xenazine) | T2 | |
| **PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS** | | |
| NUEDEXTA | T3 | PA |
| **XANTHINES** | | |
| *caffeine citrate* | T2 | HD |
| **CNS DRUGS (Multiple Sclerosis)** | | |
| **AGENTS TO TREAT MULTIPLE SCLEROSIS** | | |
| AVONEX (4 PACK) | T5 | PA QL (1 kit/28 days) SP HD |
| AVONEX PEN (4 PACK) | T5 | PA QL (4 pens/28 days) SP HD |
| BAFIERTAM | T5 | PA QL(120 caps/fill) SP HD |
| BETASERON | T5 | PA QL(14 kits/30 days) SP HD |
| *glatiramer 20 mg/ml syringe* (Copaxone) | T2 | PA QL(30 syringes/30 days) SP HD |
| *glatiramer 40 mg/ml syringe* (Copaxone) | T2 | PA QL(12 syringes/30 days) SP HD |
| *glatopa 20 mg/ml syringe* (Copaxone) | T2 | PA QL(30 syringes/30 days) SP HD |
| *glatopa 40 mg/ml syringe* (Copaxone) | T2 | PA QL(12 syringes/30 days) SP HD |
| KESIMPTA PEN | T5 | PA QL(1 pen/28 days SP HD |
| MAVENCLAD 10 MG X 10 TABLET PK | T6 | PA QL(10 tabs/fill) 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.) | | |
| MAVENCLAD 10 MG X 4 TABLET PK | T6 | PA QL(4 tabs/fill) SP HD |
| MAVENCLAD 10 MG X 5 TABLET PK | T6 | PA QL(5 tabs/fill) SP HD |
| MAVENCLAD 10 MG X 6 TABLET PK | T6 | PA QL(6 tabs/fill) SP HD |
| MAVENCLAD 10 MG X 7 TABLET PK | T6 | PA QL(7 tabs/fill) SP HD |
| MAVENCLAD 10 MG X 8 TABLET PK | T6 | PA QL(8 tabs/fill) SP HD |
| MAVENCLAD 10 MG X 9 TABLET PK | T6 | PA QL(9 tabs/fill) SP HD |
| MAYZENT 0.25 MG TABLET | T5 | PA QL(30 tabs/fill) SP HD |
| MAYZENT 0.25MG START-1MG MAINT | T5 | PA QL(7 tabs/fill) SP HD |
| MAYZENT 0.25MG START-2MG MAINT | T5 | PA QL(12 tabs/fill) SP HD |
| MAYZENT 1 MG, 2 MG TABLET | T5 | PA QL(30 tabs/fill) SP HD |
| PLEGRIDY 125 MCG/0.5 ML PEN | T5 | PA QL(1 ml/28 days SP HD |
| PLEGRIDY 125 MCG/0.5 ML SYRING | T5 | PA QL(1 ml/28 days SP HD |
| PLEGRIDY PEN INJ STARTER PACK | T5 | PA QL(1 ml/365 days SP HD |
| PLEGRIDY SYRINGE STARTER PACK | T5 | PA QL(1 ml/365 days SP HD |
| REBIF 22 MCG/0.5 ML SYRINGE | T5 | PA QL(6 mls/28 days) SP HD |
| REBIF 44 MCG/0.5 ML SYRINGE | T5 | PA QL(6 mls/28 days) SP HD |
| REBIF REBIDOSE 22 MCG/0.5 ML | T5 | PA QL(6 mls/28 days) SP HD |
| REBIF REBIDOSE 44 MCG/0.5 ML | T5 | PA QL(6 mls/28 days) SP HD |
| REBIF REBIDOSE TITRATION PACK | T5 | PA QL(4.2 mls/28 days) SP HD |
| REBIF TITRATION PACK | T5 | PA QL(4.2 mls/28 days) SP HD |
| VUMERITY | T5 | PA QL(120 caps/fill) SP HD |
| **AGTS TX NEUROMUSC TRANSMISSION DIS, POT-CHAN BLKR** | | |
| FIRDAPSE | T5 | PA SP |
| **SPHINGOSINE I-PHOSPHATE (SIP) RECEPTOR MODULATOR** | | |
| ZEPOSIA 0.92 MG CAPSULE | T5 | PA QL (30 caps/30 days) SP HD |
| ZEPOSIA STARTER KIT (28-DAY) | T5 | PA QL (28 caps/30 days) SP HD |
| ZEPOSIA STARTER PACK (7-DAY) | T5 | PA QL (7 caps/30 days) SP HD |
| **CNS DRUGS (Pain Relief And Inflammatory Disease)** | | |
| **CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS** | | |
| EMGALITY 100 MG/ML SYR(1 OF 3) | T3 | PA QL(3 mls/30 days) |
| EMGALITY 300 MG (100 MG X3SYR) | T3 | PA QL(3 mls/30 days) |
| **POSTHERPETIC NEURALGIA AGENTS** | | |
| *gabapentin* | T2 | ST |

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AGE – Age Requirement
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# List of Prescription Medications

| CNS DRUGS (Pain Relief And Inflammatory Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **POSTHERPETIC NEURALGIA AGENTS** (cont.) | | |
| GRALISE | T4 | ST |
| GRALISE (*gabapentin*) | T4 | ST |
| **SPHINGOSINE 1-PHOSPHATE (SIP) RECEPTOR MODULATOR** | | |
| VELSIPITY | T5 | PA QL (30 tabs/30 days) SP HD |
| ZEPOSIA 0.23-0.46 MG START PCK | T5 | PA QL(7 caps/fill) SP HD |
| ZEPOSIA 0.23-0.46-0.92 MG KIT | T5 | PA QL(1 kit/fill) SP HD |
| ZEPOSIA 0.92 MG CAPSULE | T5 | PA QL(30 caps/fill) SP HD |
| ZEPOSIA STARTER KIT (28-DAY) | T5 | |
| **CNS DRUGS (Seizure Disorders)** | | |
| **ANTICONVULSANT - BENZODIAZEPINE TYPE** | | |
| *clobazam* (Onfi) | T2 | PA HD |
| *clonazepam* | T2 | HD |
| *clonazepam* (Klonopin) | T1 | HD |
| DIASTAT (*diazepam*) | T4 | HD |
| *diazepam 10 mg rectal gel syrg* | T2 | HD |
| *diazepam 10mg rectal gel (2pk)* | T2 | HD |
| *diazepam 2.5mg rectal gel(2pk)* (Diastat) | T2 | HD |
| *diazepam 20 mg rectal gel syrg* | T2 | HD |
| *diazepam 20mg rectal gel (2pk)* | T2 | HD |
| NAYZILAM | T3 | PA QL(2 units/fill) HD |
| SYMPAZAN | T4 | PA HD |
| VALTOCO | T3 | PA QL (2 units/30 days) HD |
| **ANTICONVULSANT - CANNABINOID TYPE** | | |
| EPIDIOLEX | T5 | PA SP HD |
| **ANTICONVULSANTS** | | |
| APTIOM *(eslicarbazepine acetate)* | T4 | HD |
| BRIVIACT | T4 | ST HD |
| *carbamazepine* (Carbatrol) | T2 | HD |
| *carbamazepine* (Tegretol Xr) | T2 | HD |
| *carbamazepine* (Tegretol) | T4 | HD |
| *carbamazepine 100 mg tab chew* | T2 | HD |
| *carbamazepine 100 mg/5 ml cup* | T2 | HD |
| *carbamazepine 100 mg/5 ml susp* (Tegretol) | T2 | HD |
| *carbamazepine 200 mg tablet* (Tegretol) | T2 | HD |

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# List of Prescription Medications

| CNS DRUGS (Seizure Disorders) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTICONVULSANTS** (cont.) | | |
| *carbamazepine 200 mg/10 ml cup* | T2 | HD |
| CARBAMAZEPINE 200 MG TAB CHEW | T4 | HD |
| CARBATROL (*carbamazepine*) | T3 | HD |
| CELONTIN (*methsuximide*) | T4 | HD |
| DEPAKOTE *(divalproex sodium)* | T4 | ST HD |
| DEPAKOTE ER *(divalproex sodium)* | T4 | ST HD |
| DEPAKOTE SPRINKLE *(divalproex sodium)* | T4 | ST HD |
| DIACOMIT | T5 | PA SP HD |
| DILANTIN 100 MG CAPSULE (*phenytoin sodium extended*) | T4 | HD |
| DILANTIN 30 MG CAPSULE | T3 | HD |
| DILANTIN 50 MG INFATAB (*phenytoin*) | T4 | HD |
| DILANTIN-125 (*phenytoin*) | T4 | HD |
| *divalproex sodium* (Depakote Er) | T2 | HD |
| *divalproex sodium* (Depakote Sprinkle) | T2 | HD |
| *divalproex sodium* (Depakote) | T2 | HD |
| ELEPSIA XR | T4 | ST HD |
| *eslicarbazepine acetate* (Aptiom) | T2 | HD |
| *ethosuximide* (Zarontin) | T2 | HD |
| *felbamate* (Felbatol) | T2 | HD |
| FELBATOL *(felbamate)* | T4 | HD |
| FYCOMPA | T3 | HD |
| FYCOMPA *(perampanel)* | T3 | HD |
| *gabapentin* | T2 | HD |
| *gabapentin* (Neurontin) | T1 | HD |
| *gabapentin* (Neurontin) | T2 | HD |
| *lacosamide* (Vimpat) | T2 | HD |
| LAMICTAL XR (BLUE) | T4 | ST HD |
| LAMICTAL XR (GREEN) | T4 | ST HD |
| LAMICTAL XR (ORANGE) | T4 | ST HD |
| *lamotrigine* (Lamictal (Blue)) | T2 | HD |
| *lamotrigine* (Lamictal (Green)) | T2 | HD |
| *lamotrigine* (Lamictal (Orange)) | T2 | HD |
| *lamotrigine* (Lamictal Odt (Blue)) | T2 | HD |
| *lamotrigine* (Lamictal Odt (Green)) | T2 | HD |

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# List of Prescription Medications

| CNS DRUGS (Seizure Disorders) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTICONVULSANTS** (cont.) | | |
| *lamotrigine* (Lamictal Odt (Orange)) | T2 | HD |
| *lamotrigine* (Lamictal Odt) | T2 | HD |
| *lamotrigine* (Lamictal Xr) | T2 | HD |
| *lamotrigine* (Lamictal) | T1 | HD |
| *lamotrigine* (Lamictal) | T2 | HD |
| *levetiracetam* (Keppra Xr) | T2 | HD |
| *levetiracetam* (Keppra) | T2 | HD |
| *levetiracetam 500 mg/5 ml cup* | T2 | HD |
| *levetiracetam 1,000mg/10ml cup* (Keppra) | T2 | HD |
| *levetiracetam 100 mg/ml soln* (Keppra) | T2 | HD |
| *levetiracetam 500 mg/5 ml soln* | T2 | HD |
| LEVETIRACETAM 250 MG TAB SUSP | T4 | ST HD |
| *levetiracetam 250 mg tablet* (Keppra) | T2 | HD |
| *levetiracetam 500 mg tablet* (Keppra) | T2 | HD |
| *levetiracetam 750 mg tablet* (Keppra) | T2 | HD |
| *levetiracetam 1,000 mg tablet* (Keppra) | T2 | HD |
| *topiramate 100 mg tablet* (Topamax) | T1 | HD |
| MYSOLINE (*primidone*) | T4 | HD |
| *oxcarbazepine* (Oxtellar Xr) | T2 | HD |
| *oxcarbazepine* (Trileptal) | T2 | HD |
| OXTELLAR XR (oxcarbazepine) | T4 | ST HD |
| *perampanel* (Fycompa) | T2 | HD |
| PHENYTEK *(phenytoin sodium extended)* | T4 | HD |
| *phenytoin* | T2 | HD |
| *phenytoin* (Dilantin) | T2 | HD |
| *phenytoin* (Dilantin-125) | T2 | HD |
| *phenytoin sodium extended* (Dilantin) | T2 | HD |
| *phenytoin sodium extended* (Phenytek) | T2 | HD |
| *pregabalin* (Lyrica) | T2 | HD |
| QUDEXY XR (*topiramate*) | T4 | ST HD |
| *rufinamide* (Banzel) | T2 | PA HD |
| SPRITAM | T4 | ST HD |
| TEGRETOL (*carbamazepine*) | T4 | HD |
| TEGRETOL XR (*carbamazepine*) | T4 | HD |

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# List of Prescription Medications

| CNS DRUGS (Seizure Disorders) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTICONVULSANTS** (cont.) | | |
| *tiagabine hcl* | T2 | HD |
| *topiramate* (Qudexy Xr) | T2 | ST HD |
| *topiramate* (Topamax) | T1 | HD |
| *topiramate* (Topamax) | T2 | HD |
| *topiramate 15 mg sprinkle cap* (Topamax) | T2 | HD |
| *topiramate 25 mg sprinkle cap* (Topamax) | T2 | HD |
| *topiramate 50 mg sprinkle cap* | T2 | HD |
| *topiramate 25 mg/ml solution* (Eprontia) | T2 | HD |
| *topiramate 25 mg tablet* (Topamax) | T1 | HD |
| *topiramate 50 mg tablet* (Topamax) | T1 | HD |
| *topiramate 200 mg tablet* (Topamax) | T1 | HD |
| *topiramate er* (Trokendi XR) | T2 | ST HD |
| TROKENDI XR | T4 | ST HD |
| *valproic acid* | T2 | HD |
| *valproic acid* (as sodium salt) | T2 | HD |
| *vigabatrin* (Sabril) | T2 | PA QL(150 packs/30 days) SP HD |
| VIGADRONE | T2 | PA SP HD QL (150 pkts/30 days) |
| XCOPRI 25 MG TABLET | T4 | QL (30 tabs/fill) HD |
| XCOPRI 100 MG TABLET | T4 | QL(30 tabs/fill) HD |
| XCOPRI 150 MG TABLET | T4 | QL(30 tabs/fill) HD |
| XCOPRI 12.5-25 MG TITRATION PK | T4 | QL(28 tabs/fill) HD |
| XCOPRI 150-200 MG TITRATION PK | T4 | QL(28 tabs/fill) HD |
| XCOPRI 200 MG TABLET | T4 | QL(30 tabs/fill) HD |
| XCOPRI 250 MG DAILY DOSE PACK | T4 | QL(56 tabs/fill) HD |
| XCOPRI 350 MG DAILY DOSE PACK | T4 | QL(56 tabs/fill) HD |
| XCOPRI 50 MG TABLET | T4 | QL(30 tabs/fill) HD |
| XCOPRI 50-100 MG TITRATION PAK | T4 | QL(28 tabs/fill) HD |
| ZARONTIN (*ethosuximide*) | T4 | HD |
| *zonisamide* | T2 | HD |
| *zonisamide* (Zonegran) | T2 | HD |
| **NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST** | | |
| WAKIX 17.8 MG TABLET | T6 | PA QL(60 tabs/fill) SP HD |
| WAKIX 4.45 MG TABLET | T6 | PA QL(30 tabs/fill) SP HD |

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# List of Prescription Medications

| COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **LEUKOCYTE (WBC) STIMULANTS** | | |
| FULPHILA | T5 | PA QL(1.2 mls/30 days) SP |
| LEUKINE | T5 | PA SP |
| NIVESTYM | T5 | PA SP HD |
| **THROMBOPOIETIN RECEPTOR AGONISTS** | | |
| DOPTELET | T5 | PA QL(15 tabs/fill) SP HD |
| *eltrombopag olamine* (Promacta) | T2 | PA SP HD |
| PROMACTA *(eltrombopag olamine)* | T6 | PA SP HD |
| **COLONY STIMULATING FACTORS (Cancer)** | | |
| **CXCR4 CHEMOKINE RECEPTOR ANTAGONIST** | | |
| XOLREMDI | T6 | PA SP CSL |
| **CONTRACEPTIVES (Contraception Products)** | | |
| **CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC** | | |
| ANNOVERA | T4 | ST QL(1 ring/365 days) PPACA |
| *etonogestrel/ethinyl estradiol (*Nuvaring*)* | T2 | PPACA |
| **CONTRACEPTIVES, INJECTABLE** | | |
| DEPO-PROVERA (*medroxyprogesterone acetate*) | T4 | QL(1 ml/90 days) PPACA |
| DEPO-SUBQ PROVERA 104 | T4 | QL(1 ml/90 days) PPACA |
| *medroxyprogesterone 150 mg/ml (*Depo-Provera*)* | T2 | QL(1 ml/90 days) PPACA |
| **CONTRACEPTIVES, ORAL** | | |
| BEYAZ (*drospir/eth estra/levomefol ca*) | T4 | ST HD PPACA |
| *desog-e.estradiol/e.estradiol* | T2 | HD PPACA |
| *desog-e.estradiol/e.estradiol* | T2 | PPACA |
| *desogestrel-ethinyl estradiol* | T2 | HD PPACA |
| *drospir/eth estra/levomefol ca (*Beyaz*)* | T2 | HD PPACA |
| *drospir/eth estra/levomefol ca (*Safyral*)* | T2 | HD PPACA |
| ELLA | T3 | QL(1 tab/fill) HD PPACA |
| *ethinyl estradiol/drospirenone* (Yasmin 28) | T2 | PPACA |
| *ethinyl estradiol/drospirenone* (Yaz) | T2 | HD PPACA |
| *ethynodiol d-ethinyl estradiol* | T2 | HD PPACA |
| *levonorgestrel/ethin.estradiol* | T2 | HD PPACA |
| *l-norgest/e.estradiol-e.estrad* | T2 | HD PPACA |
| *noreth-ethinyl estradiol/iron* | T2 | HD PPACA |
| *noreth-ethinyl estradiol/iron (*Generess Fe*)* | T2 | HD PPACA |

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# List of Prescription Medications

| CONTRACEPTIVES (Contraception Products) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **CONTRACEPTIVES, ORAL** | | |
| *norethind-eth estrad 1-0.02 mg* (Loestrin) | T2 | HD PPACA |
| *norethindrone* | T2 | HD PPACA |
| *norethindrone ac/eth estradiol* (Loestrin) | T2 | HD PPACA |
| *norethindrone-e.estradiol-iron* | T2 | HD PPACA |
| *norethindrone-e.estradiol-iron* (Loestrin Fe) | T2 | HD PPACA |
| *norethindrone-e.estradiol-iron* (Taytulla) | T2 | HD PPACA |
| *norethindrone-ethin. estradiol* | T2 | HD PPACA |
| *norethin-ee 1.5-0.03 mg(21) tb* (Loestrin) | T2 | HD PPACA |
| *norgestimate-ethinyl estradiol* | T2 | HD PPACA |
| NORGESTREL-ETHINYL ESTRADIOL | T2 | HD PPACA |
| YAZ *(ethinyl estradiol/drospirenone)* | T4 | ST HD PPACA |
| **CONTRACEPTIVES, TRANSDERMAL** | | |
| *norelgestromin/ethin.estradiol* | T2 | PPACA |
| **INTRA-UTERINE DEVICES (IUDS)** | | |
| KYLEENA | T5 | SP PPACA |
| LILETTA | T6 | SP PPACA |
| MIRENA | T5 | SP PPACA |
| SKYLA | T5 | SP PPACA |
| **COUGH/COLD PREPARATIONS (Allergy/Nasal Sprays)** | | |
| **IST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB** | | |
| RESPA A.R. (*pseudoephed/chlor-mal/bell alk*) | T4 | |
| **COUGH/COLD PREPARATIONS (Cough/Cold Medications)** | | |
| **ANTITUSSIVES, NON-OPIOID** | | |
| *benzonatate* | T2 | |
| **NON-OPIOID ANTITUS-IST GEN.ANTIHISTAMINE-DECONGEST** | | |
| BROMFED DM (*brompheniramine/pseudoephed/dm*) | T4 | |
| *brompheniramine/pseudoephed/dm* (Bromfed Dm) | T2 | |
| **NON-OPIOID ANTITUSSIVE-IST GEN ANTIHISTAMINE COMB.** | | |
| *promethazine/dextromethorphan* | T2 | |
| **OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGEST** | | |
| CAPCOF | T4 | |
| HISTEX-AC | T4 | |
| MAXI-TUSS CD | T4 | |

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# List of Prescription Medications

| 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 | T4 | |
| *promethazine/phenyleph/codeine* | T2 | |
| ZODRYL DAC 25 | T4 | |
| ZODRYL DAC 30 | T4 | |
| ZODRYL DAC 35 | T4 | |
| ZODRYL DAC 40 | T4 | |
| ZODRYL DAC 50 | T4 | |
| ZODRYL DAC 60 | T4 | |
| ZODRYL DAC 80 | T4 | |
| **OPIOID ANTITUSSIVE-IST GENERATION ANTIHISTAMINE** | | |
| *hydrocodone/chlorphen p-stirex* | T2 | |
| *promethazine hcl/codeine* | T2 | |
| TUXARIN ER | T4 | |
| TUZISTRA XR | T4 | PA |
| ZODRYL AC 25 | T4 | |
| ZODRYL AC 30 | T4 | |
| ZODRYL AC 35 | T4 | |
| ZODRYL AC 40 | T4 | |
| ZODRYL AC 50 | T4 | |
| ZODRYL AC 60 | T4 | |
| ZODRYL AC 80 | T4 | |
| **OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS** | | |
| HYCODAN | T4 | |
| HYCODAN *(hydrocodone bit/homatrop me-br)* | T4 | |
| *hydrocodone bit/homatrop me-br* | T2 | |
| *hydrocodone bit/homatrop me-br* (Hycodan) | T2 | |
| **OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMB** | | |
| CODITUSSIN DAC | T4 | |
| ZODRYL DEC 25 | T4 | |
| ZODRYL DEC 30 | T4 | |
| ZODRYL DEC 35 | T4 | |
| ZODRYL DEC 40 | T4 | |
| ZODRYL DEC 50 | T4 | |

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# List of Prescription Medications

| COUGH/COLD PREPARATIONS (Cough/Cold Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMB** (cont.) | | |
| ZODRYL DEC 60 | T4 | |
| ZODRYL DEC 80 | T4 | |
| **OPIOID ANTITUSSIVE-EXPECTORANT COMBINATION** | | |
| *codeine phosphate/guaifenesin* | T2 | |
| CODITUSSIN AC | T4 | |
| GUAIFEN-CODEINE 100-10 MG/5 ML | T4 | |
| *guaifen-codeine 100-10 mg/5 ml* | T2 | |
| GUAIFEN-CODEINE 200-20 MG/10ML | T4 | |
| MAR-COF CG | T4 | |
| NINJACOF-XG | T4 | |
| OBREDON | T4 | PA |
| **DIAGNOSTIC (Diabetes)** | | |
| **BLOOD SUGAR DIAGNOSTICS** | | |
| FREESTYLE INSULINX | T3 | |
| FREESTYLE INSULINX TEST STRIPS | T3 | |
| FREESTYLE PRECISION NEO | T3 | |
| FREESTYLE LITE TEST STRIP | T3 | |
| FREESTYLE TEST STRIPS | T3 | |
| HUMANA TRUE METRIX TEST STRIP | T3 | |
| PRECISION XTRA | T3 | |
| RELION TRUE METRIX TEST STRIP | T3 | |
| TRUE METRIX GLUCOSE TEST STRIP | T3 | |
| TRUETRACK GLUCOSE TEST STRIPS | T3 | |
| **URINE GLUCOSE TEST AIDS** | | |
| DIASTIX REAGENT | T3 | |
| **DIAGNOSTIC (Miscellaneous)** | | |
| **BLOOD TESTING PREPARATIONS** | | |
| FORA GTEL KETONE TEST STRIP | T4 | |
| GOJJI BLOOD KETONE TEST STRIP | T4 | |
| NOVAMAX PLUS | T3 | |
| PRECISION XTRA | T3 | |
| **CARDIOVASCULAR DIAGNOSTICS-RADIOPAQUE** | | |
| OMNIPAQUE | T4 | |

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# List of Prescription Medications

| DIAGNOSTIC (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIAGNOSTIC PREPARATIONS, MISCELLANEOUS** | | |
| ARIDOL | T4 | |
| METHACHOLINE CHLORIDE | T4 | |
| PROVOCHOLINE | T4 | |
| TC 99M SULFUR COLLOID PREP | T4 | |
| TOXICOLOGY SALIVA COLLECTION | T4 | |
| VUEBLU | T4 | |
| **EYE DIAGNOSTIC AGENTS** | | |
| *fluorescein sodium* | T2 | |
| *ful-glo 1 mg opth strip* | T2 | |
| FUL-GLO EYE STRIPS | T4 | |
| **FLUORESCENCE IMAGING AGENTS - MALIGNANT TISSUE** | | |
| GLEOLAN | T4 | |
| **GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS** | | |
| *diatrizoate meglumine, sodium* (Gastrografin) | T2 | |
| ENTERO VU | T4 | |
| E-Z DISK | T4 | |
| E-Z-HD | T4 | |
| E-Z-PAQUE | T4 | |
| E-Z-PASTE | T4 | |
| GASTROGRAFIN (*diatrizoate meglumine, sodium*) | T4 | |
| GASTROMARK | T4 | |
| LIQUID E-Z PAQUE | T4 | |
| LIQUID POLIBAR PLUS | T4 | |
| NEULUMEX | T4 | |
| POLIBAR ACB | T4 | |
| READI-CAT 2 | T4 | |
| SITZMARKS | T4 | |
| SITZMARKS FOR KIDS | T4 | |
| TAGITOL | T4 | |
| VANILLA SILQ | T4 | |
| VARIBAR HONEY | T4 | |
| VARIBAR NECTAR | T4 | |
| VARIBAR PUDDING | T4 | |

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# List of Prescription Medications

| DIAGNOSTIC (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS** (cont.) | | |
| VARIBAR THIN HONEY | T4 | |
| VARIBAR THIN LIQUID | T4 | |
| VOLUMEN | T4 | |
| **METABOLIC FUNCTION DIAGNOSTICS** | | |
| METOPIRONE | T4 | |
| **RADIOACTIVE DIAGNOSTICS, GENERAL** | | |
| XENON XE-133 | T4 | |
| **RADIOACTIVE METABOLIC FUNCTION DIAGNOSTICS** | | |
| SODIUM IODIDE I-123 | T4 | |
| **RADIOPHARMACEUTICALS ELEMENTS** | | |
| INDICLOR | T4 | |
| **URINARY TRACT RADIOPAQUE DIAGNOSTICS** | | |
| CYSTO-CONRAY II | T4 | |
| CYSTOGRAFIN | T4 | |
| CYSTOGRAFIN-DILUTE | T4 | |
| **URINARY TRACT RADIOPAQUE DIAGNOSTICS** | | |
| KETONE CARE TEST STRIP | T3 | |
| KETONE TEST STRIP | T3 | |
| KETOSTIX REAGENT | T3 | |
| TRUEPLUS KETONE TEST STRIP | T3 | |
| **URINE GLUCOSE/ACETONE TEST AIDS,STRIPS** | | |
| KETO-DIASTIX REAGENT | T3 | |
| **URINE MULTIPLE TEST AIDS** | | |
| CHEK-STIX | T3 | |
| CHEMSTRIP | T3 | |
| CHEMSTRIP 10 WITH SG | T3 | |
| CHEMSTRIP 2 GP | T3 | |
| CHEMSTRIP 50B | T3 | |
| CHEMSTRIP 7 | T3 | |
| CHEMSTRIP 9 | T3 | |
| COMBISTIX REAGENT | T3 | |
| HEMA-COMBISTIX | T3 | |
| KETO-DIASTIX REAGENT | T3 | |
| LABSTIX REAGENT | T3 | |

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# List of Prescription Medications

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **DIAGNOSTIC (Miscellaneous)** (cont.) | | |
| **URINE MULTIPLE TEST AIDS** (cont.) | | |
| 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 | |
| **DIURETICS (Diuretics)** | | |
| **ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS** | | |
| *tolvaptan 15 mg tablet* (Samsca) | T2 | PA QL(30 tabs/fill) SP |
| *tolvaptan 30 mg tablet* (Samsca) | T2 | PA QL(60 tabs/fill) SP |
| **CARBONIC ANHYDRASE INHIBITORS** | | |
| *acetazolamide* | T2 | HD |
| *methazolamide* | T2 | HD |
| **LOOP DIURETICS** | | |
| *bumetanide* | T2 | HD |
| EDECRIN *(ethacrynic acid)* | T4 | ST |
| *ethacrynic acid* (Edecrin) | T2 | |
| *furosemide* | T1 | HD |
| *furosemide* (Lasix) | T1 | HD |
| LASIX (*furosemide*) | T4 | ST HD |
| *torsemide* | T2 | HD |
| **POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEP. ANTAG** | | |
| JYNARQUE 15 MG TABLET *(tolvaptan)* | T6 | PA SP HD |
| JYNARQUE 15 MG-15 MG TABLET *(tolvaptan)* | T6 | PA SP HD |
| JYNARQUE 30 MG TABLET *(tolvaptan)* | T6 | PA SP HD |
| JYNARQUE 30 MG-15 MG TABLET *(tolvaptan)* | T6 | PA SP HD |
| JYNARQUE 45 MG-15 MG TABLET *(tolvaptan)* | T6 | PA SP HD |
| JYNARQUE 60 MG-30 MG TABLET *(tolvaptan)* | T6 | PA SP HD |
| JYNARQUE 90 MG-30 MG TABLET *(tolvaptan)* | T6 | PA SP HD |
| *tolvaptan 15 mg tablet* (Jynarque) | T2 | PA SP HD |
| *tolvaptan 15 mg-15 mg tablet* (Jynarque) | T2 | PA SP HD |

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# List of Prescription Medications

| DIURETICS (Diuretics) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEP. ANTAG** (cont.) | | |
| *tolvaptan 30 mg tablet* (Jynarque) | T2 | PA SP HD |
| *tolvaptan 30 mg-15 mg tablet* (Jynarque) | T2 | PA SP HD |
| *tolvaptan 45 mg-15 mg tablet* (Jynarque) | T2 | PA SP HD |
| *tolvaptan 60 mg-30 mg tablet* (Jynarque) | T2 | PA SP HD |
| *tolvaptan 90 mg-30 mg tablet* (Jynarque) | T2 | PA SP HD |
| **POTASSIUM SPARING DIURETICS** | | |
| ALDACTONE (*spironolactone*) | T4 | HD |
| *amiloride hcl* | T2 | HD |
| DYRENIUM (*triamterene*) | T4 | HD |
| *eplerenone* (Inspra) | T2 | HD |
| INSPRA *(eplerenone)* | T4 | HD |
| KERENDIA 10 MG TABLET | T3 | PA QL (30 tabs/30 days) |
| KERENDIA 20 MG TABLET | T3 | PA QL (30 tabs/30 days) |
| KERENDIA 40 MG TABLET | T3 | PA |
| *spironolactone 100 mg tablet* (Aldactone) | T1 | HD |
| *spironolactone 25 mg tablet* (Aldactone) | T1 | HD |
| *spironolactone 25 mg/5 ml susp* (Carospir) | T2 | |
| *spironolactone 50 mg tablet* (Aldactone) | T1 | HD |
| *triamterene* (Dyrenium) | T2 | HD |
| **POTASSIUM SPARING DIURETICS IN COMBINATION** | | |
| *amiloride/hydrochlorothiazide* | T2 | HD |
| DYAZIDE (*triamterene/hydrochlorothiazid*) | T4 | HD |
| *spironolact/hydrochlorothiazid* | T2 | HD |
| *triamterene/hydrochlorothiazid* (Dyazide) | T1 | HD |
| **THIAZIDE AND RELATED DIURETICS** | | |
| *chlorthalidone* | T2 | HD |
| DIURIL | T4 | HD |
| *hydrochlorothiazide* | T1 | HD |
| *indapamide* | T1 | HD |
| *metolazone* | T2 | HD |
| **EENT PREPS (Allergy/Nasal Sprays)** | | |
| **NASAL ANTIHISTAMINE** | | |
| *azelastine 0.1% (137 mcg) spry* | T2 | QL(60 mls/fill) HD |

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# List of Prescription Medications

| EENT PREPS (Allergy/Nasal Sprays) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NASAL ANTIHISTAMINE** (cont.) | | |
| *azelastine 0.15% nasal spray* | T2 | HD |
| *olopatadine hcl* (Patanase) | T2 | QL(31 gms/fill) HD |
| PATANASE (*olopatadine hcl*) | T4 | QL(31 gms/fill) HD |
| **NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.** | | |
| *azelastine/fluticasone* (Dymista) | T2 | ST QL(23 gms/fill) HD |
| RYALTRIS | T4 | ST QL(1 bottle/fill) HD |
| **NASAL ANTI-INFLAMMATORY STEROIDS** | | |
| *flunisolide* | T2 | ST QL(50 mls/fill) HD |
| *fluticasone prop 50 mcg spray* | T2 | QL(16 gms/fill) HD |
| *mometasone furoate 50 mcg spry* (Nasonex) | T2 | ST QL(17 gms/fill) HD |
| XHANCE | T3 | ST QL (32 mls/30 days) HD |
| **NOSE PREPARATIONS, MISCELLANEOUS (RX)** | | |
| COCAINE HCL | T4 | |
| GOPRELTO | T4 | |
| *ipratropium 0.03% spray* | T2 | QL(30 mls/fill) HD |
| *ipratropium 0.06% spray* | T2 | QL(30 mls/fill) HD |
| NUMBRINO | T4 | |
| **NOSE PREPARATIONS, VASOCONSTRICTORS (RX)** | | |
| ADRENALIN CHLORIDE | T4 | |
| *epinephrine hcl* | T2 | |
| **EENT PREPS (Ear Medications)** | | |
| **EAR PREPARATIONS ANTI-INFLAMMATORY** | | |
| DERMOTIC (*fluocinolone acetonide oil*) | T4 | |
| *fluocinolone acetonide oil* (Dermotic) | T2 | |
| **EAR PREPARATIONS, MISC. ANTI-INFECTIVES** | | |
| *acetic acid* | T2 | |
| CORTANE-B (*hydrocort/pramoxine/chloroxyl*) | T4 | |
| *hydrocortisone/acetic acid* | T2 | |
| **EENT PREPS (Eye Conditions)** | | |
| **AGENTS FOR CORNEAL COLLAGEN CROSS-LINKING** | | |
| PHOTREXA CROSS-LINKING | T4 | |
| PHOTREXA VISCOUS | T4 | |

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# List of Prescription Medications

| EENT PREPS (Eye Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ARTIFICIAL TEARS** | | |
| KLARITY (CHONDROITIN) | T4 | |
| LACRISERT | T4 | PA QL(60 inserts/fill) |
| MIEBO | T3 | PA QL (3 mls/fill) |
| **EYE ANTI-INFECTIVES (RX ONLY)** | | |
| BETADINE | T4 | |
| *povidone-iodine* | T2 | |
| **EYE ANTI-INFLAMMATORY AGENTS** | | |
| ACULAR (*ketorolac tromethamine*) | T4 | ST |
| ACULAR LS (*ketorolac tromethamine*) | T4 | ST |
| *bromfenac sodium* | T2 | |
| *bromfenac sodium* (Bromsite) | T2 | |
| *bromfenac sodium* (Prolensa) | T2 | |
| *dexamethasone sodium phosphate* | T2 | |
| DEXTENZA | T4 | |
| *diclofenac 0.1% eye drops* | T2 | |
| *difluprednate* (Durezol) | T2 | |
| EYSUVIS | T3 | PA QL (8.3 mls/30 days) |
| *fluorometholone* (FmI) | T2 | |
| *flurbiprofen sodium* | T2 | |
| FML *(fluorometholone)* | T4 | ST |
| ILEVRO | T4 | |
| INVELTYS | T4 | ST |
| *ketorolac 0.4% ophth solution* (Acular Ls) | T2 | |
| *ketorolac 0.5% ophth solution* (Acular) | T2 | |
| KLARITY-L (LOTEPREDNOL-CHONDR) | T4 | |
| LOTEMAX 0.5% EYE DROPS *(loteprednol etabonate)* | T4 | |
| LOTEMAX 0.5% EYE OINTMENT | T4 | ST |
| LOTEMAX 0.5% OPHTHALMIC GEL (*loteprednol etabonate*) | T4 | ST |
| LOTEMAX SM | T4 | ST |
| *loteprednol etabonate* (Alrex) | T2 | PA SP HD |
| *loteprednol etabonate* (Lotemax) | T2 | PA SP HD |
| PRED FORTE (*prednisolone acetate*) | T4 | |
| *prednisolone ac 1% eye drop* (Pred Forte) | T2 | |
| PREDNISOLONE ACET 1% EYE DROP | T4 | |

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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** (cont.) | | |
| *prednisolone sod ph/bromfenac* | T2 | |
| *prednisolone sodium phosphate* | T2 | |
| PREDNISOLONE-BROMFENAC | T4 | |
| PREDNISOLONE-NEPAFENAC | T4 | |
| PROLENSA *(bromfenac sodium)* | T4 | ST |
| **EYE LOCAL ANESTHETICS** | | |
| AKTEN | T4 | |
| ALCAINE (*proparacaine hcl*) | T4 | |
| ALTAFLUOR BENOX (*benoxinate hcl/fluorescein sod*) | T4 | |
| FLUORESCEIN-BENOXINATE | T4 | |
| *proparacaine hcl* (Alcaine) | T2 | |
| *proparacaine/fluorescein sod* | T2 | |
| *tetracaine 0.5% eye drop* | T2 | |
| TETRACAINE 0.5% STERI-UNIT SOL | T4 | |
| *tetracaine hcl* | T2 | |
| TETRAVISC | T4 | |
| TETRAVISC FORTE | T4 | |
| **EYE MAST CELL STABILIZERS** | | |
| ALOCRIL | T4 | ST |
| *cromolyn 4% eye drops* | T2 | |
| **EYE MYDRIATIC AND NSAID COMBINATIONS** | | |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) | T4 | |
| **EYE PREPARATIONS, MISCELLANEOUS (OTC)** | | |
| GELFILM | T4 | |
| **EYE VASOCONSTRICTORS** | | |
| *phenylephrine hcl* | T2 | |
| **MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS** | | |
| ALPHAGAN P | T4 | ST HD |
| ALPHAGAN P (*brimonidine tartrate*) | T4 | ST HD |
| *apraclonidine hcl* | T2 | HD |
| betaxolol hcl | T2 | HD |
| BETOPTIC S | T4 | HD |
| *bimatoprost* | T2 | PA HD |
| BIMATOPROST-BRIMONIDINE-DORZOL | T4 | HD |

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# List of Prescription Medications

| EENT PREPS (Eye Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS** (cont.) | | |
| BIMATOPROST-DORZOLAMID-TIMOLOL | T4 | HD |
| *brimonidine tartrate* | T2 | HD |
| *brimonidine tartrate* (Alphagan P) | T2 | HD |
| *brimonidine tartrate/timolol* (Combigan) | T2 | HD |
| BRIMONIDINE 0.1%-DORZOLAM 2% | T4 | |
| BRIMONIDINE 0.15%-DORZOLAM 2% | T4 | HD |
| *brinzolamide* (Azopt) | T2 | HD |
| *carteolol hcl* | T2 | HD |
| COMBIGAN *(brimonidine tartrate/timolol)* | T4 | ST HD |
| DORZOLAMIDE | T4 | HD |
| *dorzolamide hcl* | T2 | HD |
| *dorzolamide hcl/timolol maleat* (Cosopt) | T2 | *HD* |
| *dorzolamide/timolol/pf* (Cosopt Pf) | T2 | HD |
| IOPIDINE | T4 | ST HD |
| ISOPTO CARPINE *(pilocarpine hcl)* | T4 | HD |
| LATANOPROST 0.005% EYE DROP | T4 | HD |
| *latanoprost 0.005% eye drops* (Xalatan) | T2 | PA HD |
| *levobunolol hcl* | T2 | HD |
| PHOSPHOLINE IODIDE | T5 | SP HD |
| *pilocarpine 1% eye drops* | T2 | HD |
| *pilocarpine 2% eye drops* | T2 | HD |
| *pilocarpine 4% eye drops* | T2 | HD |
| *pilocarpine hcl* (Isopto Carpine) | T2 | HD |
| RHOPRESSA | T4 | |
| ROCKLATAN | T4 | PA |
| SIMBRINZA | T4 | HD |
| *timolol* (Betimol) | T2 | HD |
| TIMOLOL-BIMATOPROST | T4 | HD |
| *timolol 0.25% gel-solution* (Timoptic-Xe) | T2 | ST HD |
| *timolol 0.5% eye drop* (Istalol) | T2 | ST HD |
| *timolol 0.5% gel-solution* (Timoptic-Xe) | T2 | ST HD |
| *timolol 0.5% gfs gel-solution* (Timoptic-Xe) | T2 | ST HD |
| *timolol maleate 0.25% eye drop* | T2 | ST HD |
| *timolol maleate 0.25% eye drop* (Timoptic) | T1 | HD |

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# List of Prescription Medications

| EENT PREPS (Eye Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS** (cont.) | | |
| *timolol maleate 0.5% eye drop* (Timoptic Ocudose) | T2 | ST HD |
| *timolol maleate 0.5% eye drops* (Timoptic) | T1 | HD |
| TIMOLOL-BRIMONIDIN-DORZOLAMIDE | T4 | HD |
| TIMOLOL-BRIMONI-DORZOL-BIMATOP | T4 | HD |
| TIMOLOL-BRIMONI-DORZOL-LATANOP | T4 | HD |
| TIMOLOL-DORZOLAMIDE | T4 | HD |
| TIMOLOL-DORZOLAMIDE-BIMATOPRST | T4 | HD |
| TIMOLOL-DORZOLAMIDE-LATANOPRST | T4 | HD |
| TIMOLOL-LATANOPROST | T4 | HD |
| TIMOPTIC (*timolol maleate*) | T4 | ST HD |
| TIMOPTIC-XE (*timolol maleate*) | T4 | ST HD |
| *travoprost* (Travatan Z) | T2 | PA HD |
| **MYDRIATICS** | | |
| *atropine 1% eye drop* | T2 | PA SP HD |
| *atropine 1% eye ointment* | T2 | HD |
| ATROPINE SULF 0.025% EYE DROP | T4 | HD |
| *atropine sulf 0.025% eye drop* | T2 | HD |
| *atropine sulfate 0.01% eye drp* | T2 | PA SP HD |
| ATROPINE SULFATE 0.05% EYE DRP | T4 | HD |
| ATROPINE SULFATE 0.01% EYE DRP | T4 | HD |
| ATROPINE SULFATE-0.9% NACL | T4 | HD |
| CYCLOGYL | T4 | HD |
| CYCLOGYL (*cyclopentolate hcl*) | T4 | HD |
| CYCLOMYDRIL | T4 | HD |
| *cyclopentolat/tropic/phenyleph* | T2 | HD |
| *cyclopentolate hcl* | T2 | HD |
| *cyclopentolate hcl (Cyclogyl)* | T2 | HD |
| CYCLOPENTOLATE-TROPICAMIDE-PE | T4 | HD |
| *homatropine hbr* | T2 | HD |
| MYDCOMBI | T4 | HD |
| MYDRIACYL (*tropicamide*) | T4 | HD |
| PAREMYD | T4 | HD |
| TROPIC-CYCLOPENT-PE-KTRLC-PROP | T4 | HD |
| *tropicamide* | T2 | HD |

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| EENT PREPS (Eye Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MYDRIATICS** (cont.) | | |
| *tropicamide* (Mydriacyl) | T2 | HD |
| TROPICAMIDE-CYCLOPENTOLATE-PE | T4 | HD |
| TROPICAMIDE-CYCLOPENT-PE-KTRLC | T4 | |
| *tropicamide 1%-phenylephr 2.5%* | T2 | |
| TROPICAMIDE 1%-PHENYLEPHR 2.5% | T4 | |
| **OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY** | | |
| LUCENTIS | T6 | PA SP |
| **OPHTHALMIC ANTIFIBROTIC AGENTS** | | |
| MITOMYCIN-WATER | T4 | |
| MITOSOL | T4 | |
| **OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE** | | |
| CEQUA | T4 | PA QL (60 vls/30 days) |
| *cyclosporine 0.05% eye emuls* (Restasis) | T2 | PA QL(60 vials/fill) HD |
| CYCLOSPORINE IN KLARITY | T4 | HD |
| RESTASIS (*cyclosporine*) | T4 | PA QL(60 vials/fill) HD |
| RESTASIS MULTIDOSE | T3 | PA QL(6 mls/fill) HD |
| XIIDRA | T3 | PA QL(60 vls/fill) HD |
| VEVYE | T4 | PA QL(2 mls/fill) HD |
| **OPHTHALMIC CYSTINE DEPLETING AGENTS** | | |
| CYSTARAN | T5 | PA SP |
| **OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)** | | |
| OXERVATE | T5 | PA SP HD |
| **OPHTHALMIC PREPARATIONS, MISCELLANEOUS** | | |
| HEALON GV | T4 | |
| **OPHTHALMIC TRPM8 AGONISTS** | | |
| TRYPTYR | T4 | PA |
| **ELECT/CALORIC/H2O (Cholesterol Medications)** | | |
| **ORAL LIPID SUPPLEMENTS** | | |
| DOJOLVI | T6 | PA SP HD |
| **ELECT/CALORIC/H2O (Dental Products)** | | |
| **FLUORIDE PREPARATIONS** | | |
| CLINPRO 5000 | T4 | |
| FLORIVA | T4 | |

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T2 – Non-Preferred Generics
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QL – Quantity Limit
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AGE – Age Requirement
SP – Specialty Medication
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PPACA – No Cost-Share Preventive Medication
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# List of Prescription Medications

| ELECT/CALORIC/H2O (Dental Products) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **FLUORIDE PREPARATIONS** (cont.) | | |
| *fluoride (sodium)* | T2 | |
| *fluoride (sodium)* (Prevident 5000 Plus) | T2 | |
| *fluoride (sodium)* (Prevident) | T2 | |
| FLUORIDEX | T4 | |
| FLUORIDEX SENSITIVITY RELIEF | T4 | |
| FRAICHE 5000 PREVI | T4 | |
| JUSTRIGHT 5000 | T4 | |
| PREVIDENT | T4 | |
| PREVIDENT (*fluoride (sodium)*) | T4 | |
| PREVIDENT 5000 DRY MOUTH | T4 | |
| PREVIDENT 5000 ENAMEL PROTECT | T4 | |
| PREVIDENT 5000 ORTHO DEFENSE | T4 | |
| PREVIDENT 5000 PLUS (*fluoride (sodium)*) | T4 | |
| PREVIDENT 5000 SENSITIVE | T4 | |
| PREVIDENT KIDS | T4 | |
| *sodium fluoride 0.2% rinse* (Prevident) | T2 | |
| *sodium fluoride 1.1% cream* (Prevident 5000 Plus) | T2 | |
| *sodium fluoride 1.1% gel* (Prevident) | T2 | |
| *sodium fluoride 5000 ppm cream* (Prevident 5000 Plus) | T2 | |
| *sodium fluoride 5000 ppm paste* | T2 | |
| *sodium fluoride/potassium nit* | T2 | |
| **PEDIATRIC VITAMIN PREPARATIONS** | | |
| *fluoride (sodium)* | T2 | PPACA |
| FLURA-DROPS | *T4* | |
| *sodium fluoride 0.25 (0.55) mg* | T2 | PPACA |
| *sodium fluoride 0.5 mg(1.1 mg)* | T2 | PPACA |
| *sodium fluoride 0.5 mg/ml drop* | T2 | PPACA |
| *sodium fluoride 1 mg (2.2 mg)* | T2 | PPACA |
| **ELECT/CALORIC/H2O (Diabetes)** | | |
| **AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)** | | |
| *cvs glucose 4 gram tablet chew (Trueplus Glucose)* | T2 | |
| CVS GLUCOSE LIQUID SHOT | T4 | |
| DEX4 GLUCOSE 15 GM GEL PACKET | T4 | |
| *dex4 glucose 4 gm tablet chew (Trueplus Glucose)* | T2 | |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)** (cont.) | | |
| DEX4 GLUCOSE LIQUID | T4 | |
| DEX4 GLUCOSE LIQUID BLAST | T4 | |
| *dex4 glucose tab pouch pack* (Trueplus Glucose) | T2 | |
| *dex4 quick dissolve tab chew* (Trueplus Glucose) | T2 | |
| *dextrose* | T2 | |
| *dextrose* (Glutose-15) | T2 | |
| *dextrose* (Glutose-45) | T2 | |
| *dextrose*/vitamin d3 | T2 | |
| *diazoxide* (Proglycem) | T2 | |
| *drug mart glucose 4 gm tab chw* (Trueplus Glucose) | T2 | |
| GLUCO SHOT | T4 | |
| GLUCOSE 2 GRAM GUMMY | T4 | |
| *glucose 3.75 gram tablet chew* (Trueplus Glucose) | T2 | |
| *glucose 4 gram tablet chew* (Trueplus Glucose) | T2 | |
| GLUCOSE LIQUID | T4 | |
| GLUTOSE-15 (*dextrose*) | T3 | |
| GLUTOSE-45 (*dextrose*) | T3 | |
| *gnp glucose 3.75 gram tab chew* (Trueplus Glucose) | T2 | |
| *gnp glucose 4 gram tablet chew* (Trueplus Glucose) | T2 | |
| *gnp quick dissolve glucose tab* (Trueplus Glucose) | T2 | |
| *gs glucose 4 gram tablet chew* (Trueplus Glucose) | T2 | |
| GVOKE | T3 | QL(2 vials/fill) |
| GVOKE HYPOPEN 1-PACK | T3 | QL(2 auto-injs/fill) |
| GVOKE HYPOPEN 2-PACK | T3 | QL(2 auto-injs/fill) |
| GVOKE PFS 1-PACK SYRINGE | T3 | QL(2 syringes/fill) |
| GVOKE PFS 2-PACK SYRINGE | T3 | QL(2 syringes/fill) |
| INSTA-GLUCOSE | T4 | |
| *kro glucose 4 gram tablet chew* (Trueplus Glucose) | T2 | |
| *kroger glucose 4 gram tab chew* (Trueplus Glucose) | T2 | |
| *leader glucose 4 gm tab chew* (Trueplus Glucose) | T2 | |
| *leader quick dissolve gluc tab* (Trueplus Glucose) | T2 | |
| *longs glucose 4 gram tab chew* (Trueplus Glucose) | T2 | |
| *meijer glucose 4 gram tab chew* (Trueplus Glucose) | T2 | |
| *ms glucose 4 gram tablet chew* (Trueplus Glucose) | T2 | |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)** (cont.) | | |
| *ms quick dissolve glucose tab* (Trueplus Glucose) | T2 | |
| *preferred plus glucose tab chw* (Trueplus Glucose) | T2 | |
| PROGLYCEM (*diazoxide*) | T4 | |
| *pub glucose 4 gram tablet chew* (Trueplus Glucose) | T2 | |
| *ra glucose 4 gram tablet chew* (Trueplus Glucose) | T2 | |
| *relion glucose 4 gram tab chew* (Trueplus Glucose) | T2 | |
| *reli-on glucose 4 gram tab chw* (Trueplus Glucose) | T2 | |
| RELION GLUCOSE LIQUID | T4 | |
| *smart sense glucose 4 gram tab* (Trueplus Glucose) | T2 | |
| TRUEPLUS GLUCOSE | T4 | |
| TRUEPLUS GLUCOSE (*dextrose*) | T4 | |
| *upup glucose 4 gram tab chew* (Trueplus Glucose) | T2 | |
| **ELECT/CALORIC/H2O (Miscellaneous)** | | |
| **NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS** | | |
| XURIDEN | T5 | PA SP |
| **ELECT/CALORIC/H2O (Nutritional/Dietary)** | | |
| **CARBOHYDRATES** | | |
| ENFAMIL | T3 | |
| GLUTOL | T3 | |
| **ELECTROLYTE DEPLETERS** | | |
| AURYXIA | T4 | |
| *calcium acetate 667 mg capsule, gelcap, tablet* | T2 | QL(360 caps/fill) |
| *lanthanum carbonate* (Fosrenol) | T2 | QL(90 tabs/fill) |
| LOKELMA | T3 | QL(30 packs/fill) |
| RENVELA 0.8 GM POWDER PACKET (*sevelamer carbonate*) | T4 | QL(180 packs/fill) |
| RENVELA 2.4 GM POWDER PACKET (*sevelamer carbonate*) | T4 | QL(90 packs/fill) |
| RENVELA 800 MG TABLET (sevelamer carbonate) | T4 | QL(270 tabs/fill) |
| *sodium polystyrene sulfon/sorb* | T2 | |
| *sodium polystyrene sulfonate* | T2 | |
| VELPHORO | T4 | QL (120 tabs/30 days) |
| VELTASSA 1 GM POWDER PACKET | T3 | |
| VELTASSA 16.8 GM POWDER PACKET | T3 | QL (30 packs/30 days) |
| VELTASSA 25.2 GM POWDER PACKET | T3 | QL (30 packs/30 days) |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ELECTROLYTE DEPLETERS** (cont.) | | |
| VELTASSA 8.4 GM POWDER PACKET | T3 | QL (30 packs/30 days) |
| **FLUORIDE PREPARATIONS** | | |
| CLINPRO 5000 | T4 | |
| *fluoride (sodium)* | T2 | |
| *fluoride (sodium)* (Prevident 5000 Plus) | T2 | |
| *fluoride (sodium)* (Prevident) | T2 | |
| FLUORIDEX | T4 | |
| JUSTRIGHT 5000 | T4 | |
| PREVIDENT | T4 | |
| PREVIDENT *(fluoride (sodium))* | T4 | |
| PREVIDENT KIDS | T4 | |
| PREVIDENT 5000 DRY MOUTH | T4 | |
| PREVIDENT 5000 ORTHO DEFENSE | T4 | |
| PREVIDENT 5000 PLUS *(fluoride (sodium))* | T4 | |
| *sodium fluoride 0.2% rinse* (Prevident) | T2 | |
| *sodium fluoride 1.1% cream* (Prevident 5000 Plus) | T2 | |
| *sodium fluoride 1.1% gel* (Prevident) | T2 | |
| *sodium fluoride 5000 ppm cream* (Prevident 5000 Plus) | T2 | |
| *sodium fluoride 5000 ppm paste* | T2 | |
| **IODINE CONTAINING AGENTS** | | |
| *potassium iodide* | T2 | |
| *potassium iodide/iodine* | T2 | |
| SSKI | T4 | |
| **IRON REPLACEMENT** | | |
| ABATRON | T4 | |
| ABATRON AF | T4 | |
| ACCRUFER | T4 | |
| ACTIVE FE | T4 | |
| APETIGEN-PLUS | T3 | |
| BENTIVITE BX | T4 | |
| CHROMAGEN | T4 | |
| CITRANATAL BLOOM | T4 | |
| CORVITE 150 | T4 | |
| CORVITE FE | T4 | |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IRON REPLACEMENT** (cont.) | | |
| *cvs iron 27 mg tablet* (Fergon) | T2 | |
| *cvs iron 65 mg tablet* | T2 | |
| CVS SLOW RELEASE IRON 45 MG TB | T4 | |
| *cvs slow release iron 45 mg tb* | T2 | |
| *cvs slow release iron tablet* | T2 | |
| *eql iron 65 mg tablet* | T2 | |
| *eql slow release iron 45 mg tab* | T2 | |
| *eql slow release iron 50 mg tb* | T2 | |
| FEOSOL 45 MG CAPLET (*iron,carbonyl*) | T3 | |
| *feosol 65 mg tablet* | T2 | |
| FEOSOL BIFERA 28 MG CAPLET | T3 | |
| FERAHEME (*ferumoxytol*) | T4 | PA |
| FERGON 27 MG TABLET | T4 | |
| FERGON 27 MG TABLET (*ferrous gluconate*) | T3 | |
| FERGON TABLET | T4 | |
| FER-IN-SOL (*ferrous sulfate*) | T3 | |
| FERIVA 21-7 | T4 | |
| FERIVA FA | T4 | |
| FERRACTIV IRON | T4 | |
| FERRALET 90 | T4 | |
| FERRETTS IPS 18 MG CAP | T4 | |
| FERRETTS IPS 40 MG/15 ML LIQ | T3 | |
| FERRIMIN 150 | T3 | |
| FERRLECIT (*sodium ferric gluconat/sucrose*) | T4 | PA |
| FERRO-SEQUELS | T4 | |
| *ferrous fum/vit c/b12-if/folic* | T2 | PPACA |
| *ferrous fumarate* | T2 | |
| FERROUS FUMARATE 29 MG TAB | T4 | |
| *ferrous fumarate 324 mg tab* | T2 | |
| *ferrous fumarate/folic acid* (Hemocyte-F) | T2 | |
| *ferrous gluconate* | T2 | |
| *ferrous gluconate* (Fergon) | T2 | |
| *ferrous sulf 300 mg/5 ml cup* | T2 | |
| FERROUS SULF 300 MG/5 ML CUP | T4 | |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IRON REPLACEMENT** (cont.) | | |
| *ferrous sulf 15 mg iron/ml drp* (Fer-In-Sol) | T2 | |
| *ferrous sulf 220 mg/5 ml elix* | T2 | |
| *ferrous sulf 220 mg/5 ml liq* | T2 | |
| *ferrous sulf 44 mg iron/5ml lq* | T2 | |
| *ferrous sulf 300 mg/6.8ml soln* | T2 | |
| *ferrous sulf ec 324 mg tablet* | T2 | |
| *ferrous sulf ec 325 mg tablet* | T2 | |
| *ferrous sulfate 325 mg tablet* | T2 | |
| *true ferrous sulf ec 324 mg tb* | T2 | |
| *ferrous sulfate* | T2 | |
| *ferrous sulfate (*Fer-In-Sol*)* | T2 | |
| *ferrous sulfate/vit c/folic ac* | T2 | PPACA |
| *ferumoxytol (*Feraheme*)* | T2 | PA |
| FT IRON 45 MG TABLET | T4 | |
| *ft iron 65 mg tablet* | T2 | |
| FUSION | T4 | |
| FUSION PLUS | T4 | |
| GENTLE IRON | T4 | |
| *gnp iron 45 mg tablet* | T2 | |
| *gnp iron 65 mg tablet* | T2 | |
| HEMATEX | T4 | |
| HEMATEX (*iron polysaccharide complex*) | T4 | |
| HEMATOGEN | T4 | |
| HEMATRON-AF | T4 | |
| HEMAX | T4 | |
| HEMOCYTE PLUS (*iron fum/folic acid/mv,min 15*) | T4 | |
| HEMOCYTE-F (*ferrous fumarate/folic acid*) | T4 | |
| *hm iron 65 mg tablet* | T2 | |
| *hm slow release iron tablet* | T2 | |
| I.L.X. B-12 | T3 | |
| ICAR | T3 | |
| ICAR-C (*iron,carbonyl/ascorbic acid*) | T3 | |
| ICAR-C PLUS (*iron,carb/vit c/vit b12/folic*) | T4 | |
| INFED | T3 | PA |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IRON REPLACEMENT** (cont.) | | |
| INJECTAFER | T4 | PA |
| INTEGRA | T3 | |
| INTEGRA F (*iron fum,ps/folic acid/vitc/b3*) | T4 | |
| INTEGRA PLUS (*iron fum,ps/folic/bcomp,c no.9*) | T4 | |
| *iron 27 mg tablet* | T2 | |
| *iron 27 mg tablet* (Fergon) | T2 | |
| *iron 28 mg tablet* | T2 | |
| *iron 45 mg tablet* | T2 | |
| *iron 65 mg tablet* | T2 | |
| *iron aspgly,ps/c/b12/fa/ca/suc* | T2 | |
| *iron aspgly,ps/c/succinic acid* | T2 | |
| *iron aspgly/c/b12/fa/ca-th/suc* | T2 | |
| *iron bg,ps/vitc/b12/fa/calcium* | T2 | |
| IRON BISGLYCINATE | T4 | |
| *iron fum,ag/c/b12/folic/ca/suc* | T2 | |
| *iron fum,ps/folic acid/vitc/b3* (Integra F) | T2 | |
| *iron fum,ps/folic/bcomp,c no.9* (Integra Plus) | T2 | |
| *iron fum/folic acid/mv,min 15* (Hemocyte Plus) | T2 | |
| *iron fumarate/vit c/vit b12/fa* | T2 | |
| *iron polysaccharide complex* | T2 | |
| *iron polysaccharide complex* (Nu-Iron 150) | T2 | |
| *iron ps complex/b12/folic acid* | T2 | |
| *iron,carb/vit c/vit b12/folic* (Icar-C Plus) | T2 | |
| *iron,carbonyl* | T2 | |
| *iron,carbonyl (Feosol)* | T2 | |
| *iron,carbonyl/ascorbic acid* (Icar-C) | T2 | |
| *iron/c/b12/calciu/stomach conc* | T2 | |
| *iron/c/folic acd/mv cmb11/calc* | T2 | |
| *iron/folic ac/vit bcomp,c/min* | T2 | |
| *iron/folic acid/b12/c/docusate* | T2 | |
| *iron/folic acid/c/b6/b12/zinc* | T2 | |
| *iron sucrose complex* | T2 | PA |
| *iron/vit c/fructooligosacchard* | T2 | |
| *iron-vitamin c 100-250 mg tab* (Icar-C) | T2 | PA SP HD |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IRON REPLACEMENT** (cont.) | | |
| IRON-VITAMIN C 65-125 MG TAB | T3 | PA SP HD |
| IRONUP | T4 | |
| IRO-PLEX | T4 | |
| IROSPAN | T4 | |
| LIQUID IRON | T4 | |
| LYDIA PINKHAM HERBAL | T4 | |
| MAXFE | T4 | |
| MONOFERRIC | T4 | PA |
| NEONATAL FE | T4 | |
| NIFEREX | T4 | |
| NOVAFERRUM ALL GOOD | T4 | PA SP HD |
| NOVAFERRUM WOW | T4 | PA SP HD |
| NOVAFERRUM YAY IRON | T4 | |
| NOVAFERRUM YUMMY PEDIATRIC | T3 | PA SP HD |
| NUFERA | T4 | |
| NU-IRON 150 (*iron polysaccharide complex*) | T3 | |
| PARVLEX | T4 | |
| PERFECT IRON | T4 | |
| PRO FE | T3 | |
| PROFERRIN | T3 | |
| PROFERRIN-FORTE | T4 | |
| PROTECT IRON | T4 | |
| *ra high potency iron 27 mg tab* | T2 | |
| RA HIGH POTENCY IRON 27 MG TAB | T4 | |
| *ra iron 65 mg tablet* | T2 | |
| RA SLOW RELEASE IRON 45 MG TAB | T3 | |
| SIDEROL | T4 | |
| SLOW FE | T3 | |
| *slow release iron 160 mg tab* | T2 | |
| SLOW RELEASE IRON 45 MG TAB | T3 | |
| SLOW RELEASE IRON 45 MG TABLET | T3 | |
| *slow release iron 45 mg tablet* | T2 | |
| SLOW RELEASE IRON 45 MG TABLET | T4 | |
| SLOW RELEASE IRON TABLET | T3 | |

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# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IRON REPLACEMENT** (cont.) | | |
| *sm iron 65 mg tablet* | T2 | |
| *sm iron 160 mg tablet sa* | T2 | |
| *sm iron 325 mg tablet* | T2 | |
| SM SLOW RELEASE IRON 45 MG TAB | T3 | |
| *sodium ferric gluconat/sucrose* (Ferrlecit) | T2 | PA |
| *sv iron 65 mg tablet* | T2 | |
| SV SLOW RELEASE IRON 45 MG TAB | T3 | |
| TANDEM DUAL ACTION | T3 | |
| TL-HEM 150 | T4 | |
| TRIFERIC | T4 | |
| TULIVITE | T4 | |
| VENOFER | T3 | PA |
| VIRT-FEFA PLUS CAPSULE | T4 | |
| *virt-fefa plus capsule* (Integra Plus) | T2 | |
| VITABEX IRON | T4 | |
| VITAFOL | T4 | |
| VITRON-C | T3 | |
| **PEDIATRIC VITAMIN PREPARATIONS** | | |
| *fluoride (sodium)* | T2 | PPACA |
| FLURA-DROPS | T4 | |
| *sodium fluoride 0.25 (0.55) mg* | T2 | PPACA |
| *sodium fluoride 0.5 mg(1.1 mg)* | T2 | PPACA |
| *sodium fluoride 0.5 mg/ml drop* | T2 | PPACA |
| *sodium fluoride 1 mg (2.2 mg)* | T2 | PPACA |
| **POTASSIUM REPLACEMENT** | | |
| EFFER-K 10 MEQ TABLET EFF | T4 | |
| EFFER-K 20 MEQ TABLET EFF | T4 | |
| *effer-k 25 meq tablet eff* | T2 | |
| *potassium bicarbonate/cit ac* | T2 | |
| *potassium chloride* | T1 | |
| *potassium chloride* | T2 | |
| *potassium cl 10% (20 meq/15ml)* | T2 | |
| *potassium cl 20% (40 meq/15ml)* | T2 | |
| *potassium cl 20 meq packet* | T2 | |

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

# List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **POTASSIUM REPLACEMENT** (cont.) | | |
| *potassium cl er 8 meq capsule* | T1 | |
| *potassium cl er 10 meq capsule* | T1 | |
| *potassium cl10%(20meq/15ml)cup* | T2 | |
| *potassium cl10%(40meq/30ml)cup* | T2 | |
| *potassium cl20%(40meq/15ml)cup* | T2 | |
| *potassium cl er 8 meq tablet* | T1 | |
| *potassium cl er 10 meq tablet* | T1 | |
| *potassium cl er 15 meq tablet* | T1 | |
| POTASSIUM CL ER 15 MEQ TABLET | T4 | |
| *potassium cl er 20 meq tablet* | T1 | |
| **PROTEIN REPLACEMENT** | | |
| AQNEURSA | T5 | PA SP |
| **ELECT/CALORIC/H2O (Urinary Tract Conditions)** | | |
| **DIALYSIS SOLUTIONS** | | |
| PRISMASOL | T4 | |
| **URINARY PH MODIFIERS** | | |
| *citric acid/sodium citrate* | T2 | HD |
| K-PHOS NO.2 | T4 | HD |
| K-PHOS ORIGINAL | T3 | HD |
| ORACIT | T4 | HD |
| *potassium citrate* | T2 | HD |
| *potassium citrate* (Urocit-K) | T2 | HD |
| *RENACIDIN* | T3 | HD |
| UROCIT-K (*potassium citrate*) | T4 | HD |
| UROQID-ACID NO.2 | T4 | HD |
| **GASTROINTESTINAL (Cholesterol Medications)** | | |
| **LIPOTROPICS** | | |
| *icosapent ethyl* (Vascepa) | T2 | PA HD |
| *omega-3 acid ethyl esters* (Lovaza) | T2 | PA HD |
| VASCEPA *(icosapent ethyl)* | T3 | PA HD |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **AMMONIA INHIBITORS** | | |
| BUPHENYL (*sodium phenylbutyrate*) | T6 | PA SP HD |
| *lactulose* | T2 | HD |
| *lactulose 10 gm/15 ml solution* | T2 | HD |
| LITHOSTAT | T4 | HD |
| OLPRUVA DOSE KIT, DOSE ENVELOPE | T6 | SP PA HD |
| RAVICTI | T5 | PA SP HD |
| *sodium phenylbutyrate* (Buphenyl) | T2 | PA SP HD |
| PHEBURANE | T5 | PA SP |
| **ANTICHOLINERGICS, QUATERNARY AMMONIUM** | | |
| *chlordiazepoxide/clidinium br* (Librax) | T2 | |
| GLYCATE | T4 | |
| *glycopyrrolate* | T2 | |
| *glycopyrrolate* (Cuvposa) | T2 | |
| *glycopyrrolate* (Robinul Forte) | T2 | |
| *glycopyrrolate* (Robinul) | T2 | |
| ROBINUL (*glycopyrrolate*) | T4 | |
| ROBINUL FORTE (*glycopyrrolate*) | T4 | |
| **ANTICHOLINERGICS/ANTISPASMODICS** | | |
| *dicyclomine 10 mg capsule* | T2 | |
| *dicyclomine 10 mg/5 ml soln* | T2 | |
| *dicyclomine 20 mg tablet* | T2 | |
| **ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR** | | |
| XERMELO | T5 | PA QL(90 tabs/fill) SP |
| **ANTIDIARRHEALS** | | |
| *diphenoxylate hcl/atropine* | T2 | |
| *diphenoxylate hcl/atropine* (Lomotil) | T2 | |
| LOMOTIL (*diphenoxylate hcl/atropine*) | T4 | |
| MOTOFEN | T4 | |
| *opium tincture* | T2 | |
| *paregoric* | T2 | |
| **ANTIEMETIC, CANNABINOID-TYPE** | | |
| *dronabinol* (Marinol) | T2 | PA |
| MARINOL (*dronabinol*) | T4 | PA |
| SYNDROS | T4 | PA |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIEMETIC/ANTIVERTIGO AGENTS** | | |
| *aprepitant 125 mg capsule* | T2 | QL(1 cap/fill) |
| *aprepitant 125-80-80 mg pack* (Emend) | T2 | QL(3 caps/fill) |
| *aprepitant 40 mg capsule (*Emend*)* | T2 | QL(1 cap/fill) |
| *aprepitant 80 mg capsule (*Emend*)* | T2 | QL(2 caps/fill) |
| COMPAZINE *(prochlorperazine maleate)* | T4 | |
| COMPAZINE *(prochlorperazine)* | T4 | |
| DICLEGIS (*doxylamine succinate/vit b6*) | T4 | QL(120 tabs/fill) |
| *fosaprepitant dimeglumine* (Emend) | T2 | |
| *granisetron hcl 0.1 mg/ml vial* | T2 | |
| *granisetron hcl 1 mg tablet* | T2 | QL(6 tabs/fill) |
| *granisetron hcl 1 mg/ml vial* | T2 | |
| *granisetron hcl 4 mg/4 ml vial* | T2 | |
| *meclizine 50 mg tablet* | T2 | |
| *ondansetron 4 mg/2 ml* | T2 | |
| *ondansetron 40 mg/20 ml vial* | T2 | |
| *ondansetron hcl 4 mg, 8 mg tablet* | T2 | QL(9 tabs/fill) |
| *ondansetron hcl 4 mg/2 ml syr, vial* | T2 | |
| *ondansetron odt 4 mg tablet* | T2 | QL (9 tabs/30 days) |
| *ondansetron odt 8 mg tablet* | T2 | QL(9 tabs/30 days) |
| *prochlorperazine (*Compazine*)* | T2 | |
| *prochlorperazine maleate (*Compazine*)* | T2 | |
| *promethazine hcl* | T2 | |
| SANCUSO | T4 | QL(1 patch/fill) |
| *scopolamine (*Transderm-Scop*)* | T2 | |
| *trimethobenzamide hcl* | T2 | |
| VARUBI | T3 | QL(2 tabs/fill) |
| **ANTI-ULCER PREPARATIONS** | | |
| CYTOTEC (*misoprostol*) | T4 | HD |
| *misoprostol (*Cytotec*)* | T2 | HD |
| *sucralfate (*Carafate*)* | T2 | HD |
| **ANTI-ULCER-H.PYLORI AGENTS** | | |
| *lansoprazole/amoxiciln/clarith* | T2 | QL(112 units/fill) |
| OMECLAMOX-PAK | T4 | QL(80 units/fill) |
| TALICIA | T3 | QL(168 caps/fill) |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-ULCER-H.PYLORI AGENTS** (cont.) | | |
| VOQUEZNA DUAL PAK | T4 | |
| VOQUEZNA TRIPLE PAK | T4 | |
| **BELLADONNA ALKALOIDS** | | |
| DONNATAL | T4 | HD |
| DONNATAL (*phenobarb/hyoscy/atropine/scop*) | T4 | HD |
| *hyoscyamine sulfate* | T2 | HD |
| *hyoscyamine sulfate (Levbid)* | T2 | HD |
| *hyoscyamine sulfate (Levsin)* | T2 | HD |
| *hyoscyamine sulfate (Levsin-SL)* | T2 | HD |
| *hyoscyamine sulfate (Nulev)* | T2 | HD |
| LEVBID *(hyoscyamine sulfate)* | T4 | HD |
| LEVSIN (*hyoscyamine sulfate*) | T4 | HD |
| LEVSIN-SL *(hyoscyamine sulfate)* | T4 | HD |
| *methscopolamine bromide* | T2 | HD |
| NULEV *(hyoscyamine sulfate)* | T4 | HD |
| *phenobarb/hyoscy/atropine/scop* | T2 | HD |
| *phenobarb/hyoscy/atropine/scop* (Donnatal) | T2 | HD |
| *phenobarb/hyoscy/atropine/scop* (Phenobarbital-Belladonna) | T2 | HD |
| PHENOBARBITAL-BELLADONNA *(phenobarb/hyoscy/atropine/scop)* | T4 | HD |
| SYMAX DUOTAB | T4 | HD |
| **BILE SALTS** | | |
| CHENODAL | T5 | PA SP HD |
| CHOLBAM 250 MG CAPSULE | T5 | PA SP HD |
| CHOLBAM 50 MG CAPSULE | T5 | PA QL(120 caps/fill) SP HD |
| CTEXLI | T5 | PA SP HD |
| URSO FORTE (*ursodiol*) | T4 | HD |
| *ursodiol* | T2 | HD |
| *ursodiol (*Urso Forte) | T2 | HD |
| **CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX** | | |
| *mesalamine 1,000 mg supp* (Canasa) | T2 | |
| *mesalamine 4 gm/60 ml enema (*Sfrowasa*)* | T2 | |
| *mesalamine 4 gm/60 ml kit (*Rowasa*)* | T2 | |
| ROWASA *(mesalamine w/cleansing wipes)* | T4 | |
| SFROWASA (*mesalamine*) | T4 | |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT** | | |
| APRISO (*mesalamine*) | T4 | HD |
| ASACOL HD (*mesalamine*) | T4 | HD |
| AZULFIDINE (*sulfasalazine*) | T4 | HD |
| *balsalazide disodium* (Colazal) | T2 | HD |
| COLAZAL *(balsalazide disodium)* | T4 | HD |
| *mesalamine* (Apriso) | T2 | HD |
| *mesalamine* | T2 | HD |
| *mesalamine* (Pentasa) | T2 | HD |
| *mesalamine 800 mg dr tablet* (Asacol Hd) | T2 | HD |
| *mesalamine dr 1.2 gm tablet* (Lialda) | T2 | HD |
| PENTASA 250 MG CAPSULE | T3 | HD |
| PENTASA 500 MG CAPSULE (*mesalamine*) | T4 | HD |
| *sulfasalazine* (Azulfidine) | T2 | HD |
| **FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG** | | |
| OCALIVA | T5 | PA QL(30 tabs/fill) SP HD |
| **FECAL MICROBIOTA TRANSPLANTATION (FMT)** | | |
| VOWST CAPSULE | T5 | PA SP |
| **GASTRIC ENZYMES** | | |
| SUCRAID | T5 | PA SP |
| **HEMORRHOID PREP,ANTI-INFLAM STEROID-LOCAL ANESTHET** | | |
| ANALPRAM HC 1% CREAM | T4 | |
| ANALPRAM HC 2.5%-1% CREAM *(hydrocortisone/pramoxine)* | T4 | ST |
| ANALPRAM HC 2.5%-1% CRM SINGLE *(hydrocortisone/pramoxine)* | T4 | ST |
| *hydrocort-pramoxine 1%-1% crm* | T2 | |
| *hydrocort-pramoxine 2.5-1% crm* (Analpram Hc) | T2 | ST |
| PROCORT | T4 | |
| **HISTAMINE H2-RECEPTOR INHIBITORS** | | |
| *cimetidine* | T2 | HD |
| *famotidine* | T2 | HD |
| *famotidine* (Pepcid) | T1 | HD |
| *nizatidine* | T2 | HD |
| PEPCID *(famotidine)* | T4 | HD |
| *ranitidine hcl* | T2 | HD |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IBS AGENTS, MIXED OPIOID RECEP AGONISTS/ANTAGONISTS** | | |
| VIBERZI | T3 | HD |
| **IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST** | | |
| LINZESS | T3 | QL(30 caps/fill) |
| TRULANCE | T3 | |
| **ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR** | | |
| BYLVAY 1,200 MCG CAPSULE | T6 | PA QL(60 caps/fill) SP HD |
| BYLVAY 200 MCG PELLET | T6 | PA QL(120 pellets/fill) SP HD |
| BYLVAY 400 MCG CAPSULE | T6 | PA QL(150 caps/fill) SP HD |
| BYLVAY 600 MCG PELLET | T6 | PA QL(30 pellets/fill) SP HD |
| LIVMARLI | T6 | PA SP |
| **INTESTINAL MOTILITY STIMULANTS** | | |
| *metoclopramide hcl* | T1 | |
| *metoclopramide hcl (Reglan)* | T1 | |
| *prucalopride succinate* (Motegrity) | T2 | QL (30 tabs/30 days) |
| REGLAN (*metoclopramide hcl*) | T4 | |
| **IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST** | | |
| *alosetron hcl* (Lotronex) | T2 | SP HD |
| **IRRITABLE BOWEL SYND. AGENT,5-HT4 PARTIAL AGONIST** | | |
| ZELNORM | T4 | |
| **LAXATIVES AND CATHARTICS** | | |
| *bisac/nacl/nahco3/kcl/peg 3350* | T2 | PPACA |
| GIALAX | T4 | PPACA |
| GOLYTELY *(peg3350/sod sulf,bicarb,cl/kcl)* | T4 | |
| KRISTALOSE | T4 | |
| *lactulose* | T2 | |
| *lactulose 10 gm packet* | T2 | |
| *lactulose 10 gm/15 ml solution* | T2 | |
| *lactulose 20 gm/30 ml solution* | T2 | |
| *lubiprostone* | T2 | QL (60 caps/30 days) |
| NULYTELY WITH FLAVOR PACKS *(sodium chloride/nahco3/kcl/peg)* | T4 | |
| OSMOPREP | T4 | PPACA |
| *peg3350/sod sul/nacl/kcl/asb/c* (Moviprep) | T2 | PPACA |
| *peg3350/sod sulf,bicarb,cl/kcl* | T2 | PPACA |
| peg3350/sod sulf,bicarb,cl/kcl (Golytely) | T2 | PPACA |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **LAXATIVES AND CATHARTICS** (cont.) | | |
| *sodium chloride/nahco3/kcl/peg* (Nulytely With Flavor Packs) | T2 | PPACA |
| *sodium, potassium,mag sulfates* (Suprep) | T2 | PPACA |
| **LOCAL ANORECTAL NITRATE PREPARATIONS** | | |
| *nitroglycerin 0.4% ointment* (Rectiv) | T2 | |
| RECTIV (*nitroglycerin*) | T3 | |
| **MU-OPIOID RECEPTOR ANTAGONISTS,PERIPHERALLY-ACTING** | | |
| *alvimopan* | T2 | |
| ENTEREG | T4 | |
| **PANCREATIC ENZYMES** | | |
| CREON | T3 | HD |
| PANCREAZE | T3 | HD |
| VIOKACE | T3 | HD |
| ZENPEP | T3 | HD |
| **POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS)** | | |
| VOQUEZNA | T4 | St |
| **PROTON-PUMP INHIBITORS** | | |
| *dexlansoprazole dr 60 mg cap* | T2 | ST HD |
| *esomeprazole dr 2.5 mg packet* (Nexium) | T2 | ST QL (30 packs/30 days) HD |
| *esomeprazole dr 5 mg packet* (Nexium) | T2 | ST QL (30 packs/30 days) HD |
| *esomeprazole dr 10 mg packet* (Nexium) | T2 | ST QL(30 packs/fill) HD |
| *esomeprazole dr 40 mg packet* (Nexium) | T2 | ST HD |
| *esomeprazole dr 40 mg cap* (Nexium) | T2 | HD |
| ESOMEPRAZOLE DR 49.3 MG CAP (Nexium) | T4 | ST HD |
| *lansoprazole dr 30 mg capsule* (Prevacid) | T1 | HD |
| *lansoprazole odt 15 mg tablet* (Prevacid) | T2 | ST QL(30 tabs/fill) HD |
| *lansoprazole odt 30 mg tablet* (Prevacid) | T2 | ST HD |
| *omeprazole dr 10 mg, 20 mg capsule* | T1 | QL(30 caps/fill) HD |
| *omeprazole dr 40 mg capsule* | T1 | HD |
| *omeprazole/sodium bicarbonate* (Zegerid) | T2 | PA HD |
| *omeprazole-bicarb 20-1,680 pkt* (Zegerid) | T2 | ST QL (30 packs/30 days) HD |
| *omeprazole-bicarb 40-1,100 cap* (Zegerid) | T2 | ST HD |
| *omeprazole-bicarb 40-1,680 pkt* (Zegerid) | T2 | ST HD |
| *pantoprazole 40 mg suspension* (Protonix) | T2 | ST HD |

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# List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PROTON-PUMP INHIBITORS** (cont.) | | |
| *pantoprazole sod dr 40 mg tab* (Protonix) | T1 | HD |
| *rabeprazole sod dr 20 mg tab* (Aciphex) | T2 | HD |
| **RECTAL PREPARATIONS** | | |
| *hydrocortisone acetate* (Anusol-Hc) | T2 | |
| *hydrocortisone acetate* (Proctocort) | T2 | |
| PROCTOCORT *(hydrocortisone acetate)* | T4 | ST |
| **SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS** | | |
| GATTEX | T6 | PA SP HD |
| **GASTROINTESTINAL (Pain Relief And Inflammatory Disease)** | | |
| **HEMORRHOID PREP, ANTI-INFLAM STEROID-LOCAL ANESTHET** | | |
| ANA-LEX | T4 | |
| ANALPRAM HC 1% CREAM | T4 | |
| ANALPRAM HC 2.5%-1% CREAM (*hydrocortisone/pramoxine*) | T4 | ST |
| ANALPRAM HC 2.5%-1% CRM SINGLE *(hydrocortisone/pramoxine)* | T4 | ST |
| *hydrocort-pramoxine 1%-1% crm* | T2 | |
| *hydrocort-pramoxine 2.5%-1% cm* (Analpram Hc) | T2 | ST |
| *hydrocort-pramoxine 2.5-1% crm* (Analpram Hc) | T2 | ST |
| *lidocaine-hc 2.8-0.55% gel* | T2 | |
| *lidocaine-hc 2-2% cream kit* | T2 | |
| *lidocaine-hc 3-0.5% cream* | T2 | |
| *lidocaine-hc 3-0.5% cream kit* | T2 | |
| *lidocaine-hc 3-1% cream kit* | T2 | |
| *lidocaine-hc 3-2.5% gel kit* | T2 | |
| PROCORT | T4 | |
| **HORMONES (Gastrointestinal/Heartburn)** | | |
| **RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)** | | |
| CORTENEMA (*hydrocortisone*) | T4 | |
| *hydrocortisone* (Cortenema) | T2 | |
| UCERIS *(budesonide)* | T4 | |
| **HORMONES (Hormonal Agents)** | | |
| **ADRENOCORTICOTROPHIC HORMONES** | | |
| ACTHAR SELFJECT | T6 | PA SP HD |

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# List of Prescription Medications

| HORMONES (Hormonal Agents) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANDROGENIC AGENTS** | | |
| DEPO-TESTOSTERONE | T4 | PA |
| DEPO-TESTOSTERONE (*testosterone cypionate)* | T4 | PA |
| JATENZO 158 MG, 198 MG CAPSULE | T4 | PA QL(120 caps/30 days) |
| METHITEST | T3 | |
| *methyltestosterone* | T2 | |
| *oxandrolone* | T2 | |
| *testosterone 1% (25mg/2.5g) pk* (Androgel) | T2 | PA QL(75 gms/fill) |
| *testosterone 1% (50 mg/5 g) pk* (Androgel) | T2 | PA QL(300 gms/fill) |
| *testosterone 1.62% (2.5 g) pkt* | T2 | QL (60 packs/30 days) |
| *testosterone 1.62% gel pump* (Androgel) | T2 | PA QL(150 gms/fill) |
| *testosterone 1.62%(1.25 g) pkt* | T2 | QL (30 packs/30 days) |
| *testosterone 10 mg gel pump* | T2 | QL (120 gms/30 days) |
| TESTOSTERONE 12.5 MG/1.25 GRAM | T4 | PA QL(300 gms/fill) |
| *testosterone 12.5 mg/1.25 gram* | T2 | PA QL(300 gms/fill) |
| *testosterone 30 mg/1.5 ml pump* | T2 | PA QL(180 mls/fill) |
| *testosterone 50 mg/5 gram gel* (Testim) | T2 | PA QL(60 tubes/fill) |
| *testosterone 50 mg/5 gram gel* (Vogelxo) | T2 | PA QL(60 tubes/fill) |
| TESTOSTERONE 50 MG/5 GRAM PKT | T4 | PA QL(300 gms/fill) |
| *testosterone cypionate* | T2 | PA |
| *testosterone cypionate* (Depo-Testosterone) | T2 | PA |
| *testosterone enanthate* | T2 | PA |
| VOGELXO 12.5 MG/1.25 GRAM PUMP | T4 | PA QL(300 gms/fill) |
| VOGELXO 50 MG/5 GRAM GEL (*testosterone*) | T4 | PA QL(60 tubes/fill) |
| VOGELXO 50 MG/5 GRAM GEL PACKT | T4 | PA QL(60 packs/fill) |
| XYOSTED | T3 | QL(2 mls/28 days) |
| **ANTIDIURETIC AND VASOPRESSOR HORMONES** | | |
| DDAVP (*desmopressin (nonrefrigerated))* | T4 | |
| DDAVP 0.1 MG TABLET *(desmopressin acetate)* | T4 | HD |
| DDAVP 0.2 MG TABLET *(desmopressin acetate)* | T4 | HD |
| *desmopressin 0.01% solution* | T2 | HD |
| DESMOPRESSIN 1.5 MG/ML SPRAY | T3 | |
| *desmopressin 10 mcg/0.1 ml spr* | T2 | HD |
| *desmopressin acetate 0.1 mg tb* (Ddavp) | T2 | HD |

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# List of Prescription Medications

| HORMONES (Hormonal Agents) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIDIURETIC AND VASOPRESSOR HORMONES** (cont.) | | |
| *desmopressin acetate 0.2 mg tb* (Ddavp) | T2 | HD |
| NOCTIVA | T4 | QL (4 gms/30 days) |
| **ESTROGEN/ANDROGEN COMBINATIONS** | | |
| ESTRATEST H.S. *(estrogen,ester/me-testosterone)* | T4 | HD |
| *estrogen,ester/me-testosterone* | T2 | HD |
| *estrogen,ester/me-testosterone* | T2 | HD |
| *estrogen,ester/me-testosterone* (Estratest H.S.) | T2 | HD |
| **ESTROGENIC AGENTS** | | |
| ACTIVELLA (*estradiol/norethindrone acet*) | T4 | HD |
| CLIMARA (*estradiol*) | T4 | QL(4 patches/28 days) HD |
| COMBIPATCH | T3 | |
| DELESTROGEN | T4 | HD |
| DELESTROGEN (*estradiol valerate*) | T4 | HD |
| DEPO-ESTRADIOL | T3 | HD |
| ESTRACE 0.5 MG TABLET (*estradiol*) | T4 | HD |
| ESTRACE 1 MG TABLET (*estradiol*) | T4 | HD |
| ESTRACE 2 MG TABLET (*estradiol*) | T4 | HD |
| *estradiol* (Climara) | T2 | QL(4 patches/28 days) HD |
| *estradiol 0.1% (0.25mg) gel pk* (Divigel) | T2 | QL(30 packs/fill) HD |
| *estradiol 0.1% (0.75mg) gel pk* (Divigel) | T2 | QL(30 packs/fill) HD |
| *estradiol 0.1% (1 mg) gel pkt* (Divigel) | T2 | QL(30 packs/fill) HD |
| *estradiol 0.1% (1.25mg) gel pk* | T2 | QL(30 packs/fill) HD |
| *estradiol 0.06% 1.25g gel pump* (Estrogel) | T2 | QL (50 gms/30 days) HD |
| *estradiol 0.5 mg tablet* (Estrace) | T2 | HD |
| *estradiol 1 mg tablet* (Estrace) | T2 | HD |
| *estradiol 2 mg tablet* (Estrace) | T2 | HD |
| *estradiol valerate* (Delestrogen) | T2 | HD |
| *estradiol/norethindrone acet* | T2 | HD |
| *estradiol/norethindrone acet* (Activella) | T2 | HD |
| EVAMIST | T4 | QL (17 mls/30 days) HD |
| MENOSTAR | T4 | QL(4 patches/28 days) HD |
| *norethind-eth estrad 0.5-2.5* | T2 | HD |
| *norethindrone ac/eth estradiol* | T2 | HD |
| *norethin-eth estrad 1 mg-5 mcg* | T2 | HD |

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# List of Prescription Medications

| HORMONES (Hormonal Agents) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ESTROGEN-PROGESTIN WITH ANTIMINERALOCORTICOID COMB** | | |
| ANGELIQ | T4 | HD |
| **ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD (SERM) COMB** | | |
| DUAVEE | T3 | |
| **GLUCOCORTICOIDS** | | |
| *budesonide* | T2 | |
| *budesonide* (Uceris) | T2 | |
| CORTEF (*hydrocortisone*) | T4 | |
| *cortisone acetate* | T2 | |
| *deflazacort* (Emflaza) | T2 | PA SP |
| *dexamethasone* | T2 | PA |
| *dexamethasone* | T2 | |
| *dexamethasone 0.5 mg, 0.75 mg tablet* | T1 | |
| *dexamethasone 0.5 mg/5 ml elx* | T1 | |
| *dexamethasone 0.5 mg/5 ml liq* | T2 | |
| *dexamethasone 1 mg, 1.5 mg tablet* | T1 | |
| *dexamethasone 10 day 1.5 mg tb* | T2 | PA |
| *dexamethasone 13 day 1.5 mg tb* | T2 | PA |
| *dexamethasone 2 mg, 4 mg, 6 mg tablet* | T1 | |
| *dexamethasone 6 day 1.5 mg tab* | T2 | PA |
| DEXONTO | T4 | |
| *hydrocortisone* (Cortef) | T2 | |
| MEDROL | T4 | |
| MEDROL (*methylprednisolone*) | T4 | |
| *methylprednisolone* | T2 | |
| *methylprednisolone* (Medrol) | T2 | |
| ORAPRED ODT (*prednisolone sodium phosphate*) | T4 | |
| *prednisolone* | T2 | |
| *prednisolone sodium phosphate* | T2 | |
| *prednisolone sodium phosphate* (Orapred Odt) | T2 | |
| *prednisone* | T2 | |
| *prednisone* | T1 | |
| RAYOS | T4 | PA |
| TAPERDEX | T4 | PA |
| TARPEYO | T6 | PA QL (28 caps/30 days) SP |

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| HORMONES (Hormonal Agents) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **GLUCOCORTICOIDS** (cont.) | | |
| UCERIS *(budesonide)* | T4 | |
| ZCORT | T4 | PA |
| **GROWTH HORMONE RELEASING HORMONE (GHRH) AND ANALOGS** | | |
| EGRIFTA SV | T5 | PA SP HD |
| EGRIFTA WR | T5 | PA SP HD |
| **GROWTH HORMONES** | | |
| GENOTROPIN | T5 | PA SP HD |
| OMNITROPE | T5 | PA SP |
| SEROSTIM | T5 | PA SP HD |
| ZORBTIVE | T6 | PA SP HD |
| **INSULIN-LIKE GROWTH FACTOR-I (IGF-I) HORMONES** | | |
| INCRELEX | T5 | PA SP |
| **LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS** | | |
| SYNAREL | T5 | PA SP HD |
| **LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMB** | | |
| MYFEMBREE | T3 | PA |
| ORIAHNN | T3 | PA |
| **LHRH (GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS** | | |
| *cetrorelix acetate* | T2 | SP |
| CETROTIDE | T5 | SP |
| GANIRELIX ACET 250 MCG/0.5 ML (*ganirelix acetate*) | T6 | ST SP |
| *ganirelix acet 250 mcg/0.5 ml* (Ganirelix Acetate) | T2 | ST SP |
| *ganirelix acetate* (Ganirelix Acetate) | T2 | SP |
| ORILISSA 150 MG TABLET | T3 | PA QL(30 tabs/fill) |
| ORILISSA 200 MG TABLET | T3 | PA QL(60 tabs/fill) |
| **MINERALOCORTICOIDS** | | |
| *fludrocortisone acetate* | T1 | HD |
| **OXYTOCICS** | | |
| CERVIDIL | T4 | |
| *methylergonovine maleate* | T2 | QL (240 tabs/30 days) |
| PREPIDIL | T4 | |
| **PARATHYROID HORMONES** | | |
| NATPARA | T5 | PA SP HD |
| YORVIPATH | T6 | PA SP |

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# List of Prescription Medications

| HORMONES (Hormonal Agents) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PITUITARY SUPPRESSIVE AGENTS** | | |
| *cabergoline* | T2 | QL(8 tabs/28 days) HD |
| CRENESSITY | T6 | PA SP |
| *danazol* | T2 | HD |
| **PROGESTATIONAL AGENTS** | | |
| *medroxyprogesterone 10 mg tab* (Provera) | T2 | HD |
| *medroxyprogesterone 2.5 mg tab* (Provera) | T2 | HD |
| *medroxyprogesterone 5 mg tab* (Provera) | T2 | HD |
| *norethindrone acetate* | T2 | HD |
| *progesterone 100 mg capsule* (Prometrium) | T2 | HD |
| *progesterone 200 mg capsule* (Prometrium) | T2 | HD |
| PROMETRIUM *(progesterone, micronized)* | T4 | HD |
| PROVERA (*medroxyprogesterone acetate*) | T4 | HD |
| **SOMATOSTATIC AGENTS** | | |
| MYCAPSSA | T6 | PA QL (56 caps/28 days) SP |
| **VAGINAL ESTROGEN PREPARATIONS** | | |
| *estradiol* (Vagifem) | T2 | |
| *estradiol 0.01% cream* (Estrace) | T2 | HD |
| *estradiol 10 mcg vaginal insrt* (Vagifem) | T2 | HD |
| PREMARIN VAGINAL CREAM-APPL | T3 | HD |
| **HORMONES (Infertility)** | | |
| **FERTILITY STIMULATING PREPARATIONS, NON-FSH** | | |
| *clomiphene citrate* | T2 | |
| **FOLLICLE-STIMULATING AND LUTEINIZING HORMONES** | | |
| MENOPUR | T5 | SP |
| **FOLLICLE-STIMULATING HORMONE (FSH)** | | |
| FOLLISTIM AQ | T6 | ST SP |
| GONAL-F | T5 | ST SP |
| GONAL-F RFF REDI-JECT | T5 | ST SP |
| **HUMAN CHORIONIC GONADOTROPIN (HCG)** | | |
| CHORIONIC GONAD 10,000 UNIT VL | T6 | ST QL(3 vials/30 days) SP |
| CHORIONIC GONAD 50,000 UNIT VL | T6 | ST SP |
| CHORIONIC GONAD 6,000 UNIT VL | T6 | ST SP |
| NOVAREL | T6 | ST QL (6 vls/30 days) SP |

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# List of Prescription Medications

| HORMONES (Infertility) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **HUMAN CHORIONIC GONADOTROPIN (HCG)** (cont.) | | |
| OVIDREL | T5 | SP |
| PREGNYL | T5 | QL (3 vials/30 days) SP |
| **PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL** | | |
| CRINONE | T3 | |
| ENDOMETRIN | T3 | |
| *progesterone 100 mg vag insert* | T2 | |
| **HORMONES (Miscellaneous)** | | |
| **LEPTIN HORMONE ANALOGS** | | |
| MYALEPT | T5 | PA SP HD |
| **HORMONES (Osteoporosis Products)** | | |
| **BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES** | | |
| TYMLOS | T5 | PA QL(1 pen/fill) SP HD |
| **BONE RESORPTION INHIBITORS** | | |
| *calcitonin,salmon,synthetic* | T2 | HD |
| *calcitonin,salmon,synthetic* (Miacalcin) | T2 | HD |
| MIACALCIN (*calcitonin,salmon,synthetic*) | T4 | HD |
| **IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease)** | | |
| **HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB** | | |
| IMULDOSA 45 MG/0.5 ML SYRINGE | T5 | PA QL (1 syringe/84 days) SP |
| IMULDOSA 90 MG/ML SYRINGE | T5 | PA QL (1 syringe/56 days) SP |
| SELARSDI 45 MG/0.5 ML SYRINGE | T5 | PA QL (1 syringe/84 days) SP |
| SELARSDI 90 MG/ML SYRINGE | T5 | PA QL (1 syringe/56 days) SP |
| STELARA | T5 | PA QL SP HD |
| USTEKINUMAB-TTWE 45MG/0.5ML SY | T5 | PA SP HD |
| USTEKINUMAB-TTWE 90 MG/ML SYR | T5 | PA SP HD |
| YESINTEK 45 MG/0.5 ML SYRINGE | T5 | PA SP HD |
| YESINTEK 45 MG/0.5 ML VIAL | T5 | PA SP HD |
| YESINTEK 90 MG/ML SYRINGE | T5 | PA SP HD |
| **IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY** | | |
| OMVOH 100 MG/ML PEN | T5 | PA QL (2 mls/28 days) SP HD |
| OMVOH 200 MG DOSE - 2 PENS | T5 | PA QL (2 mls/28 days) SP HD |
| OMVOH 300 MG DOSE - 2 PENS | T5 | PA QL (3 mls/28 days) SP HD |
| OMVOH 100 MG/ML SYRINGE | T5 | PA QL (2 mls/28 days) SP HD |

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# List of Prescription Medications

| IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY** (cont.) | | |
| OMVOH 200 MG DOSE - 2 SYRINGES | T5 | PA QL (2 mls/28 days) SP HD |
| OMVOH 300 MG DOSE - 2 SYRINGES | T5 | PA QL (3 mls/28 days) SP HD |
| SKYRIZI ON-BODY | T5 | PA QL(1 cartridge/56 days) SP HD |
| TREMFYA 100 MG/ML PEN | T5 | PA SP HD |
| TREMFYA 200 MG/2 ML PEN | T5 | PA SP HD |
| TREMFYA ONE-PRESS | T5 | PA SP HD |
| TREMFYA 100 MG/ML SYRINGE | T5 | PA QL (1 syringe/56 days) SP HD |
| TREMFYA 200 MG/2 ML SYRINGE | T5 | PA QL (200 mgs/28 days) SP HD |
| TREMFYA PEN INDUCTION (2 PEN) | T5 | PA QL (1200 mgs/365 days) SP HD |
| **INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB** | | |
| DUPIXENT 100 MG/0.67 ML SYRING | T5 | PA QL(2 syringes/28 days) SP HD |
| DUPIXENT 200 MG/1.14 ML PEN | T5 | PA QL(400 mgs/28 days) SP HD |
| DUPIXENT 200 MG/1.14 ML SYRING | T5 | PA QL(400 mgs/28 days) SP HD |
| DUPIXENT 300 MG/2 ML PEN | T5 | PA QL(600 mgs/28 days) SP HD |
| DUPIXENT 300 MG/2 ML SYRINGE | T5 | PA QL(600 mgs/28 days) SP HD |
| **INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS** | | |
| ACTEMRA | T6 | PA QL (3.6 mls/28 days) SP HD |
| ACTEMRA ACTPEN | T6 | PA QL (2 pens/28 days) SP HD |
| ENSPRYNG | T5 | PA SP HD |
| TYENNE | T5 | PA QL (3.6 mls/28 days) SP |
| TYENNE AUTOINJECTOR | T5 | PA QL (2 pens/28 days) SP |
| **IMMUNOSUPPRESSANTS (Skin Conditions)** | | |
| **INTERLEUKIN-31(IL-31)RECEPTOR ALPHA ANTAGONIST,MAB** | | |
| NEMLUVIO | T5 | PA QL (2 pens/28 days) SP HD |
| **TOPICAL IMMUNOSUPPRESSIVE AGENTS** | | |
| HYFTOR | T6 | PA SP |
| *pimecrolimus* (Elidel) | T2 | ST QL(120 gms/30 days) |
| *tacrolimus 0.03% ointment* | T2 | ST QL (120 gms/30 days) |
| *tacrolimus 0.1% ointment* | T2 | ST QL (120 gms/30 days) |
| **IMMUNOSUPPRESSANTS (Transplant Medications)** | | |
| **IMMUNOSUPPRESSIVES** | | |
| ASTAGRAF XL | T6 | PA SP HD |
| AZASAN (*azathioprine*) | T6 | SP HD |

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# List of Prescription Medications

| IMMUNOSUPPRESSANTS (Transplant Medications) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **IMMUNOSUPPRESSIVES** (cont.) | | |
| *azathioprine* (Azasan) | T2 | SP HD |
| *azathioprine* (Imuran) | T2 | SP HD |
| CELLCEPT (*mycophenolate mofetil*) | T6 | SP HD |
| *cyclosporine 100 mg capsule* (Sandimmune) | T2 | SP HD |
| *cyclosporine 25 mg capsule* (Sandimmune) | T2 | SP HD |
| *cyclosporine, modified* | T2 | SP HD |
| *cyclosporine, modified* (Neoral) | T2 | SP HD |
| *everolimus 0.25 mg tablet* (Zortress) | T2 | SP HD |
| *everolimus 0.5 mg tablet* (Zortress) | T2 | SP HD |
| *everolimus 0.75 mg tablet* (Zortress) | T2 | SP HD |
| *everolimus 1 mg tablet* (Zortress) | T2 | SP HD |
| IMURAN (*azathioprine*) | T6 | SP HD |
| LUPKYNIS | T6 | PA QL (180 caps/30 days) SP |
| *mycophenolate mofetil* (Cellcept) | T2 | SP HD |
| *mycophenolate sodium* (Myfortic) | T2 | SP HD |
| MYFORTIC (*mycophenolate sodium*) | T6 | SP HD |
| MYHIBBIN | T5 | SP |
| NEORAL (*cyclosporine, modified*) | T6 | SP HD |
| PROGRAF 0.2 MG GRANULE PACKET | T5 | SP HD |
| PROGRAF 0.5 MG CAPSULE (*tacrolimus*) | T6 | SP HD |
| PROGRAF 1 MG CAPSULE (*tacrolimus*) | T6 | SP HD |
| PROGRAF 1 MG GRANULE PACKET | T5 | SP HD |
| PROGRAF 5 MG CAPSULE (*tacrolimus*) | T6 | SP HD |
| RAPAMUNE (*sirolimus*) | T6 | SP HD |
| SANDIMMUNE 100 MG CAPSULE (*cyclosporine*) | T6 | SP HD |
| SANDIMMUNE 100 MG/ML SOLN | T5 | SP HD |
| SANDIMMUNE 25 MG CAPSULE (*cyclosporine*) | T6 | SP HD |
| *sirolimus* | T2 | SP HD |
| *sirolimus* (Rapamune) | T2 | SP HD |
| *tacrolimus 0.5 mg capsule (ir)* (Prograf) | T2 | SP HD |
| *tacrolimus 1 mg capsule (ir)* (Prograf) | T2 | SP HD |
| *tacrolimus 5 mg capsule (ir)* (Prograf) | T2 | SP HD |
| ZORTRESS (*everolimus*) | T6 | SP HD |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** | | |
| 2TEK | T4 | |
| ACCU-CHEK | T4 | |
| ACCU-CHEK COMPACT PLUS CONTROL | T4 | |
| ACCU-CHEK FASTCLIX LANCING DEV | T3 | |
| ACCU-CHEK GUIDE CONTROL SOLN | T4 | |
| ACCU-CHEK SMARTVIEW CONTRL SOL | T4 | |
| ACCU-CHEK SOFTCLIX | T3 | |
| ACCUTREND GLUCOSE CONTROL | T4 | |
| ADJUSTABLE LANCING DEVICE | T3 | |
| ADVANCED LANCING DEVICE | T3 | |
| ADVOCATE CONTROL SOLUTION | T4 | |
| ADVOCATE LANCING DEVICE | T3 | |
| ADVOCATE RAPID-SAFE LANCING DV | T3 | |
| ADVOCATE REDI-CODE+ CTRL SOLN | T4 | |
| AGAMATRIX CONTROL | T4 | |
| AGAMATRIX CONTROL SOLUTION | T4 | |
| ALKALINE BATTERIES | T4 | |
| ALTERNATE SITE LANCING DEVICE | T3 | |
| AQUA LANCE LANCING DEVICE | T3 | |
| ASSURE 4 CONTROL SOLUTION | T4 | |
| ASSURE DOSE | T4 | |
| ASSURE PRISM | T4 | |
| AT HOME A1C | T4 | |
| AUTOJECT 2 | T3 | |
| AUTO-LANCET MINI | T3 | |
| AUTOLET IMPRESSION | T3 | |
| AUTOLET LANCING DEVICE | T3 | |
| AUTOLET LITE | T3 | PA QL (2 units/30 days) |
| AUTOLET PLUS | T3 | |
| AUTOPEN | T3 | |
| AUTOSOFT 30 | T3 | |
| AUTOSOFT 90 | T3 | |
| AUTOSOFT 30 INFUSION SET PACK | T4 | |
| AUTOSOFT XC INFUSION SET PACK | T4 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** (cont.) | | |
| AUTOSOFT XC | T3 | |
| BLOOD GLUCOSE CONTROL | T4 | |
| BLOOD-GLUCOSE CONTROL | T4 | |
| BREEZE 2 | T4 | |
| CAREONE | T3 | |
| CARESENS | T4 | |
| CARESENS S CONTROL SOLUTION | T4 | |
| CARETOUCH CONTROL SOLUTION | T4 | |
| CARETOUCH LANCING DEVICE | T3 | |
| CEQUR SIMPLICITY | T3 | |
| CEQUR SIMPLICITY INSERTER | T3 | |
| CHEMSTRIP BG DIARY | T4 | |
| CHOSEN LANCING DEVICE | T3 | |
| CLEVER CHOICE CONTROL SOLUTION | T4 | |
| CONTOUR | T4 | |
| CONTOUR NEXT CONTROL SOLUTION | T4 | |
| CONTROL SOLUTION | T4 | |
| COOL CONTROL SOLUTION | T4 | |
| DEXCOM G6 RECEIVER | T3 | PA QL (1 unit/365 days) |
| DEXCOM G6 SENSOR | T3 | PA QL (3 kits/30 days) |
| DEXCOM G6 TRANSMITTER | T3 | PA QL (1 kit/90 days) |
| DEXCOM G7 RECEIVER | T3 | PA QL (1 unit/365 days) |
| DEXCOM G7 SENSOR | T3 | PA QL (3 units/30 days) |
| DIATRUE | T4 | |
| DROPLET GENTEEL LANCING DEVICE | T3 | |
| DROPLET LANCING DEVICE | T3 | |
| EASY MINI EJECT LANCING DEVICE | T3 | |
| EASY PLUS II CONTROL SOLN HIGH | T4 | |
| EASY PLUS II CONTROL SOLN LOW | T4 | |
| EASY STEP CONTROL SOLUTION | T4 | |
| EASY TALK CONTROL SOLN LOW | T4 | |
| EASY TALK HIGH CONTROL SOLN | T4 | |
| EASY TALK PLUS II HIGH CONTROL | T4 | |
| EASY TALK PLUS II LOW CTRL SLN | T4 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
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T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** (cont.) | | |
| EASY TOUCH BLULINK CTRL SOLN | T4 | |
| EASY TOUCH CONTROL SOLUTION | T4 | |
| EASY TOUCH LANCING DEVICE | T3 | |
| EASY TRAK CONTROL SOLN HIGH | T4 | |
| EASY TRAK CONTROL SOLN LOW | T4 | |
| EASY TRAK II CONTROL SOLUTION | T4 | |
| EASYGLUCO PLUS CONTROL NORMAL | T4 | |
| EASYMAX 15 LEVEL 2 SOLUTION | T4 | |
| EASYMAX NORMAL CONTROL SOLN | T4 | |
| ELEMENT COMPACT CONTROL SOLN | T4 | |
| ELEMENT CONTROL SOLUTION | T4 | |
| EMBRACE EVO LEVEL 1 CTRL SOLN | T4 | |
| EMBRACE GLUC CONTROL SOLN HIGH | T4 | |
| EMBRACE GLUCOSE CONTROL SOLN | T4 | |
| EMBRACE LANCING DEVICE | T3 | |
| EMBRACE PRO | T4 | |
| EMBRACE TALK CONTROL SOLUTION | T4 | |
| ENLITE SERTER | T4 | |
| EVENCARE G2 CONTROL SOLUTION | T4 | |
| EVENCARE G3 CONTROL SOLUTION | T4 | |
| EVOLUTION CONTROL SOLUTION | T4 | |
| FORA CONTROL SOLUTION | T4 | |
| FORA GTEL MULTIFUNCTN MONITOR | T4 | |
| FORA KETONE CONTROL SOLUTION | T4 | |
| FORA LANCING DEVICE | T3 | |
| FORA TN'G ADVANCE PRO MONITOR | T4 | |
| FORA TN'GO ADV MOBILE MULT MTR | T4 | |
| FORA TN'GO ADVANCE MULTIFN MTR | T4 | |
| FORACARE GDH | T4 | |
| FORTISCARE | T4 | |
| FREESTYLE CONTROL SOLUTION | T3 | |
| FREESTYLE LIBRE 2 PLUS SENSOR | T3 | PA QL (2 units/30 days) |
| FREESTYLE LIBRE 2 READER | T3 | PA QL (1 unit/365 days) |
| FREESTYLE LIBRE 2 SENSOR | T3 | PA QL (2 sensors/28 days) |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** (cont.) | | |
| FREESTYLE LIBRE 3 SENSOR | T3 | PA QL (2 units/28 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR | T3 | PA QL (2 units/30 days) |
| FREESTYLE LIBRE 3 READER | T3 | PA QL (1 unit/365 days) |
| FREESTYLE LIBRE 10 DAY READER | T3 | PA |
| FREESTYLE LIBRE 10 DAY SENSOR | T3 | PA |
| FREESTYLE LIBRE 14 DAY READER | T3 | PA |
| FREESTYLE LIBRE 14 DAY SENSOR | T3 | PA QL (2 kits/30 days) |
| FREESTYLE NAVIGATOR SENSOR KIT | T3 | |
| GE100 CONTROL SOLUTION NORMAL | T4 | |
| GENTEEL VACUUM LANCING DEVICE | T4 | |
| GLUCOCARD 01 CONTROL | T4 | |
| GLUCOCARD EXPRESSION CNTRL SLN | T4 | |
| GLUCOCARD SHINE CONTROL SOLN | T4 | |
| GLUCOCOM AUTOLINK | T4 | |
| GLUCOCOM CONTROL SOLUTION | T4 | |
| GLUCOSE CONTROL | T4 | |
| GLUCOSE CONTROL SOLUTION | T4 | |
| GOJJI GLUCOSE CONTROL SOLUTION | T4 | |
| GOJJI KETONE CONTROL SOLUTION | T4 | |
| GOJJI LANCING DEVICE | T3 | |
| GOJJI MULTI-FUNCTIONAL METER | T4 | PA QL (1 transmitter/273 days) |
| GUARDIAN 4 GLUCOSE SENSOR | T4 | PA QL (5 sensors/30 days) |
| GUARDIAN 4 TRANSMITTER | T4 | PA QL (1 transmitter/273 days) |
| GUARDIAN LINK 3 TRANSMITTER | T4 | |
| GUARDIAN RT CHARGER | T4 | |
| GUARDIAN RT STARTER KIT | T4 | |
| GUARDIAN TEST PLUG | T4 | |
| GUARDIAN TRANSMITTER TAPE | T4 | |
| HEALTHPRO GLUCOSE CONTROL SOLN | T4 | |
| HEALTHY ACCENTS AUTOLET | T3 | |
| HYPOLANCE | T3 | |
| IHEALTH CONTROL SOLN LEVEL 2 | T4 | |
| ILET INFUSION-CONTACT DETACH | T3 | |
| ILET INFUSION KIT-INSET | 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.) | | |
| ILET STARTER KIT-INSET | T3 | |
| INCONTROL LANCING DEVICE | T3 | |
| INFINITY CONTROL SOLUTION | T4 | |
| INFINITY VOICE CONTROL SOLN | T4 | |
| INPEN (FOR HUMALOG) | T4 | |
| INPEN (FOR NOVOLOG OR FIASP) | T4 | |
| INSUL-CAP | T4 | |
| INSUL-EZE | T3 | |
| LANCING DEVICE | T3 | |
| LANCING SYSTEM | T3 | |
| LANZO | T3 | |
| LITE TOUCH LANCING PEN | T3 | |
| MEDISENSE | T3 | |
| MEDISENSE GLUCOSE KETONE | T3 | |
| MEDISENSE GLUCOSE KETONE CONTR | T3 | |
| MEDTRONIC EXT INFUSION SET | T3 | |
| MEDTRONIC REMOTE CONTROL | T4 | |
| MICRODOT HIGH-LOW CONTROL SOL | T4 | |
| MICRODOT NORMAL CONTROL SOLUT | T3 | |
| MICROLET 2 | T3 | |
| MICROLET NEXT LANCING DEVICE | T3 | |
| MINI LANCING DEVICE | T2 | |
| MINIMED MIO ADVANCE | T3 | |
| MINIMED QUICK SET | T3 | |
| MINIMED QUICK-SERTER | T4 | |
| MINIMED QUICK-SERTER | T3 | |
| MINIMED SILHOUETTE | T3 | |
| MINIMED SURE T | T3 | |
| MODD1 PATIENT WELCOME KIT | T4 | |
| MODD1 SUPPLY KIT | T4 | |
| MULTI-LANCET | T3 | |
| MYGLUCOHEALTH CONTROL SOLUTION | T4 | |
| NOVA MAX PLUS GLUC-KETON METER | T4 | |
| NOVAMAX PLUS GLU-KET | T4 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** (cont.) | | |
| NOVOPEN 3 | T3 | |
| NOVOPEN ECHO | T4 | |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | T3 | QL (15 crtgs/30 days) |
| OMNIPOD 5 DEXG7G6 INTRO(GEN 5) | T3 | QL (1 kit/720 days) |
| OMNIPOD 5 DEXG7G6 PODS (GEN 5) | T3 | QL (15 crtgs/30 days) |
| OMNIPOD 5 DEXG7G6 PODS (GEN 5) | T3 | QL (15 pods/28 days) |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | T3 | QL (1 kit/720 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | T3 | QL (1 kit/720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | T3 | QL (15 crtgs/30 days) |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | T3 | |
| OMNIPOD CLASSIC PODS (GEN 3) | T3 | |
| OMNIPOD DASH INTRO KIT (GEN 4) | T3 | QL(1 kit/720 days) |
| OMNIPOD DASH PODS (GEN 4) | T3 | QL(15 pods/28 days) |
| OMNIPOD GO PODS | T3 | QL(10 crtgs/30 days) |
| ON CALL EXPRESS CONTROL SOLN | T4 | |
| ON CALL LANCING DEVICE | T3 | |
| ON CALL PLUS CONTROL | T4 | |
| ON CALL PLUS LANCING DEVICE | T3 | |
| ON CALL VIVID CONTROL | T4 | |
| ONETOUCH DELICA | T3 | |
| ONETOUCH DELICA PLUS LANC DEV | T3 | |
| ONETOUCH ULTRA CONTROL SOLN | T4 | |
| ONETOUCH VERIO HIGH CNTRL SOLN | T4 | |
| ONETOUCH VERIO MID CNTRL SOLN | T4 | |
| OPTUMRX GLUCOSE CONTROL SOLN | T4 | |
| OVAL TAPE | T4 | |
| PIP GLUCOSE CONTROL SOLUTION | T4 | |
| PRECISION XTRA KETONE-GLUCOSE | T3 | |
| PRODIGY CONTROL SOLUTION | T4 | |
| PRODIGY LANCING DEVICE | T3 | |
| QUICK RELEASE SOFT TEFLON | T3 | |
| REFUAH PLUS GLUCOSE CONTROL | T4 | |
| RELIAMED MINI LANCING DEVICE | T3 | |
| REPLACEMENT PEDIATRIC MONITOR | T4 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIABETIC SUPPLIES** (cont.) | | |
| RIGHTEST CONTROL SOLUTION | T4 | |
| RIGHTEST GD500 | T3 | |
| SAFE-CLIP | T3 | |
| SEN-SERTER | T4 | |
| SIL-SERTER | T3 | |
| SMARTDIABETES VANTAGE | T3 | |
| SMARTEST | T4 | |
| SOF-SERTER | T3 | |
| SOF-SET | T3 | |
| SOF-SET MICRO | T3 | |
| SOLUS V2 CONTROL SOLUTION | T4 | |
| SOLUS V2 LANCING DEVICE | T3 | |
| SURE COMFORT LANCING PEN | T3 | |
| SUREFLEX | T3 | |
| SURE-PEN | T3 | |
| SURE-TEST EASYPLUS MINI SOLN | T4 | |
| T:FLEX | T3 | |
| T:SLIM X2 | T3 | |
| TANDEM MOBI AUTOSOFT 30 | T3 | PA SP HD |
| TANDEM MOBI AUTOSOFT XC | T3 | PA SP HD |
| TANDEM MOBI AUTOSOFT 30 SUPPLY | T3 | |
| TANDEM MOBI AUTOSOFT XC SUPPLY | T3 | |
| TANDEM MOBI CARTRIDGE | T3 | |
| TANDEM MOBI TRUSTEEL SUPPLY | T3 | |
| TANDEM T:SLIM ASFT 30 | T3 | |
| TANDEM T:SLIM ASFT XC | T3 | |
| TANDEM T:SLIM TRUSTL | T3 | |
| TELCARE CONTROL SOLUTION | T4 | |
| TRUE METRIX | T3 | |
| TRUECONTROL | T3 | |
| TRUEDRAW | T3 | |
| TRUSTEEL INFUSION SET | T3 | |
| TRUSTEEL INFUSION SET PACK | T4 | |
| TWIIST REFILL KT(CSST-NDL-SYR) | 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.) | | |
| TWIIST RFL(INFUS-CSST-NDL-SYR) | T3 | |
| TWIIST STARTER KIT | T3 | |
| ULTI-LANCE | T3 | |
| ULTRATRAK CONTROL SOL NORMAL | T4 | |
| ULTRATRAK CONTROL SOLUTION | T4 | |
| ULTRATRAK ULTIMATE CNTRL SOLN | T4 | |
| UNISTIK 2 | T3 | |
| UNISTRIP | T4 | |
| VARISOFT INFUSION SET | T3 | |
| V-GO 20 | T3 | |
| V-GO 30 | T3 | |
| V-GO 40 | T3 | |
| VIVAGUARD INO CONTROL SOLUTION | T4 | |
| VIVAGUARD LANCING DEVICE | T3 | |
| WAVESENSE CONTROL SOLUTION | T4 | |
| **DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)** | | |
| 1ST TIER UNILET COMFORTOUCH | T3 | |
| 2-IN-1 LANCET DEVICE | T3 | |
| ACCU-CHEK FASTCLIX LANCET DRUM | T3 | |
| ACCU-CHEK SAFE-T-PRO | T3 | |
| ACCU-CHEK SAFE-T-PRO PLUS | T3 | |
| ACCU-CHEK SOFTCLIX | T3 | |
| *acti-lance lite 28g lancets* | T2 | |
| *acti-lance special 17g lancets* | T2 | |
| *acti-lance univers 23g lancets* | T2 | |
| ACTI-LANCE UNIVERS 23G LANCETS | T3 | |
| ADVANCED TRAVEL LANCETS | T3 | |
| ADVOCATE LANCET | T3 | |
| ADVOCATE LANCETS | T3 | |
| ADVOCATE SAFETY LANCET | T3 | |
| AGAMATRIX ULTRA-THIN LANCET | T3 | PA SP HD |
| ALTERNATE SITE LANCETS | T3 | |
| ASSURE HAEMOLANCE PLUS | T3 | |
| ASSURE LANCE | T3 | |

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T2 – Non-Preferred Generics
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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)** (cont.) | | |
| ASSURE LANCE PLUS | T3 | |
| BD MICROTAINER LANCETS | T3 | |
| BLOOD LANCETS | T3 | |
| BULLSEYE MINI SAFETY LANCETS | T3 | |
| BUTTERFLY TOUCH LANCET | T3 | |
| CAREONE | T3 | |
| CARESENS LANCET | T3 | |
| CARETOUCH SAFETY LANCETS | T3 | |
| CARETOUCH TWIST LANCET | T3 | |
| CHOSEN LANCET | T3 | |
| CHOSEN SAFETY LANCET | T3 | |
| CLEVER CHEK LANCETS | T3 | |
| COAGUCHEK | T3 | |
| COLOR LANCETS | T3 | |
| COMFORT EZ | T3 | |
| COMFORT LANCETS | T3 | |
| COMFORT TOUCH PLUS SAFETY LANC | T3 | |
| COMFORT TOUCH ULT THIN LANCET | T3 | |
| DROPLET LANCETS | T3 | |
| DROPSAFE ACTI-LANCE | T3 | |
| EASY COMFORT LANCETS | T3 | |
| EASY TOUCH PULL-TOP 26G LANCET | T3 | |
| EASY TOUCH PULL-TOP 28G LANCET | T3 | |
| EASY TOUCH PULL-TOP 30G LANCET | T3 | |
| EASY TOUCH PULL-TOP 32G LANCET | T3 | |
| EASY TOUCH SAFETY 21G LANCETS | T3 | |
| EASY TOUCH SAFETY 23G LANCETS | T3 | |
| EASY TOUCH SAFETY 26G LANCETS | T3 | |
| EASY TOUCH SAFETY 28G LANCETS | T3 | |
| EASY TOUCH SAFETY 30G LANCETS | T3 | |
| EASY TOUCH SAFETY 32G LANCETS | T3 | |
| EASY TOUCH TWIST 26G LANCETS | T3 | |
| EASY TOUCH TWIST 28G LANCETS | T3 | |
| EASY TOUCH TWIST 30G LANCETS | T3 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)** (cont.) | | |
| EASY TOUCH TWIST 32G LANCETS | T3 | |
| EASY TOUCH TWIST 33G LANCETS | T3 | |
| EASY TWIST & CAP LANCETS | T3 | |
| EMBRACE 30G LANCETS | T3 | |
| EMBRACE SAFETY LANCET | T3 | |
| EZ SMART LANCETS | T3 | |
| EZ-LETS | T3 | |
| FIFTY50 SAFETY SEAL LANCETS | T3 | |
| FINGERSTIX | T3 | |
| FORA LANCETS | T3 | |
| FORACARE LANCETS | T3 | |
| FREESTYLE LANCETS | T3 | |
| FREESTYLE UNISTIK 2 | T3 | |
| GLUCOCOM | T3 | |
| GLUCOCOM LANCETS | T3 | |
| GOJJI LANCETS | T3 | |
| HEALTHY ACCENTS UNILET LANCET | T3 | |
| INCONTROL SUPER THIN LANCETS | T3 | |
| INCONTROL ULTRA THIN LANCETS | T3 | |
| INJECT EASE LANCETS | T3 | |
| INVACARE LANCETS | T3 | |
| *lancets* | T2 | |
| LANCETS | T3 | |
| LITE TOUCH 28G LANCETS | T3 | |
| LITE TOUCH 30G LANCETS | T3 | |
| LITE TOUCH 33G LANCETS | T3 | |
| MEDISENSE THIN LANCETS | T3 | |
| *medlance plus 21g lancets* | T2 | |
| MEDLANCE PLUS 21G LANCETS | T3 | |
| *medlance plus 30g lancets* | T2 | |
| MEDLANCE PLUS 30G LANCETS | T3 | |
| MEDLANCE PLUS EXTRA 21G LANCET | T3 | |
| *medlance plus lite 25g lancets* | T2 | |
| MEDLANCE PLUS LITE 25G LANCETS | T3 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)** (cont.) | | |
| MICRO THIN LANCET | T3 | |
| MICRO THIN LANCETS | T3 | |
| MICROLET | T3 | |
| MOBILE LANCETS | T3 | |
| MONOLET LANCETS | T3 | |
| MONOLET THIN LANCETS | T3 | |
| MYGLUCOHEALTH LANCETS | T3 | |
| NOVA SAFETY LANCETS | T3 | |
| NOVA SUREFLEX | T3 | |
| ON CALL LANCET | T3 | |
| ON CALL PLUS LANCET | T3 | |
| ONETOUCH DELICA PLUS LANCET | T3 | |
| ONETOUCH DELICA SAFETY LANCET | T3 | |
| ONETOUCH LANCETS | T3 | |
| ONETOUCH SURESOFT | T3 | |
| ONETOUCH ULTRASOFT 2 LANCET | T3 | |
| ON-THE-GO | T3 | |
| PERFECT POINT SAFETY LANCETS | T3 | |
| PIP LANCET | T3 | |
| PRESSURE ACTIVATED LANCETS | T3 | |
| PRO COMFORT LANCET | T3 | |
| PRO COMFORT LANCETS | T3 | |
| PRO COMFORT SAFETY LANCET | T3 | |
| PRODIGY LANCETS | T3 | |
| PRODIGY TWIST TOP LANCET | T3 | |
| PURE COMFORT LANCETS | T3 | |
| PURE COMFORT SAFETY LANCETS | T3 | |
| PUSH BUTTON SAFETY LANCETS | T3 | |
| READYLANCE SAFETY LANCETS | T3 | |
| RELIAMED | T3 | |
| RELIAMED SAFETY SEAL LANCETS | T3 | |
| RIGHTEST GL300 LANCETS | T3 | |
| SAFETY LANCETS | T3 | |
| SAFETY SEAL LANCETS | T3 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)** (cont.) | | |
| SAFETY-LET | T3 | |
| SINGLE-LET | T3 | |
| SMART SENSE | T3 | |
| SMART SENSE LANCETS | T3 | |
| SMARTEST LANCET | T3 | |
| SOLUS V2 | T3 | |
| SOLUS V2 LANCETS | T3 | |
| STERILANCE TL | T3 | |
| STERILE LANCETS | T3 | |
| SUPER THIN LANCETS | T3 | |
| SURE COMFORT LANCETS | T3 | |
| SURE-LANCE | T3 | |
| SURE-TOUCH | T3 | |
| TECHLITE LANCETS | T3 | |
| TELCARE ULTRA THIN 30G LANCETS | T3 | |
| THIN LANCETS | T3 | |
| TOPCARE UNIVERSAL1 LANCET | T3 | |
| TOPCARE UNIVERSAL1 THIN LANCET | T3 | |
| TRUE COMFORT LANCET | T3 | |
| TRUE COMFORT SAFETY LANCET | T3 | |
| TRUEPLUS LANCET | T3 | |
| TRUEPLUS LANCETS | T3 | |
| TWIST LANCETS | T3 | |
| TWIST TOP LANCET | T3 | |
| ULTILET BASIC | T3 | |
| ULTILET CLASSIC | T3 | |
| ULTILET LANCETS | T3 | |
| ULTILET SAFETY | T3 | |
| ULTRA THIN LANCET | T3 | |
| ULTRA THIN PLUS LANCETS | T3 | |
| ULTRA-CARE LANCETS | T3 | |
| ULTRALANCE | T3 | |
| ULTRA-THIN II 28G LANCETS | T3 | |
| ULTRA-THIN II 30G LANCETS | T3 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement
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

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)** (cont.) | | |
| ULTRATLC LANCETS | T3 | |
| UNILET COMFORTOUCH | T3 | |
| UNILET EXCELITE | T3 | |
| UNILET EXCELITE II | T3 | |
| UNILET GP LANCET | T3 | |
| UNILET LANCET | T3 | |
| UNILET LANCETS | T3 | |
| UNISTIK 2 COMFORT | T3 | |
| UNISTIK 2 EXTRA | T3 | |
| UNISTIK 2 NORMAL | T3 | |
| UNISTIK 3 | T3 | |
| UNISTIK 3 COMFORT | T3 | |
| UNISTIK 3 DUAL | T3 | |
| UNISTIK 3 EXTRA | T3 | |
| UNISTIK 3 NORMAL | T3 | |
| UNISTIK COMFORT | T3 | |
| UNISTIK CZT | T3 | |
| UNISTIK EXTRA | T3 | |
| UNISTIK NORMAL | T3 | |
| UNISTIK PRO | T3 | |
| UNISTIK SAFETY | T3 | |
| UNISTIK TOUCH | T3 | |
| UNIVERSAL 1 | T3 | |
| VERIFINE SAFETY LANCET MINI | T3 | |
| VERIFINE UNIVERSAL LANCET | T3 | |
| VIVAGUARD LANCET | T3 | |
| VIVAGUARD SAFETY LANCET | T3 | |
| **NEEDLES/NEEDLELESS DEVICES** | | |
| AUTOSHIELD DUO PEN NEEDLE | T3 | |
| BD ECLIPSE NEEDLE 18G 40MM | T4 | |
| BD ECLIPSE NEEDLE 21GX1" | T3 | |
| BD ECLIPSE NEEDLE 22GX1" | T3 | |
| BD ECLIPSE NEEDLE 23GX1" | T4 | |
| BD ECLIPSE NEEDLE 25G 16MM | T4 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
PA – Prior Authorization
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NEEDLES/NEEDLELESS DEVICES** (cont.) | | |
| BD ECLIPSE NEEDLE 25G 25MM | T4 | |
| BD ECLIPSE NEEDLE 25GX1" | T3 | |
| BD ECLIPSE NEEDLE 25GX1.5" | T3 | |
| BD ECLIPSE NEEDLES 21GX1.5" | T3 | |
| BD SAFETYGLIDE NEEDLE | T3 | |
| BD SAFETYGLIDE NEEDLE 18GX1.5" | T3 | |
| BD SAFETYGLIDE NEEDLE 21GX1" | T3 | |
| BD SAFETYGLIDE NEEDLE 21GX1.5" | T3 | |
| BD SAFETYGLIDE NEEDLE 22GX1.5" | T3 | |
| BD SAFETYGLIDE NEEDLE 23G 40MM | T4 | |
| BD SAFETYGLIDE NEEDLE 25GX1" | T3 | |
| BD SAFETYGLIDE NEEDLE 27GX5/8" | T3 | |
| BLUNT NEEDLE | T3 | |
| CAREPOINT PRECISION NEEDLE | T4 | |
| CARETOUCH HYPODERMIC NEEDLE | T4 | |
| CHEMO TRANSFER PIN | T3 | |
| DROPSAFE SICURA SAFETY NEEDLE | T4 | |
| EASY TOUCH FLIPLOCK NEEDLE | T4 | |
| EASY TOUCH FLIPLOCK NEEDLES | T4 | |
| EASY TOUCH HYPODERMIC NEEDLE | T4 | |
| EASYPOINT NEEDLE | T4 | |
| EXEL HUBER NEEDLE | T3 | |
| EXEL HYPODERMIC NEEDLE | T3 | |
| EXEL MTI DRAWING NEEDLE | T3 | |
| FILTER ASPIRATOR NEEDLE | T3 | |
| FILTER NEEDLE | T3 | |
| FLOW-EZE | T3 | |
| HURRICAINE LUER-LOCK | T3 | |
| HYPODERMIC NEEDLE | T3 | |
| INTEGRA NEEDLE | T3 | |
| INTEGRA PRECISIONGLIDE NEEDLE | T4 | |
| LIFESHIELD BLUNT CANNULA | T3 | |
| MINI TRANSFER PIN | T3 | |
| MONOJECT BLOOD COLLECTION | T3 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NEEDLES/NEEDLELESS DEVICES** (cont.) | | |
| MONOJECT FILTER NEEDLE | T4 | |
| NANO 2ND GEN PEN NEEDLE | T3 | |
| NANO PEN NEEDLE | T3 | |
| NEEDLES | T3 | |
| *needles,safety huber,disposabl* | T2 | |
| NOKOR ADMIX NEEDLE | T3 | |
| NOKOR NEEDLE | T3 | |
| PEN NEEDLE 30G X 8MM | T4 | |
| PERFECT POINT SAFETY NEEDLE | T4 | |
| PHASEAL PROTECTOR | T4 | |
| POLY HUB NEEDLE | T3 | |
| PRECISIONGLIDE | T3 | |
| PRECISIONGLIDE NEEDLE | T3 | |
| QUINCE SPINAL NEEDLE | T3 | |
| RAYA SURE PEN NEEDLE 29G 12MM | T4 | |
| RAYA SURE PEN NEEDLE 31G 5MM | T4 | |
| RAYA SURE PEN NEEDLE 31G 6MM | T4 | |
| REGULAR BEVEL NEEDLES | T3 | |
| SHORT BEVEL NEEDLES | T3 | |
| SPECIALTY USE NEEDLES | T3 | |
| TERUMO SURGUARD2 | T3 | |
| THIN WALL NEEDLES | T3 | |
| TRANSFER NEEDLE | T3 | |
| TRANSFER PIN | T3 | |
| ULTRA-FINE MICRO PEN NEEDLE | T3 | |
| ULTRA-FINE MINI PEN NEEDLE | T3 | |
| ULTRA-FINE NANO PEN NEEDLE | T3 | |
| ULTRA-FINE ORIGINAL PEN NEEDLE | T3 | |
| ULTRA-FINE PEN NEEDLE | T3 | |
| ULTRA-FINE SHORT PEN NEEDLE | T3 | |
| YALE NEEDLES | T3 | |
| **SYRINGES AND ACCESSORIES** | | |
| ALLERGIST TRAY | T4 | |
| ALLERGIST TRAY SYR-DETACH NDL | T3 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
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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.) | | |
| ALLERGIST TRAY SYR-PERM NEEDLE | T3 | |
| ALLERGY SYRINGE 1 ML 27GX1/2" | T4 | |
| ALLERGY SYRINGE 1 ML 27GX3/8" | T4 | |
| BD ALLERGY SYRINGE-NEEDLE 1 ML | T3 | |
| BD ECLIPSE LUER-LOK SYR 1 ML | T3 | |
| BD ECLIPSE LUER-LOK SYR 3 ML | T3 | |
| BD ECLIPSE SYR 3 ML 22GX1-1/2" | T4 | |
| BD SAFETYGLIDE TB 1 ML SYR | T3 | |
| BD SAFETYGLIDE TB 1ML 27G 10MM | T4 | |
| BD SAFETYGLIDE TUBERCULIN SYR | T3 | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) | T3 | |
| BD INS SYR UF 0.3ML 12.7MMX30G | T3 | |
| BD INS SYR UF 0.5ML 12.7MMX30G | T3 | |
| BD INS SYRN UF 1 ML 12.7MMX30G | T3 | |
| BD INS SYRNG 0.3 ML 29GX12.7MM | T3 | |
| BD INS SYRNG 0.5 ML 29GX12.7MM | T3 | |
| BD INS SYRNG UF 0.3 ML 8MMX31G | T3 | |
| BD INS SYRNG UF 0.5 ML 8MMX31G | T3 | |
| BD INSULIN SYR 0.5 ML 28GX1/2" | T3 | |
| BD INSULIN SYR 1 ML 27GX12.7MM | T3 | |
| BD INSULIN SYR 1 ML 27GX5/8" | T3 | |
| BD INSULIN SYR 1 ML 28GX1/2" | T3 | |
| BD INSULIN SYR 1 ML 29GX1/2" | T3 | |
| BD INSULIN SYR 1 ML 29GX12.7MM | T3 | |
| BD INSULIN SYR UF 1 ML 8MMX31G | T3 | |
| BD SAFETYGLIDE 3 ML SYRINGE | T3 | |
| BD SAFETYGLIDE SYR 22GX1.5" | T3 | |
| BD SAFETYGLIDE SYR 3 ML 25GX1" | T4 | |
| BD SAFETYGLIDE SYRINGE 27GX5/8 | T3 | |
| BD SYRINGE-SAFETY GLIDE | T3 | |
| BD UF INS SYR 1 ML 30GX1/2" | T3 | |
| BULK SYRINGE | T3 | |
| CANNULA | T3 | |
| CAREPOINT LUER LOCK SYRINGE | T4 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SYRINGES AND ACCESSORIES** (cont.) | | |
| CAREPOINT LUER LOCK SYRING-NDL | T3 | |
| CAREPOINT LUER SLIP SYRINGE | T4 | |
| CAREPOINT LUER SLIP SYRING-NDL | T4 | |
| CAREPOINT PRECISION LUER LOCK | T4 | |
| CAREPOINT PRECISION SAFETY | T4 | |
| CAREPOINT SAFETY LUER LOCK SYR | T3 | |
| CARETOUCH LUER LOCK | T3 | |
| CARETOUCH LUER LOCK SYRINGE | T4 | |
| CARETOUCH LUER SLIP SYRINGE | T4 | |
| CORNWALL SYRINGE TIP CONNECTOR | T3 | |
| DAVOL IRRIGATION SYRINGE | T3 | |
| DOVER BULB SYRINGE | T4 | |
| EASY GLIDE CATHETER TIP SYRING | T4 | |
| EASY GLIDE LUER LOCK SYRINGE | T4 | |
| EASY GLIDE LUER SLIP TB SYRING | T4 | |
| EASY TOUCH FLIPLK 10ML 20GX1.5 | T4 | |
| EASY TOUCH FLIPLK 10ML 21GX1.5 | T4 | |
| EASY TOUCH FLIPLK 10ML 22GX1.5 | T4 | |
| EASY TOUCH FLIPLK 5 ML 20GX1.5 | T4 | |
| EASY TOUCH FLIPLK 5 ML 21GX1.5 | T4 | |
| EASY TOUCH FLIPLK 5 ML 22GX1.5 | T4 | |
| EASY TOUCH FLIPLOCK | T4 | |
| EASY TOUCH FLIPLOCK 1 ML 25GX1 | T3 | |
| EASY TOUCH FLIPLOCK 10ML 21GX1 | T4 | |
| EASY TOUCH FLIPLOCK 3 ML 18GX1 | T4 | |
| EASY TOUCH FLIPLOCK 3 ML 20GX1 | T4 | |
| EASY TOUCH FLIPLOCK 3 ML 21GX1 | T4 | |
| EASY TOUCH FLIPLOCK 5 ML 18GX1 | T4 | |
| EASY TOUCH FLIPLOCK 5 ML 21GX1 | T4 | |
| EASY TOUCH FLIPLOCK SYRINGE | T4 | |
| EASY TOUCH FLIPLOK 10 ML 20GX1 | T4 | |
| EASY TOUCH FLIPLOK 10 ML 25GX1 | T4 | |
| EASY TOUCH FLIPLOK 1ML 26GX3/8 | T3 | |
| EASY TOUCH FLIPLOK 1ML 27GX0.5 | T3 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SYRINGES AND ACCESSORIES** (cont.) | | |
| EASY TOUCH FLIPLOK 3ML 18GX1.5 | T4 | |
| EASY TOUCH FLIPLOK 3ML 20GX1.5 | T4 | |
| EASY TOUCH FLIPLOK 3ML 21GX1.5 | T4 | |
| EASY TOUCH FLURINGE | T3 | |
| EASY TOUCH FLURINGE FLIPLOCK | T3 | |
| EASY TOUCH FLURINGE FLU TRAY | T4 | |
| EASY TOUCH FLURINGE SHEATHLOCK | T3 | |
| EASY TOUCH LUER LOCK INSULIN | T4 | |
| EASY TOUCH LUER LOCK SYRINGE | T4 | |
| EASY TOUCH SHEATHLOCK SYRG-NDL | T4 | |
| EASY TOUCH SHEATHLOCK SYRINGE | T4 | |
| EASY TOUCH SYR 1 ML 25GX5/8" | T3 | |
| EASY TOUCH SYR 3 ML 22GX1-1/2" | T3 | |
| EASY TOUCH SYR 3 ML 25GX5/8" | T3 | |
| EASY TOUCH SYR ALLERGY TRAY | T4 | |
| EASY TOUCH SYRINGE 1 ML 25GX1" | T3 | |
| EASY TOUCH SYRINGE 3 ML 20GX1" | T3 | |
| EASY TOUCH SYRINGE 3 ML 21GX1" | T3 | |
| EASY TOUCH SYRINGE 3 ML 22GX1" | T3 | |
| EASY TOUCH SYRINGE 3 ML 23GX1" | T3 | |
| EASY TOUCH SYRINGE 3 ML 25GX1" | T3 | |
| EASY TOUCH TUBERCULIN FLIPLOCK | T3 | |
| EASY TOUCH TUBERCULIN SHEATHLK | T3 | |
| EASY TOUCH UNI-SLIP | T4 | |
| ECLIPSE SYRINGE | T3 | |
| ECLIPSE SYRINGE-NEEDLE | T3 | |
| ENFIT CAP | T4 | |
| ENFIT MULTIFIL SYRINGE | T4 | |
| ENFIT POP ON CAP | T4 | |
| ENFIT SCREW-ON CAP | T4 | |
| ENFIT SYRINGE | T4 | |
| ENFIT SYRINGE STERILE | T4 | |
| ENFIT THUMB CONTROL RING SYRIN | T4 | |
| EXEL SYRINGE | T3 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SYRINGES AND ACCESSORIES** (cont.) | | |
| EXEL TB WITH NEEDLE | T3 | |
| EXEL TUBERCULIN SYRINGE | T3 | |
| EXTENDED RESERVOIR | T4 | |
| FILTER, MILLEX-OR SYRINGE | T4 | |
| FINGER GRIP EXTENDER | T4 | |
| INJECT-EASE | T3 | |
| INSULIN SYR 0.5 ML 28G 12.7MM | T3 | |
| INSULIN SYR 0.5 ML 28G 12.7MM | T4 | |
| INSULIN SYRINGE 1 ML 27G 16MM | T3 | |
| INSULIN SYRINGE 1ML 28G 12.7MM | T3 | |
| INSULIN SYRINGE U-500 | T3 | |
| INTEGRA SYRINGE | T3 | |
| INTERLINK SYRINGE | T3 | |
| INTERLINK SYRINGE W-CANNULA | T4 | |
| KENDALL DISINFECTANT CAP | T4 | |
| LEVER LOCK CANNULA | T4 | |
| LIFESHIELD BLUNT CANNULA | T3 | |
| LUER LOCK SYRINGE | T3 | |
| LUER LOCK SYRINGE-NEEDLE | T4 | PA SP HD |
| LUER SLIP TIP SYRINGE TRAY | T4 | |
| LUER TIP CAP TRAY | T4 | |
| LUER-LOK SYRINGE | T3 | |
| LUER-LOK SYRINGE-NEEDLE | T3 | |
| LUER-LOK TIP SYRINGE | T3 | |
| LUERSLIP SYRINGE | T3 | |
| MAD NASAL ATOMIZER-SYRG-ADAPTR | T4 | |
| MAGELLAN SAFETY SYRINGE | T3 | |
| MAGELLAN TB SAFETY SYRINGE | T3 | |
| MAGELLAN TUBERCULIN SYRINGE | T3 | |
| MINIMED RESERVOIR 1.8 ML | T4 | |
| MINIMED RESERVOIR 3 ML | T3 | |
| MONOJECT 3 ML SYRINGE 25GX1" | T3 | |
| MONOJECT 6CC SAFETY SYRINGE | T3 | |
| MONOJECT ALLERGY TRAY-NEEDLE | T3 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
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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.) | | |
| MONOJECT CONTROL SYRINGE | T3 | |
| MONOJECT ENFIT SYRINGE | T4 | |
| MONOJECT ENFIT SYRINGE CAP | T4 | |
| MONOJECT LUER LOCK TB SYRINGE | T3 | |
| MONOJECT MAGELLAN | T3 | |
| MONOJECT PHARMACY TRAY | T3 | |
| MONOJECT SAFETY SYR TIP CAP | T4 | |
| MONOJECT SAFETY SYRINGE | T3 | |
| MONOJECT SMARTIP CANNULA | T4 | |
| MONOJECT SYRINGE | T3 | |
| MONOJECT SYRINGE 140 ML | T4 | |
| MONOJECT SYRINGE 35 ML | T3 | |
| MONOJECT SYRINGE PHARMACY TRAY | T3 | |
| MONOJECT TB | T3 | |
| MONOJECT TB SYRINGE | T3 | |
| MONOJECT TB SAFETY SYRINGE | T3 | |
| MONOJECT TUBERCULIN SYRINGE | T3 | |
| NORM-JECT SYRINGE | T4 | |
| NORM-JECT TUBERKULIN SYRINGE | T4 | |
| PARADIGM | T3 | |
| PISTON ENFIT SYRINGE | T4 | |
| PRECISIONGLIDE | T3 | |
| PRODIGY COUNT-A-DOSE | T3 | |
| SAFESNAP ALLERGY SYRINGE | T4 | |
| SAFESNAP SYRINGE 10 ML | T3 | |
| SAFESNAP SYRINGE 10 ML | T4 | |
| SAFESNAP SYRINGE 3 ML | T3 | |
| SAFESNAP SYRINGE 5 ML | T3 | |
| SAFESNAP SYRINGE 5 ML | T4 | |
| SAFESNAP TUBERCULIN SYRINGE | T4 | |
| SAFETY SYRINGE WITH SHIELD | T3 | |
| SAFETY SYRINGE-NEEDLE | T4 | |
| SAFETYGLIDE ALLERGY | T3 | |
| SAFETYGLIDE ALLERGY SYRINGE | T4 | |

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T2 – Non-Preferred Generics
T3 – Preferred Brands
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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.) | | |
| SAFETYGLIDE INSULIN SYRINGE | T3 | |
| SLIP-TIP SYRINGE | T4 | |
| SUPOR | T4 | |
| SYRINGE | T3 | |
| SYRINGE BULK | T3 | |
| SYRINGE CATHETER TIP | T3 | |
| SYRINGE CATHETER TIP NON-STER | T3 | |
| SYRINGE FILTER, MILLEX-GP | T4 | |
| SYRINGE FILTER, MILLEX-GS | T4 | |
| SYRINGE LUER-LOCK | T3 | PA SP HD |
| SYRINGE LUER-LOK | T3 | |
| SYRINGE LUER-LOK NON-STERILE | T3 | |
| SYRINGE LUER-LOK STERILE | T3 | |
| SYRINGE SLIP TIP | T3 | |
| SYRINGE SLIP TIP NON-STERILE | T3 | |
| SYRINGE TIP CAP | T3 | |
| SYRINGE WITH NEEDLE DISP | T3 | |
| SYRINGE WITHOUT NEEDLE | T3 | |
| SYRINGE-LUER TIP CAP | T3 | |
| SYRINGE WITH NEEDLE | T3 | |
| SYRINGE-PRECISIONGLIDE NEEDLE | T3 | |
| TB SYRINGE | T3 | |
| TERUMO ALLERGY SYRINGE | T3 | |
| TERUMO HYPODERMIC NEEDLE-SYRIN | T3 | |
| TERUMO SURGUARD2 | T3 | |
| TERUMO SYRINGE | T3 | |
| TOOMEY SYRINGE | T3 | |
| TUBERCULIN SLIP-TIP SYRINGE | T3 | |
| TUBERCULIN SYRINGE | T3 | |
| TUBERCULIN SYRINGE-NEEDLE | T3 | |
| TWINPAK DUAL CANNULA | T3 | |
| ULTICARE LDS SYR 1 ML 22G 1.5" | T4 | |
| ULTICARE LDS SYR 3 ML 22GX1.5" | T3 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement
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HD – May require home delivery pharmacy
PPACA – No Cost-Share Preventive Medication
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SYRINGES AND ACCESSORIES** (cont.) | | |
| ULTICARE SAFETY SYRINGE | T4 | |
| ULTICARE SYRINGE | T4 | |
| ULTICARE TB SAFETY 1 ML 25GX1" | T3 | |
| ULTICARE TB SAFETY 1ML 25GX5/8 | T3 | |
| ULTICARE TB SAFETY SYRINGE | T3 | |
| ULTIGUARD SAFE 1ML 30G 12.7MM | T4 | |
| ULTIGUARD SAFEPACK 1ML 31G 8MM | T4 | |
| ULTRA-FINE INSULIN SYRINGE | T3 | |
| UNIVERSAL SYRINGE TIP ADAPTOR | T4 | |
| VANISHPOINT 1 ML TB SYR 25X5/8 | T3 | |
| VANISHPOINT 1 ML TB SYR 27X1/2 | T3 | |
| VANISHPOINT 20GX1" 3 ML SYRING | T3 | |
| VANISHPOINT 21GX1" 5 ML SYRING | T3 | |
| VANISHPOINT 21GX1.5" 3 ML SYR | T3 | |
| VANISHPOINT 22GX1" 3 ML SYR | T3 | |
| VANISHPOINT 22GX1-1/2" 5 ML SY | T3 | |
| VANISHPOINT 23GX1" 3 ML SYRING | T3 | |
| VANISHPOINT 23GX1-1/2 3 ML SYR | T3 | |
| VANISHPOINT 25GX1" 3 ML SYRING | T3 | |
| VANISHPOINT 25GX5/8" 3 ML SYR | T3 | |
| VANISHPOINT 3 ML 21GX1" SYRING | T3 | |
| VANISHPOINT 3 ML 22GX1.5" SYRG | T3 | |
| VANISHPOINT SYRINGE | T4 | |
| VANISHPOINT SYRINGE 1 ML 25X1" | T3 | |
| VEO INSULIN SYRINGE | T3 | |
| **MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)** | | |
| **BANDAGES AND RELATED SUPPLIES** | | |
| ARGLAES FILM | T4 | |
| CONFORMANT 2 | T4 | |
| DERMAVIEW | T3 | |
| DERMAVIEW II | T3 | |
| IV 3000 | T3 | |
| IV3000 FRAME DELIVERY | T4 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BANDAGES AND RELATED SUPPLIES** (cont.) | | |
| KENDALL | T3 | |
| NEXCARE TEGADERM 2.375"X2.75" | T4 | |
| NEXCARE TEGADERM DRESSING | T3 | |
| OPSITE | T4 | |
| OPSITE IV 3000 | T3 | |
| POLYSKIN II | T3 | |
| SURESITE MATRIX | T3 | |
| SURESITE WINDOW | T3 | |
| TEGADERM 1.75X1.75" DRSSNG | T4 | |
| TEGADERM 2"X2.75" DRESSING | T3 | |
| TEGADERM 2.375"X2.75" DRESSING | T3 | |
| TEGADERM 2.375"X4" DRESSING | T3 | |
| TEGADERM 2.375X2.75" DRSSNG | T3 | |
| TEGADERM 3.5" X 4" DRESSING | T3 | |
| TEGADERM 3.5"X 10" DRESSING | T4 | |
| TEGADERM 3.5"X 6" DRESSING | T4 | |
| TEGADERM 3.5"X13.75" DRESS | T4 | |
| TEGADERM 3.5"X4.125" DRESS | T3 | |
| TEGADERM 3.5"X8" DRESSING | T4 | |
| TEGADERM 4" X 10" DRESSING | T3 | |
| TEGADERM 4" X 4-3/4" DRESSING | T3 | |
| TEGADERM 4"X4.75" DRESSING | T3 | |
| TEGADERM 6" X 8" DRESSING | T3 | |
| TEGADERM 8" X 12" DRESSING | T3 | |
| TEGADERM ABSORBENT | T4 | |
| TEGADERM HP 4" X 4.5 " DRSSN | T3 | |
| TEGADERM HP 4.5"X4.75" DRSS | T3 | |
| TEGADERM HP DRESSING | T3 | |
| TEGADERM HP DRESSING | T4 | |
| TEGADERM I.V. | T4 | |
| TEGADERM I.V. 2.5"X2.75" DRSSN | T4 | |
| TEGADERM I.V. 4"X4.75" DRSSN | T3 | |
| TRANSPARENT DRESSING | T4 | |
| TRANSPARENT FILM DRESSING | T4 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BANDAGES AND RELATED SUPPLIES** (cont.) | | |
| TRANSPARENT I.V. SITE DRESSING | T3 | |
| TRANSPARENT MEPITEL FILM DRESS | T4 | |
| TRANSPARENT THIN FILM DRESSING | T3 | |
| WINDOW BANDAGES | T4 | |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** | | |
| 1ST TIER UNILET COMFORTOUCH | T3 | |
| 2-IN-1 LANCET DEVICE | T3 | |
| ACCU-CHEK FASTCLIX LANCET DRUM | T3 | |
| ACCU-CHEK SAFE-T-PRO | T3 | |
| ACCU-CHEK SAFE-T-PRO PLUS | T3 | |
| ACCU-CHEK SOFTCLIX | T3 | |
| *acti-lance lite 28g lancets* | T2 | |
| *acti-lance special 17g lancets* | T2 | |
| ACTI-LANCE UNIVERS 23G LANCETS | T3 | |
| *acti-lance univers 23g lancets* | T2 | |
| ADVANCED TRAVEL LANCETS | T3 | |
| ADVOCATE LANCET | T3 | |
| ADVOCATE LANCETS | T3 | |
| ADVOCATE SAFETY LANCET | T3 | |
| AGAMATRIX ULTRA-THIN LANCET | T3 | PA SP HD |
| ALTERNATE SITE LANCETS | T3 | |
| ASSURE HAEMOLANCE PLUS | T3 | |
| ASSURE LANCE | T3 | |
| ASSURE LANCE PLUS | T3 | |
| BD MICROTAINER LANCETS | T3 | |
| BLOOD LANCETS | T3 | |
| BULLSEYE MINI SAFETY LANCETS | T3 | |
| BUTTERFLY TOUCH LANCET | T3 | |
| CAREONE | T3 | |
| CARESENS LANCET | T3 | |
| CARETOUCH TWIST LANCET | T3 | |
| CHOSEN LANCET | T3 | |
| CHOSEN SAFETY LANCET | T3 | |
| CLEVER CHEK LANCETS | T3 | |

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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.) | | |
| COAGUCHEK | T3 | |
| COLOR LANCETS | T3 | |
| COMFORT EZ | T3 | |
| COMFORT LANCETS | T3 | |
| DROPLET LANCETS | T3 | |
| DROPSAFE ACTI-LANCE | T3 | |
| EASY COMFORT LANCETS | T3 | |
| EASY TOUCH BUTTON 30G LANCETS | T3 | |
| EASY TOUCH PULL-TOP 26G LANCET | T3 | |
| EASY TOUCH PULL-TOP 28G LANCET | T3 | |
| EASY TOUCH PULL-TOP 30G LANCET | T3 | |
| EASY TOUCH PULL-TOP 32G LANCET | T3 | |
| EASY TOUCH SAFETY 21G LANCETS | T3 | |
| EASY TOUCH SAFETY 23G LANCETS | T3 | |
| EASY TOUCH SAFETY 26G LANCETS | T3 | |
| EASY TOUCH SAFETY 28G LANCETS | T3 | |
| EASY TOUCH SAFETY 30G LANCETS | T3 | |
| EASY TOUCH SAFETY 32G LANCETS | T3 | |
| EASY TOUCH TWIST 26G LANCETS | T3 | |
| EASY TOUCH TWIST 28G LANCETS | T3 | |
| EASY TOUCH TWIST 30G LANCETS | T3 | |
| EASY TOUCH TWIST 32G LANCETS | T3 | |
| EASY TOUCH TWIST 33G LANCETS | T3 | |
| EASY TWIST CAP LANCETS | T3 | |
| EMBRACE 30G LANCETS | T3 | |
| EMBRACE SAFETY LANCET | T3 | |
| EZ SMART LANCETS | T3 | |
| EZ-LETS | T3 | |
| FIFTY50 SAFETY SEAL LANCETS | T3 | |
| FINGERSTIX | T3 | |
| FORA LANCETS | T3 | |
| FORACARE LANCETS | T3 | |
| FREESTYLE LANCETS | T3 | |
| FREESTYLE UNISTIK 2 | T3 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** (cont.) | | |
| GLUCOCOM | T3 | |
| GLUCOCOM LANCETS | T3 | |
| GOJJI LANCETS | T3 | |
| HEALTHY ACCENTS UNILET LANCET | T3 | |
| INCONTROL SUPER THIN LANCETS | T3 | |
| INCONTROL ULTRA THIN LANCETS | T3 | |
| INJECT EASE LANCETS | T3 | |
| INVACARE LANCETS | T3 | |
| *lancets* | T2 | |
| LANCETS | T3 | |
| LITE TOUCH 28G LANCETS | T3 | |
| LITE TOUCH 30G LANCETS | T3 | |
| LITE TOUCH 33G LANCETS | T3 | |
| MEDISENSE THIN LANCETS | T3 | |
| MEDLANCE PLUS 21G LANCETS | T3 | |
| *medlance plus 21g lancets* | T2 | |
| *medlance plus 30g lancets* | T2 | |
| MEDLANCE PLUS 30G LANCETS | T3 | |
| MEDLANCE PLUS EXTRA 21G LANCET | T3 | |
| *medlance plus lite 25g lancets* | T2 | |
| MEDLANCE PLUS LITE 25G LANCETS | T3 | |
| MEDLANCE PLUS SPECIAL BLADE | T3 | |
| MICRO THIN LANCET | T3 | |
| MICRO THIN LANCETS | T3 | |
| MICROLET | T3 | |
| MICROTAINER LANCETS | T3 | |
| MONOLET LANCETS | T3 | |
| MONOLET THIN LANCETS | T3 | |
| MYGLUCOHEALTH LANCETS | T3 | |
| NOVA SAFETY LANCETS | T3 | |
| NOVA SUREFLEX | T3 | |
| ON CALL LANCET | T3 | |
| ON CALL PLUS LANCET | T3 | |

T1 – Preferred Generics
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** (cont.) | | |
| ONETOUCH DELICA | T3 | |
| ONETOUCH DELICA PLUS LANCET | T3 | |
| ONETOUCH DELICA SAFETY LANCET | T3 | |
| ONETOUCH LANCETS | T3 | |
| ONETOUCH SURESOFT | T3 | |
| ON-THE-GO | T3 | |
| PERFECT POINT SAFETY LANCETS | T3 | |
| PIP LANCET | T3 | |
| PRESSURE ACTIVATED LANCETS | T3 | |
| PRO COMFORT LANCET | T3 | |
| PRO COMFORT LANCETS | T3 | |
| PRODIGY LANCETS | T3 | |
| PRODIGY TWIST TOP LANCET | T3 | |
| PURE COMFORT LANCETS | T3 | |
| PURE COMFORT SAFETY LANCETS | T3 | |
| PUSH BUTTON SAFETY LANCETS | T3 | |
| READYLANCE SAFETY LANCETS | T3 | |
| RELIAMED | T3 | |
| RELIAMED SAFETY SEAL LANCETS | T3 | |
| RIGHTEST GL300 LANCETS | T3 | |
| SAFETY LANCETS | T3 | |
| SAFETY SEAL LANCETS | T3 | |
| SAFETY-LET | T3 | |
| SINGLE-LET | T3 | |
| SMART SENSE | T3 | |
| SMART SENSE LANCETS | T3 | |
| SMARTEST LANCET | T3 | |
| SOFT TOUCH | T3 | |
| SOLUS V2 | T3 | |
| SOLUS V2 LANCETS | T3 | |
| STERILANCE TL | T3 | |
| STERILE LANCETS | T3 | |
| SUPER THIN LANCETS | T3 | |

T1 – Preferred Generics
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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** (cont.) | | |
| SURE COMFORT LANCETS | T3 | |
| SURE-LANCE | T3 | |
| SURE-TOUCH | T3 | |
| TECHLITE LANCETS | T3 | |
| TELCARE ULTRA THIN 30G LANCETS | T3 | |
| THIN LANCETS | T3 | |
| TOPCARE UNIVERSAL1 LANCET | T3 | |
| TOPCARE UNIVERSAL1 THIN LANCET | T3 | |
| TRUE COMFORT LANCET | T3 | |
| TRUEPLUS LANCET | T3 | |
| TRUEPLUS LANCETS | T3 | |
| TWIST LANCETS | T3 | |
| TWIST TOP LANCET | T3 | |
| ULTILET BASIC | T3 | |
| ULTILET CLASSIC | T3 | |
| ULTILET LANCETS | T3 | |
| ULTILET SAFETY | T3 | |
| ULTRA THIN LANCET | T3 | |
| ULTRA THIN LANCETS | T3 | |
| ULTRA THIN PLUS LANCETS | T3 | |
| ULTRA-CARE LANCETS | T3 | |
| ULTRALANCE | T3 | |
| ULTRA-THIN II 28G, 30G LANCETS | T3 | |
| ULTRATLC LANCETS | T3 | |
| UNILET COMFORTOUCH | T3 | |
| UNILET EXCELITE | T3 | |
| UNILET EXCELITE II | T3 | |
| UNILET GP LANCET | T3 | |
| UNILET LANCET | T3 | |
| UNILET LANCETS | T3 | |
| UNISTIK 2 COMFORT | T3 | |
| UNISTIK 2 EXTRA | T3 | |
| UNISTIK 2 NORMAL | T3 | |
| UNISTIK 3 | T3 | |

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# List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DURABLE MEDICAL EQUIPMENT,MISC (GROUP I)** (cont.) | | |
| UNISTIK 3 COMFORT | T3 | |
| UNISTIK 3 DUAL | T3 | |
| UNISTIK 3 EXTRA | T3 | |
| UNISTIK COMFORT | T3 | |
| UNISTIK CZT | T3 | |
| UNISTIK EXTRA | T3 | |
| UNISTIK NORMAL | T3 | |
| UNISTIK PRO | T3 | |
| UNISTIK SAFETY | T3 | |
| UNISTIK TOUCH | T3 | |
| UNIVERSAL 1 | T3 | |
| VIVAGUARD LANCET | T3 | |
| VIVAGUARD SAFETY LANCET | T3 | |
| **MEDICAL SUPPLIES,MISCELLANEOUS** | | |
| ALCOH-GLOVE | T4 | |
| ALCOH-WIPE | T4 | |
| **PARENTERAL ADMINISTRATION SETS** | | |
| 1.5 VOLT BATTERIES #357 | T3 | |
| ACCU-CHEK | T4 | |
| ACCU-CHEK RAPID D 10-100 | T4 | |
| ACCU-CHEK RAPID D 10-50 | T4 | |
| ACCU-CHEK RAPID D 10-70 | T3 | |
| ACCU-CHEK RAPID D 6-100 | T4 | |
| ACCU-CHEK RAPID D 6-50 | T3 | |
| ACCU-CHEK RAPID D 6-70 | T4 | |
| ACCU-CHEK RAPID D 8-100 | T4 | |
| ACCU-CHEK RAPID D 8-50 | T3 | |
| ACCU-CHEK RAPID D 8-70 | T3 | |
| ACCU-CHEK SPIRIT | T3 | |
| ACCU-CHEK TENDER | T3 | |
| ACCU-CHEK ULTRAFLEX | T3 | |
| IV ADMINISTRATION SET | T3 | |
| IVENIX PRIMARY ADMINISTRAT SET | T4 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PARENTERAL ADMINISTRATION SETS** (cont.) | | |
| NERIA | T4 | |
| PARADIGM INFUSION | T3 | |
| POLYFIN QR | T3 | |
| PSV SET | T4 | |
| Q-SYTE | T3 | |
| SILHOUETTE | T3 | |
| SURE-T | T3 | |
| **RESPIRATORY AIDS,DEVICES,EQUIPMENT** | | |
| ACE AEROSOL CLOUD ENHANCER | T3 | |
| AEROCHAMBER MECHANICAL VENT | T3 | |
| AEROCHAMBER MINI | T3 | |
| AEROCHAMBER MV | T3 | |
| AEROCHAMBER PLUS FLOW-VU | T3 | |
| AEROCHAMBER Z-STAT PLUS | T3 | |
| AEROCHAMBER2GO | T3 | PA SP HD |
| AEROTRACH PLUS | T3 | |
| AEROVENT PLUS | T3 | |
| BREATHERITE | T3 | |
| BREATHERITE SPACER-ADULT MASK | T3 | |
| BREATHERITE SPACER-INFANT MASK | T3 | |
| BREATHERITE SPACER-LG CHLD MSK | T3 | |
| BREATHERITE SPACER-NEONATE MSK | T3 | |
| BREATHERITE SPACER-SM CHLD MSK | T3 | |
| BREATHRITE | T3 | |
| CLEVER CHOICE HOLDING CHAMBER | T3 | |
| COMFORTSEAL | T3 | |
| COMPACT SPACE CHAMBER | T3 | |
| EASIVENT | T3 | |
| FLEXICHAMBER | T3 | |
| FLEXICHAMBER MASK | T3 | |
| INSPIRACHAMBER | T3 | |
| LITEAIRE | T3 | |
| LITETOUCH | T3 | |
| MICROCHAMBER | T3 | |

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| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **RESPIRATORY AIDS,DEVICES,EQUIPMENT** (cont.) | | |
| MICROSPACER | T3 | |
| MOUTHPIECE | T3 | |
| ONE WAY MOUTHPIECE | T3 | |
| OPTICHAMBER | T3 | |
| OPTICHAMBER DIAMOND | T3 | |
| PANDA MASK | T3 | |
| PEDIATRIC MASK | T3 | |
| PEDIATRIC PANDA MASK | T3 | |
| POCKET CHAMBER | T3 | |
| PRIMEAIRE | T3 | |
| PRO COMFORT SPACER-ADULT MASK | T3 | |
| PRO COMFORT SPACER-CHILD MASK | T4 | |
| PRO COMFORT SPACER-INFANT MASK | T4 | |
| PROCARE SPACER WITH ADULT MASK | T3 | |
| PROCARE SPACER WITH CHILD MASK | T3 | |
| PROCHAMBER | T3 | |
| PURECOMFORT PEAK FLOW MOUTHPCE | T3 | |
| PURE COMFORT SPACER WITH MASK | T4 | |
| RITEFLO | T3 | |
| SIDESTREAM PEDIATRIC | T3 | |
| SILICONE MASK | T3 | |
| SPACE CHAMBER | T3 | |
| SPACE CHAMBER-LARGE MASK | T3 | |
| SPACE CHAMBER-MEDIUM MASK | T3 | |
| SPACE CHAMBER-SMALL MASK | T3 | |
| VORTEX | T3 | |
| VORTEX VHC FROG MASK | T3 | |
| VORTEX VHC LADYBUG MASK | T3 | |
| VORTEX VHC PEDIATRIC MASK | T3 | |
| **MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)** | | |
| **SKELETAL MUSCLE RELAX.-TOP. IRRITANT COUNTER-IRRIT** | | |
| COMFORT PAC-CYCLOBENZAPRINE | T4 | |
| COMFORT PAC-TIZANIDINE | T4 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement
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# List of Prescription Medications

| MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SKELETAL MUSCLE RELAXANTS** | | |
| *baclofen 5 mg/5 ml solution* | T2 | PA HD |
| *baclofen 10 mg/5 ml solution* | T2 | PA HD |
| *baclofen 25 mg/5 ml suspension* | T2 | HD |
| *baclofen 5 mg tablet* | T2 | HD |
| *baclofen 10 mg tablet* | T2 | HD |
| *baclofen 15 mg tablet* | T2 | HD |
| *baclofen 20 mg tablet* | T2 | HD |
| *carisoprodol (Soma)* | T2 | |
| *carisoprodol/aspirin* | T2 | |
| *chlorzoxazone* | T2 | |
| *chlorzoxazone* (Lorzone) | T2 | |
| *cyclobenzaprine hcl* | T2 | |
| *cyclobenzaprine hcl (Amrix)* | T2 | PA |
| *cyclobenzaprine hcl* (Fexmid) | T2 | |
| DANTRIUM *(dantrolene sodium)* | T4 | |
| *dantrolene sodium* | T2 | |
| *dantrolene sodium* (Dantrium) | T2 | |
| FEXMID *(cyclobenzaprine hcl)* | T4 | PA |
| LORZONE *(chlorzoxazone)* | T4 | PA |
| *metaxalone 400 mg tablet* | T2 | |
| *metaxalone 800 mg tablet* | T2 | |
| *methocarbamol* | T2 | |
| *methocarbamol 500 mg tablet* | T2 | |
| *methocarbamol 750 mg tablet* | T2 | |
| *methocarbamol 1,000 mg tablet* | T2 | |
| NORGESIC (*orphenadrine/aspirin/caffeine)* | T4 | |
| NORGESIC FORTE (*orphenadrine/aspirin/caffeine*) | T4 | |
| *orphenadrine citrate* | T2 | |
| *orphenadrine/aspirin/caffeine* (Norgesic Forte) | T2 | |
| *orphenadrine/aspirin/caffeine* (Norgesic) | T2 | |
| SOMA (*carisoprodol*) | T4 | |
| *tizanidine hcl* | T2 | |
| *tizanidine hcl* (Zanaflex) | T2 | |
| ZANAFLEX 2 MG CAPSULE *(tizanidine hcl)* | T4 | |

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# List of Prescription Medications

| MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SKELETAL MUSCLE RELAXANTS** (cont.) | | |
| ZANAFLEX 4 MG CAPSULE *(tizanidine hcl)* | T4 | |
| ZANAFLEX 4 MG TABLET *(tizanidine hcl)* | T4 | |
| ZANAFLEX 6 MG CAPSULE *(tizanidine hcl)* | T4 | |
| **PRE-NATAL VITAMINS (Nutritional/Dietary)** | | |
| **PRENATAL VITAMIN PREPARATIONS** | | |
| BAL-CARE DHA ESSENTIAL | T4 | |
| CADEAU DHA | T4 | |
| CITRANATAL 90 DHA | T4 | |
| CITRANATAL ASSURE | T4 | |
| CITRANATAL DHA | T4 | |
| CITRANATAL HARMONY | T4 | |
| CITRANATAL RX | T4 | |
| *cvs prenatal multi-dha softgel* | T2 | PPACA |
| *cvs prenatal multivit-dha sfgl* | T2 | PPACA |
| *cvs prenatal vitamins tablet* | T2 | PPACA |
| DUET DHA BALANCED | T4 | |
| EXPECTA PRENATAL | T3 | |
| *ft prenatal tablet* | T2 | PPACA |
| *gnp prenatal tablet* | T2 | PPACA |
| GS PRENATAL VITAMINS TABLET | T4 | |
| HM ONE DAILY PRENATAL COMBO PK | T3 | |
| *hm prenatal tablet* | T2 | PPACA |
| KOSHER PRENATAL PLUS IRON | T4 | |
| KPN | T3 | |
| MARNATAL-F | T4 | |
| MASONATAL PRENATAL | T4 | |
| MINI PRENATAL | T4 | |
| MTERYTI | T4 | |
| MTERYTI FOLIC 5 | T4 | |
| NATACHEW | T4 | |
| NEONATAL COMPLETE | T4 | |
| NEONATAL PLUS | T4 | |
| NEONATAL-DHA | T4 | |

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# List of Prescription Medications

| PRE-NATAL VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PRENATAL VITAMIN PREPARATIONS** (cont.) | | |
| NESTABS | T4 | |
| NESTABS ABC | T4 | |
| NESTABS DHA | T4 | |
| OB COMPLETE ONE | T4 | |
| OB COMPLETE PETITE | T4 | |
| OB COMPLETE PREMIER | T4 | |
| OB COMPLETE WITH DHA | T4 | |
| OBSTETRIX EC | T4 | |
| OBTREX DHA | T4 | |
| ONE A DAY WOMEN'S PRENATAL DHA | T4 | |
| ONE-A-DAY PRENATAL-1 | T4 | |
| *pnv 11/iron fum/folic acid/om3* | T2 | |
| *pnv 119/iron fum/folic acid* | T2 | |
| *pnv 66/iron/folic/docusate/dha* | T2 | |
| *pnv 69/iron/folic/docusate/dha* | T2 | |
| *pnv 80/iron fum/folic/dss/dha* | T2 | |
| *pnv no.118/iron fumarate/fa* | T2 | |
| *pnv no.154/iron fum/folic acid* | T2 | |
| *pnv,calcium 72/iron,carb/folic* | T2 | |
| *pnv,calcium 72/iron/folic acid* | T2 | |
| *pnv/iron,carb/docusat/folic ac* | T2 | |
| *pnv19/iron bg,s.p/folic ac/om3* | T2 | |
| *pnv no.52/iron/fa/omega-3/dha* | T2 | PA SP HD |
| *pnv81/iron ps,edta/folic/omeg3* | T2 | PA SP HD |
| PRENATA | T4 | |
| *prenatal 105/iron/folic ac/dha* | T2 | |
| *prenatal 12/iron/folic/dss/om3* | T2 | |
| PRENATAL 19 CHEWABLE TABLET | T4 | |
| *prenatal 19 chewable tablet* | T2 | |
| PRENATAL 19 TABLET | T4 | |
| *prenatal 19 tablet* | T2 | |
| *prenatal 21/iron fu/folic acid* | T2 | PPACA |
| *prenatal 53/iron/folic ac/omg3* | T2 | |
| *prenatal 54/iron/folic ac/omg3* | T2 | |

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# List of Prescription Medications

| PRE-NATAL VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PRENATAL VITAMIN PREPARATIONS** (cont.) | | |
| *prenatal 93/iron/folate 9/dha* | T2 | |
| *prenatal caplet* | T2 | PPACA |
| PRENATAL FORMULA | T3 | |
| PRENATAL FORMULA-DHA *(prenatal vit 116/iron/fa/dha)* | T4 | PA SP HD |
| PRENATAL GUMMIES | T4 | |
| PRENATAL MULTI | T4 | |
| *prenatal multi-dha softgel* | T2 | PPACA |
| PRENATAL MULTI-DHA SOFTGEL | T3 | |
| PRENATAL MULTI-DHA SOFTGEL | T4 | |
| *prenatal multivitamin tablet* | T2 | PPACA |
| PRENATAL MULTIVITAMIN TABLET | T4 | |
| PRENATAL MULTIVITAMIN-DHA SFGL | T3 | |
| PRENATAL PLUS VITAMIN-MINERAL | T4 | |
| PRENATAL PLUS-DHA | T4 | |
| *prenatal tablet* | T2 | PPACA |
| PRENATAL TABLET | T4 | |
| *prenatal vit 14/iron fum/folic* | T2 | |
| *prenatal no.42/folic acid (Vitamedmd Redichew Rx)* | T2 | PA SP HD |
| *prenatal vit 27,calc/iron/fa* | T2 | PA SP HD |
| *prenatal vit,cal 76/iron/folic* | T2 | PA SP HD |
| *prenatal vit,cal 78/iron/folic* | T2 | PA SP HD |
| *prenatal vits 86/iron/folic ac* | T2 | PA SP HD |
| *prenatal,calc 40/iron/folate 1* | T2 | PA SP HD |
| *prenatal vit 55/iron/folic/om3* | T2 | |
| *prenatal vit 91/iron/folic/dha* | T2 | |
| *prenatal vit no.126/iron/folic* | T2 | PPACA |
| *prenatal vit no.129/iron/folic* | T2 | PPACA |
| *prenatal vit,cal 73/iron/folic* | T2 | |
| *prenatal vit/iron fum/folic ac* | T2 | |
| PRENATAL VITAMIN + DHA | T3 | |
| *prenatal vitamin tablet* | T2 | PPACA |
| PRENATAL VITAMIN TABLET *(prenatal vit no.124/iron/folic)* | T4 | |
| *prenatal vitamins tablet* | T2 | PPACA |
| *prenatal vits calc.36/iron/fa* | T2 | PPACA |

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# List of Prescription Medications

| PRE-NATAL VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PRENATAL VITAMIN PREPARATIONS** (cont.) | | |
| *prenatal 71/iron/folic ac/dha* | T2 | |
| PRENATE ENHANCE | T4 | |
| PRENATE RESTORE | T4 | |
| PRIMACARE | T4 | |
| PROVIDA OB | T4 | |
| *ra one daily prenatal dha pack* | T2 | PPACA |
| *ra prenatal tablet* | T2 | PPACA |
| SELECT-OB | T4 | |
| SELECT-OB *(prenatal vit 128/iron/folic ac)* | T4 | |
| SELECT-OB + DHA | T4 | |
| SIMILAC PRENATAL | T4 | |
| *sm prenatal vitamins tablet* | T2 | PPACA |
| STUART ONE *(pnv no.63/iron,carb/folic/dha)* | T4 | |
| *sv prenatal tablet* | T2 | PPACA |
| SV PRENATAL VITAMINS TABLET | T4 | |
| THERANATAL | T4 | |
| THERANATAL COMPLETE | T4 | |
| THERANATAL ONE | T4 | |
| THERANATAL PLUS | T4 | |
| THRIVITE RX | T4 | |
| TRICARE | T4 | |
| TRICARE PRENATAL DHA ONE | T4 | |
| TRISTART DHA | T4 | |
| ULTRA PRENATAL PLUS DHA | T4 | |
| VITAFOL FE PLUS | T4 | |
| VITAFOL NANO | T4 | |
| VITAFOL ULTRA | T4 | |
| VITAFOL-OB | T4 | |
| VITAFOL-OB+DHA | T4 | |
| VITAFOL-ONE | T4 | |
| VITAMEDMD ONE RX | T4 | |
| VITAMEDMD REDICHEW RX *(prenatal no.42/folic acid)* | T4 | PA SP HD |
| VITAPEARL | T4 | |

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# List of Prescription Medications

| PRE-NATAL VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PRENATAL VITAMIN PREPARATIONS** (cont.) | | |
| VITATRUE | T4 | |
| WOMEN'S PRENATAL PLUS DHA | T3 | |
| **PRENATAL VITAMINS WITH LOW OR NO IRON** | | |
| CITRANATAL B-CALM | T4 | PA SP HD |
| CVS PRENATAL GUMMIES | T4 | |
| DUET DHA 400 | T4 | PA SP HD |
| P2I PRENATAL WITH CHOLINE | T4 | |
| PRENATAL GUMMIES | T4 | |
| PRENATE DHA | T4 | PA SP HD |
| PRENATE ELITE | T4 | PA SP HD |
| PRENATE MINI | T4 | PA SP HD |
| PRENATE PIXIE | T4 | PA SP HD |
| PRENATE STAR | T4 | PA SP HD |
| R-NATAL OB | T4 | PA SP HD |
| THERANATAL OVAVITE | T4 | PA SP HD |
| TRINAZ | T4 | |
| VITAFOL GUMMIES | T4 | PA SP HD |
| **PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9]** | | |
| **ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS** | | |
| *mirtazapine* | T1 | HD |
| *mirtazapine* (Remeron) | T2 | HD |
| REMERON *(mirtazapine)* | T4 | HD |
| **ANTI-ANXIETY - BENZODIAZEPINES** | | |
| *alprazolam* | T2 | |
| *alprazolam* (Xanax Xr) | T1 | |
| *alprazolam* (Xanax) | T1 | |
| ATIVAN *(lorazepam)* | T4 | |
| *chlordiazepoxide hcl* | T2 | |
| *clorazepate dipotassium* | T2 | |
| *diazepam 5 mg/ml oral conc* | T2 | |
| *diazepam 25 mg/5 ml oral conc* | T2 | |
| *diazepam 5 mg/5 ml oral soln, solution* | T2 | |
| *diazepam 2 mg tablet* (Valium) | T2 | |
| *diazepam 5 mg tablet* (Valium) | T2 | |

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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** |
| **ANTI-ANXIETY - BENZODIAZEPINES** (cont.) | | |
| *diazepam 10 mg tablet* (Valium) | T2 | |
| *lorazepam* | T2 | |
| *lorazepam* (Ativan) | T1 | |
| *oxazepam* | T2 | |
| **ANTI-ANXIETY DRUGS** | | |
| *buspirone hcl* | T1 | HD |
| *meprobamate* | T2 | |
| **ANTIDEPRESSANT - POSTPARTUM DEPRESSION (PPD)** | | |
| ZURZUVAE 20 MG CAPSULE | T5 | QL (28 caps/365 days) SP HD |
| ZURZUVAE 25 MG CAPSULE | T5 | QL (28 caps/365 days) SP HD |
| ZURZUVAE 30 MG CAPSULE | T5 | QL (14 caps/365 days) SP HD |
| **BIPOLAR DISORDER DRUGS** | | |
| EQUETRO | T4 | HD |
| *lithium carbonate* | T1 | HD |
| *lithium carbonate* (Lithobid) | T1 | HD |
| LITHOBID *(lithium carbonate)* | T4 | HD |
| **MAOIS -NON-SELECTIVE, IRREVERSIBLE ANTIDEPRESSANTS** | | |
| MARPLAN | T4 | |
| NARDIL (*phenelzine sulfate*) | T4 | |
| PARNATE (*tranylcypromine sulfate*) | T4 | |
| *phenelzine sulfate* (Nardil) | T2 | |
| *tranylcypromine sulfate* (Parnate) | T2 | |
| **MONOAMINE OXIDASE (MAO) INHIBITOR ANTIDEPRESSANTS** | | |
| EMSAM | T4 | |
| **NDMA RECEPTOR ANTAGONIST AND NDRI COMB** | | |
| AUVELITY | T4 | ST QL (60 tabs/30 days) |
| **NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)** | | |
| *bupropion hcl* | T1 | HD |
| **SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)** | | |
| NUPLAZID 10 MG TABLET | T6 | PA QL(30 tabs/fill) SP HD |
| NUPLAZID 34 MG CAPSULE | T6 | PA QL(30 caps/fill) SP HD |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)** | | |
| *citalopram hbr 20 mg/10 ml cup* | T2 | PA SP HD |
| *citalopram hbr 10 mg/5 ml soln* | T2 | 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.) | | |
| *escitalopram oxalate 5 mg/5 ml* | T1 | ST HD |
| *escitalopram 10 mg/10 ml cup* | T1 | PA SP HD |
| *fluoxetine 20 mg/5 ml solution cup* | T2 | HD |
| *fluoxetine hcl* | T2 | ST QL(4 caps/fill) HD |
| *fluoxetine hcl 10 mg tablet* | T2 | ST QL(30 tabs/fill) HD |
| *fluoxetine hcl 20 mg capsule* (Prozac) | T1 | HD |
| *fluoxetine hcl 20 mg, 60 mg tablet* | T2 | ST HD |
| *fluvoxamine maleate* | T2 | ST QL(60 caps/fill) HD |
| *fluvoxamine maleate 100 mg tab* | T2 | QL(90 tabs/fill) HD |
| *fluvoxamine maleate 25 mg tab* | T2 | QL(30 tabs/fill) HD |
| *fluvoxamine maleate 50 mg tab* | T2 | QL(60 tabs/fill) HD |
| *paroxetine hcl* (Paxil Cr) | T2 | ST QL(60 tabs/fill) HD |
| *paroxetine hcl 10 mg tablet* (Paxil) | T1 | QL(30 tabs/fill) HD |
| *paroxetine hcl 10 mg/5 ml susp* (Paxil) | T2 | ST HD |
| *paroxetine hcl 20 mg tablet* (Paxil) | T1 | QL(60 tabs/fill) HD |
| *paroxetine hcl 30 mg tablet* (Paxil) | T1 | QL(60 tabs/fill) HD |
| *paroxetine hcl 40 mg tablet* (Paxil) | T1 | QL(30 tabs/fill) HD |
| PAXIL 10 MG TABLET *(paroxetine hcl)* | T4 | ST QL(30 tabs/fill) HD |
| PAXIL 10 MG/5 ML SUSPENSION *(paroxetine hcl)* | T4 | ST HD |
| PAXIL 20 MG TABLET *(paroxetine hcl)* | T4 | ST QL(60 tabs/fill) HD |
| PAXIL 30 MG TABLET *(paroxetine hcl)* | T4 | ST QL(60 tabs/fill) HD |
| PAXIL 40 MG TABLET *(paroxetine hcl)* | T4 | ST QL(30 tabs/fill) HD |
| PAXIL CR (*paroxetine hcl)* | T4 | ST QL(60 tabs/fill) HD |
| *sertraline 150 mg capsule* | T2 | QL (30 caps/30 days) HD |
| *sertraline 150 mg capsule* | T2 | ST QL (30 caps/30 days) HD |
| *sertraline 200 mg capsule* | T2 | QL (30 caps/30 days) HD |
| *sertraline 200 mg capsule* | T2 | ST QL (30 caps/30 days) HD |
| *sertraline 20 mg/ml oral conc* (Zoloft) | T2 | HD |
| *sertraline hcl 25 mg tablet* (Zoloft) | T1 | QL(45 tabs/fill) HD |
| **SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)** | | |
| nefazodone hcl | T2 | HD |
| *trazodone hcl* | T1 | HD |
| **SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)** | | |
| DESVENLAFAXINE ER | T4 | ST QL(30 tabs/fill) 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.) | | |
| *duloxetine hcl dr 20 mg cap* (Cymbalta) | T1 | QL(60 caps/fill) HD |
| *duloxetine hcl dr 30 mg cap* (Cymbalta) | T1 | QL(30 caps/fill) HD |
| *duloxetine hcl dr 40 mg cap* | T1 | ST QL(30 caps/fill) HD |
| *duloxetine hcl dr 60 mg cap* (Cymbalta) | T1 | QL(60 caps/fill) HD |
| FETZIMA 20-40 MG TITRATION PAK | T3 | ST QL (28 caps/30 days) |
| FETZIMA ER 120 MG CAPSULE | T3 | ST QL (30 caps/30 days) |
| FETZIMA ER 20 MG CAPSULE | T3 | ST QL (30 caps/30 days) |
| FETZIMA ER 40 MG CAPSULE | T3 | ST QL (30 caps/30 days) |
| FETZIMA ER 80 MG CAPSULE | T3 | ST QL (30 caps/30 days) |
| *venlafaxine hcl* | T1 | QL(90 tabs/fill) HD |
| *venlafaxine hcl er 150 mg tab* | T2 | ST QL(30 tabs/fill) HD |
| *venlafaxine hcl er 225 mg tab* | T2 | ST QL(30 tabs/fill) HD |
| *venlafaxine hcl er 37.5 mg tab* | T2 | ST QL(30 tabs/fill) HD |
| *venlafaxine hcl er 75 mg tab* | T2 | ST QL(30 tabs/fill) HD |
| **SSRI, SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS** | | |
| TRINTELLIX | T4 | ST QL (30 tabs/30 days) |
| **TRICYCLIC ANTIDEPRESSANT-BENZODIAZEPINE COMBINATNS** | | |
| *amitriptyline/chlordiazepoxide* | T2 | HD |
| *perphenazine/amitriptyline hcl* | T2 | HD |
| **TRICYCLIC ANTIDEPRESSANTS, REL.NON-SEL.REUPT-INHIB** | | |
| *amitriptyline hcl* | T1 | HD |
| *amoxapine* | T2 | HD |
| *ANAFRANIL* (clomipramine hcl) | T4 | HD |
| *clomipramine hcl* (Anafranil) | T2 | HD |
| *desipramine hcl* | T2 | HD |
| *doxepin 10 mg, 25 mg, 50 mg capsule* | T2 | HD |
| *doxepin 10 mg/ml oral conc* | T2 | HD |
| *doxepin 75 mg, 100 mg, 150 mg capsule* | T2 | HD |
| *imipramine hcl* (Tofranil) | T1 | HD |
| *imipramine pamoate* | T2 | HD |
| *maprotiline hcl* | T2 | HD |
| *nortriptyline hcl* | T2 | HD |
| *nortriptyline hcl* (Pamelor) | T1 | HD |
| PAMELOR *(nortriptyline hcl)* | T4 | HD |

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QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement
SP – Specialty Medication
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PPACA – No Cost-Share Preventive Medication
CSL – Oral cancer medication subject to cost-share limits

# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)[9] (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TRICYCLIC ANTIDEPRESSANTS, REL.NON-SEL.REUPT-INHIB** (cont.) | | |
| *protriptyline hcl* | T2 | HD |
| SURMONTIL *(trimipramine maleate)* | T4 | HD |
| TOFRANIL (*imipramine hcl*) | T4 | HD |
| *trimipramine maleate* (Surmontil) | T2 | HD |
| **PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)[9]** | | |
| **ADRENERGICS, AROMATIC, NON-CATECHOLAMINE** | | |
| *lisdexamfetamine 10 mg capsule* (Vyvanse) | T2 | |
| *lisdexamfetamine 10 mg tb chew* (Vyvanse) | T2 | ST |
| *lisdexamfetamine 20 mg capsule* (Vyvanse) | T2 | |
| *lisdexamfetamine 20 mg tb chew* (Vyvanse) | T2 | ST |
| *lisdexamfetamine 30 mg capsule* (Vyvanse) | T2 | |
| *lisdexamfetamine 30 mg tb chew* (Vyvanse) | T2 | ST |
| *lisdexamfetamine 40 mg capsule* (Vyvanse) | T2 | |
| *lisdexamfetamine 40 mg tb chew* (Vyvanse) | T2 | ST |
| *lisdexamfetamine 50 mg capsule* (Vyvanse) | T2 | |
| *lisdexamfetamine 50 mg tb chew* (Vyvanse) | T2 | ST |
| *lisdexamfetamine 60 mg capsule* (Vyvanse) | T2 | |
| *lisdexamfetamine 60 mg tb chew* (Vyvanse) | T2 | ST |
| *lisdexamfetamine 70 mg capsule* (Vyvanse) | T2 | |
| VYVANSE *(lisdexamfetamine dimesylate)* | T4 | ST |
| **TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST** | | |
| *clonidine hcl er 0.1 mg tablet* (Kapvay) | T2 | |
| *guanfacine hcl* (Intuniv) | T2 | HD |
| KAPVAY (*clonidine hcl*) | T4 | ST |
| **TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY** | | |
| APTENSIO XR (*methylphenidate hcl*) | T4 | ST |
| AZSTARYS | T3 | ST |
| COTEMPLA XR-ODT | T4 | ST |
| DAYTRANA (*methylphenidate*) | T4 | ST |
| *dexmethylphenidate hcl* (Focalin Xr) | T2 | |
| *dexmethylphenidate hcl* (Focalin) | T1 | |
| JORNAY PM | T4 | ST |
| METADATE CD *(methylphenidate hcl)* | T4 | ST |
| METHYLIN *(methylphenidate hcl)* | T4 | |

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PPACA – No Cost-Share Preventive Medication
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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.) | | |
| *methylphenidate* | T2 | ST |
| *methylphenidate er 10 mg cap* (Aptensio Xr) | T2 | ST |
| *methylphenidate er 10 mg, 20 mg, 72 mg tab* | T2 | |
| *methylphenidate er 15 mg cap* (Aptensio Xr) | T2 | ST |
| *methylphenidate er 18 mg tab* (Concerta) | T2 | |
| *methylphenidate er 18 mg tab* (Relexxii) | T2 | |
| *methylphenidate er 20 mg cap* (Aptensio Xr) | T2 | ST |
| *methylphenidate er 27 mg tab* (Concerta) | T2 | |
| *methylphenidate er 27 mg tab* (Relexxii) | T2 | |
| *methylphenidate er 30 mg cap* (Aptensio Xr) | T2 | ST |
| *methylphenidate er 36 mg tab* (Concerta) | T2 | |
| *methylphenidate er 36 mg tab* (Relexxii) | T2 | |
| *methylphenidate er 40 mg cap* (Aptensio Xr) | T2 | ST |
| *methylphenidate er 50 mg cap* (Aptensio Xr) | T2 | ST |
| *methylphenidate er 54 mg tab* (Concerta) | T2 | |
| *methylphenidate er 54 mg tab* (Relexxii) | T2 | |
| *methylphenidate er 60 mg cap* (Aptensio Xr) | T2 | ST |
| METHYLPHENIDATE ER 72 MG TAB | T4 | ST |
| *methylphenidate hcl* | T2 | |
| *methylphenidate hcl* (Metadate Cd) | T2 | |
| *methylphenidate hcl* (Methylin) | T2 | |
| *methylphenidate hcl* (Ritalin La) | T2 | |
| *methylphenidate hcl* (Ritalin) | T2 | |
| QELBREE ER | T4 | ST |
| RELEXXII ER 72 MG TABLET | T4 | ST |
| **TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE** | | |
| *atomoxetine hcl* (Strattera) | T2 | HD |
| QELBREE | T4 | ST |
| **PSYCHOTHERAPEUTIC DRUGS (Miscellaneous)** | | |
| **HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS** | | |
| ADDYI | T4 | PA |
| VYLEESI | T6 | PA QL(8 auto-injs/fill) SP |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9] | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES** | | |
| *pimozide* | T2 | |
| **ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST** | | |
| *asenapine maleate* (Saphris) | T2 | QL(60 tabs/fill) |
| CAPLYTA | T4 | QL(30 caps/fill) |
| *clozapine* | T2 | |
| *clozapine* (Clozaril) | T2 | |
| CLOZARIL (*clozapine*) | T4 | |
| GEODON (*ziprasidone hcl*) | T4 | QL(60 caps/fill) |
| INVEGA ER 3 MG TABLET (*paliperidone*) | T4 | QL(30 tabs/fill) |
| INVEGA ER 6 MG TABLET (*paliperidone*) | T4 | QL(60 tabs/fill) |
| INVEGA ER 9 MG TABLET (*paliperidone*) | T4 | QL(30 tabs/fill) |
| LYBALVI | T4 | QL (30 tabs/30 days) |
| *olanzapine* | T2 | PA SP HD |
| *olanzapine* (Zyprexa Zydis) | T2 | QL(30 tabs/fill) |
| *quetiapine er 200 mg tablet* (Seroquel Xr) | T2 | QL(30 tabs/fill) |
| *quetiapine er 300 mg tablet* (Seroquel Xr) | T2 | QL(60 tabs/fill) |
| *quetiapine er 400 mg tablet* (Seroquel Xr) | T2 | QL(60 tabs/fill) |
| *quetiapine er 50 mg tablet* (Seroquel Xr) | T2 | QL(60 tabs/fill) |
| *quetiapine fumarate 200 mg tab* (Seroquel) | T1 | QL(90 tabs/fill) |
| *quetiapine fumarate 300 mg tab* (Seroquel) | T1 | QL(60 tabs/fill) |
| RISPERDAL 0.5 MG TABLET (*risperidone*) | T4 | QL(60 tabs/fill) |
| RISPERDAL 1 MG TABLET (*risperidone*) | T4 | QL(60 tabs/fill) |
| RISPERDAL 1 MG/ML SOLUTION (risperidone) | T4 | |
| RISPERDAL 2 MG TABLET (*risperidone*) | T4 | QL(60 tabs/fill) |
| RISPERDAL 3 MG TABLET (*risperidone*) | T4 | QL(60 tabs/fill) |
| RISPERDAL 4 MG TABLET (*risperidone*) | T4 | QL(60 tabs/fill) |
| *risperidone* | T2 | QL(60 tabs/fill) |
| *risperidone 0.5 mg tablet* (Risperdal) | T1 | QL(60 tabs/fill) |
| *risperidone 1 mg tablet* (Risperdal) | T1 | QL(60 tabs/fill) |
| *risperidone 1 mg/ml solution* (Risperdal) | T2 | |
| *risperidone 2 mg tablet* (Risperdal) | T1 | QL(60 tabs/fill) |
| *risperidone 3 mg tablet* (Risperdal) | T1 | QL(60 tabs/fill) |
| *risperidone 4 mg tablet* (Risperdal) | T1 | QL(60 tabs/fill) |
| SECUADO | T4 | QL(30 patches/fill) |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)[9] (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST** (cont.) | | |
| VERSACLOZ | T4 | |
| *ziprasidone hcl* (Geodon | T2 | QL(60 caps/fill) |
| ZYPREXA (*olanzapine*) | T4 | QL(30 tabs/fill) |
| ZYPREXA ZYDIS (*olanzapine*) | T4 | QL(30 tabs/fill) |
| **ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED** | | |
| VRAYLAR | T4 | QL (30 caps/30 days) |
| **ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED** | | |
| ABILIFY ASIMTUFII | T4 | |
| ABILIFY MYCITE | T4 | QL(30 tabs/fill) |
| *aripiprazole* | T2 | QL(60 tabs/fill) |
| *aripiprazole 1 mg/ml solution* | T2 | |
| *aripiprazole 2 mg tablet* (Abilify) | T1 | QL(30 tabs/fill) |
| *aripiprazole 10 mg tablet* (Abilify) | T1 | QL(30 tabs/fill) |
| *aripiprazole 20 mg tablet* (Abilify) | T1 | QL(30 tabs/fill) |
| *aripiprazole 30 mg tablet* (Abilify) | T1 | QL(30 tabs/fill) |
| REXULTI | T4 | QL(30 tabs/fill) |
| **ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS** | | |
| *loxapine succinate* | T2 | |
| **ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES** | | |
| *thiothixene* | T2 | |
| **ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES** | | |
| *haloperidol* | T1 | |
| *haloperidol lactate* | T2 | |
| **ANTIPSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES** | | |
| *molindone hcl* | T2 | |
| **ANTIPSYCHOTICS, PHENOTHIAZINES** | | |
| *chlorpromazine hcl* | T2 | |
| *fluphenazine hcl* | T2 | |
| *perphenazine* | T2 | |
| *thioridazine hcl* | T2 | |
| *trifluoperazine hcl* | T2 | |
| **SSRI-ANTIPSYCH, ATYPICAL,DOPAMINE,SEROTONIN ANTAG** | | |
| *olanzapine/fluoxetine hcl* | T2 | |

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# List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Seizure Disorders) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR** | | |
| ZTALMY | T5 | PA SP |
| **PSYCHOTHERAPEUTIC DRUGS (Sleep Disorders/Sedatives)** | | |
| **NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS** | | |
| *armodafinil* (Nuvigil) | T2 | PA QL(30 tabs/fill) |
| *modafinil 100 mg tablet* (Provigil) | T2 | PA QL(30 tabs/fill) |
| SUNOSI | T3 | PA QL(30 tabs/fill) |
| **SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives)** | | |
| **ANTI-NARCOLEPSY, ANTI-CATAPLEXY, SEDATIVE-TYPE AGENT** | | |
| LUMRYZ STARTER PACK | T5 | |
| LUMRYZ ER | T6 | PA QL (30 packets/30 days) SP HD |
| SODIUM OXYBATE | T5 | PA QL (540ml/30 days) SP HD |
| XYREM | T5 | PA QL(540 mls/fill) SP HD |
| XYWAV | T5 | PA QL(540 mls/fill) SP HD |
| **BARBITURATES** | | |
| *phenobarbital* | T2 | |
| **HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS** | | |
| HETLIOZ | T6 | PA QL(30 caps/fill) SP HD |
| HETLIOZ LQ | T6 | PA QL(158 mls/fill) SP HD |
| *ramelteon* (Rozerem) | T2 | QL(30 tabs/fill) |
| **SEDATIVE-HYPNOTICS - BENZODIAZEPINES** | | |
| *estazolam* | T2 | QL (15 tabs/fill) |
| *flurazepam hcl* | T2 | QL (15 caps/fill) |
| HALCION *(triazolam)* | T4 | QL (15 tabs/fill) |
| *midazolam hcl* | T2 | |
| MIDAZOLAM HCL 10 MG/5 ML SYRUP | T4 | |
| RESTORIL *(temazepam)* | T4 | QL (15 caps/fill) |
| *temazepam* (Restoril) | T2 | QL (15 caps/fill) |
| *triazolam* | T2 | QL (15 tabs/fill) |
| *triazolam* (Halcion) | T2 | QL (15 tabs/fill) |
| **SEDATIVE-HYPNOTICS, NON-BARBITURATE** | | |
| BELSOMRA | T4 | ST QL(30 tabs/fill) |
| DAYVIGO | T4 | ST QL (30 tabs/fill) |
| *doxepin hcl 3 mg tablet* (Silenor) | T2 | ST QL(30 tabs/fill) |

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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.) | | |
| *doxepin hcl 6 mg tablet* (Silenor) | T2 | ST QL(30 tabs/fill) |
| EDLUAR | T4 | ST QL(30 tabs/fill) |
| *eszopiclone* (Lunesta) | T2 | QL(30 tabs/fill) |
| IGALMI | T4 | |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) | T4 | |
| QUVIVIQ | T4 | ST QL (30 tabs/fill) |
| SILENOR (*doxepin hcl*) | T4 | ST QL(30 tabs/fill) |
| *zaleplon 5 mg capsule* | T2 | QL(30 caps/fill) |
| *zaleplon 10 mg capsule* | T2 | QL(60 caps/fill) |
| *zolpidem tartrate* | T2 | QL(30 tabs/fill) |
| *zolpidem tartrate* (Ambien Cr) | T2 | QL(30 tabs/fill) |
| *zolpidem tartrate* (Ambien) | T2 | QL(30 tabs/fill) |
| ZOLPIMIST | T4 | ST QL (1 canister/30 days) |
| **SKIN PREPS (Miscellaneous)** (cont.) | | |
| **ANTISEPTICS,GENERAL** | | |
| ADVOCATE ALCOHOL 70% PREP PADS | T3 | |
| ALCOHOL 70% PREP PADS | T3 | |
| *alcohol 70% swabs* | T2 | |
| ALCOHOL 70% SWABS | T3 | |
| ALCOHOL 70% WIPES | T3 | |
| *alcohol antiseptic pads* | T2 | |
| *alcohol prep pads* | T2 | |
| *alcohol swab* | T2 | |
| *alcohol swabs* | T2 | |
| CARETOUCH ALCOHOL PREP PAD | T3 | |
| CURITY ALCOHOL PREPS | T3 | |
| CVS ALCOHOL 70% PREP PADS | T3 | |
| *cvs isopropyl alcohol 70% wipe* | T2 | |
| DROPSAFE PREP PADS | T3 | |
| EASY COMFORT ALCOHOL PAD | T3 | |
| EASY TOUCH ALCOHOL PREP PADS | T3 | |
| *fifty50 alcohol prep pads* | T2 | |
| GNP ALCOHOL SWAB | T3 | |

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# List of Prescription Medications

| SKIN PREPS (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTISEPTICS,GENERAL** (cont.) | | |
| GS ALCOHOL 70% SWABS | T3 | |
| HM ALCOHOL 70% PREP PADS | T3 | |
| INCONTROL ALCOHOL PADS | T3 | |
| *pharm choice alcohol prep pads* | T2 | |
| PHARM CHOICE ALCOHOL PREP PADS | T3 | |
| PRO COMFORT ALCOHOL PADS | T3 | |
| PURE COMFORT ALCOHOL PAD | T3 | |
| *ra alcohol swabs* | T2 | |
| RA ISOPROPYL ALCOHOL 70% WIPES | T3 | |
| RELION ALCOHOL 70% SWABS | T3 | |
| SAPS ALCOHOL 70% PREP PADS | T3 | |
| SINGLE USE SWAB | T3 | |
| SURE COMFORT ALCOHOL | T3 | |
| SURE-PREP ALCOHOL PREP PADS | T3 | |
| SWI ALCOHOL 70% PREP PADS | T3 | |
| TRUE COMFORT ALCOHOL PADS | T3 | |
| TRUE COMFORT PRO ALCOHOL PADS | T3 | |
| ULTILET ALCOHOL SWAB | T3 | |
| WEBCOL | T3 | |
| **IRRIGANTS** | | |
| *acetic acid* | T2 | |
| *neomycin sulf/polymyxin b sulf* | T2 | |
| PHYSIOLYTE (*physiological irrig soln no.1*) | T4 | |
| PHYSIOSOL (*physiological irrig soln no.1*) | T4 | |
| *ringer's solution* | T2 | |
| *ringer's solution,lactated* | T2 | |
| *sod,pot chlor/mag/sod,pot phos* | T2 | |
| *sodium chloride 0.9% irrig.* | T2 | |
| SODIUM CHLORIDE 0.9% IRRIG. | T4 | |
| *sodium chloride irrig solution* | T2 | |
| *sodium chloride 0.9% prcss sol* | T2 | |
| SORBITOL | T4 | |
| SORBITOL-MANNITOL | T4 | |
| *water for irrigation,sterile* | T2 | |

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# List of Prescription Medications

| SKIN PREPS (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **OXIDIZING AGENTS** | | |
| *hydrogen peroxide* | T2 | |
| **PRESERVATIVES** | | |
| *formaldehyde* | T2 | |
| **SKIN PREPS (Pain Relief And Inflammatory Disease)** | | |
| **ANTIPSORIATIC AGENTS, SYSTEMIC** | | |
| *acitretin* | T2 | |
| *methoxsalen* | T2 | |
| SKYRIZI | T5 | PA QL(150 mg/84 days) SP HD |
| SKYRIZI (2 SYRINGES) KIT | T5 | PA QL(150 mg/84 days) SP HD |
| SKYRIZI PEN | T5 | PA QL(150 mg/84 days) SP HD |
| SOTYKTU | T5 | PA QL (30 tabs/30 days) SP HD |
| SPEVIGO | T6 | PA SP HD |
| TALTZ AUTOINJECTOR | T5 | PA QL(1 ml/28 days SP HD |
| TALTZ AUTOINJECTOR (2 PACK) | T5 | PA QL(1 ml/28 days SP HD |
| TALTZ AUTOINJECTOR (3 PACK) | T5 | PA QL(1 ml/28 days SP HD |
| TALTZ 20 MG/0.25 ML SYRINGE | T5 | PA QL (1 syringe/28 days) SP HD |
| TALTZ 40 MG/0.5 ML SYRINGE | T5 | PA QL (1 syringe/28 days) SP HD |
| TALTZ 80 MG/ML SYRINGE | T5 | PA QL (1 ml/28 days) SP HD |
| **TOPICAL ANTI-INFLAMMATORY, NSAIDS** | | |
| *diclofenac sodium 1% gel* | T2 | QL (500 gms/28 days) HD |
| FLECTOR | T3 | ST QL(60 patches/fill) HD |
| LICART | T3 | ST QL(30 patches/fill) HD |
| **SKIN PREPS (Skin Conditions)** | | |
| **ACNE AGENTS, SYSTEMIC** | | |
| ABSORICA (isotretinoin) | T4 | ST |
| isotretinoin (Absorica) | T2 | |
| **ACNE AGENTS, TOPICAL** | | |
| ACZONE *(dapsone)* | T4 | ST |
| *adapalene/benzoyl peroxide* | T2 | |
| *adapalene/benzoyl peroxide* (Epiduo Forte) | T2 | |
| AZELEX | T4 | ST |
| *clindamycin phos/benzoyl perox* | T2 | |
| *clindamycin phos/benzoyl perox* (Acanya) | T2 | |

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T2 – Non-Preferred Generics
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T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
PA – Prior Authorization
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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ACNE AGENTS, TOPICAL** (cont.) | | |
| *clindamycin/tretinoin* (Veltin) | T2 | |
| *clindamycin/tretinoin* (Ziana) | T2 | PA |
| *dapsone 5% gel (Aczone)* | T2 | PA SP HD |
| *dapsone 7.5% gel pump (Aczone)* | T2 | PA SP HD |
| EPIDUO FORTE | T4 | ST |
| EPIDUO FORTE *(adapalene/benzoyl peroxide)* | T4 | ST |
| KLARON *(sulfacetamide sodium)* | T4 | ST |
| NEUAC 1.2-5% KIT | T4 | ST |
| *neuac gel* | T2 | |
| ONEXTON *(clindamycin phos/benzoyl perox)* | T4 | ST |
| *sulfacetamide sodium* (Klaron) | T2 | |
| **ANTIPRURITICS, TOPICAL** | | |
| ZONALON | T4 | ST QL(90 gms/30 days) |
| ZONALON (*doxepin hcl*) | T4 | ST QL(90 gms/30 days) |
| **ANTIPSORIATICS AGENTS** | | |
| *calcipotriene 0.005% cream* (Dovonex) | T2 | QL(120 gms/30 days) |
| *calcipotriene 0.005% ointment* | T2 | QL(120 gms/30 days) |
| *calcipotriene 0.005% solution* | T2 | QL(120 mls/30 days) |
| *calcitriol 3 mcg/g ointment* (Vectical) | T2 | |
| DOVONEX (*calcipotriene*) | T4 | ST QL(120 gms/30 days) |
| DUOBRII | T4 | ST QL(200 gms/30 days) |
| *tazarotene 0.05% cream* (Tazorac) | T2 | PA |
| *tazarotene 0.05% gel* (Tazorac) | T2 | PA |
| *tazarotene 0.1% cream* (Tazorac) | T2 | PA |
| *tazarotene 0.1% gel* (Tazorac) | T2 | PA |
| TWYNEO | T4 | PA ST |
| VTAMA | T3 | PA QL (60 gms/28 days) |
| VECTICAL (*calcitriol*) | T4 | |
| ZIANA *(clindamycin/tretinoin)* | T4 | PA ST |
| ZORYVE 0.3% CREAM | T4 | PA QL (60 gms/30 days) |
| **ANTISEBORRHEIC AGENTS** | | |
| ESKATA | T4 | |
| OVACE (*sulfacetamide sodium*) | T4 | |
| OVACE PLUS | T4 | |

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| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTISEBORRHEIC AGENTS** (cont.) | | |
| OVACE PLUS WASH | T4 | |
| PLEXION NS | T4 | |
| *selenium sulfide* | T2 | |
| *sod sulfacetam 10% clnsng gel* | T2 | |
| *sod sulfacetamide 10% shampoo* | T2 | |
| *sod sulfacetamide 9.8% shampoo* | T2 | |
| SODIUM SULFACETAMIDE 10% WASH | T4 | |
| *sodium sulfacetamide 10% wash (*Ovace*)* | T2 | |
| **ANTISEPTICS,GENERAL** | | |
| ADVOCATE ALCOHOL 70% PREP PADS | T3 | |
| ALCOHOL 70% PREP PADS | T3 | |
| *alcohol 70% swabs* | T2 | |
| ALCOHOL 70% WIPES | T3 | |
| *alcohol antiseptic pads* | T2 | |
| *alcohol prep pads* | T2 | |
| *alcohol swabs* | T2 | |
| CARETOUCH ALCOHOL PREP PAD | T3 | |
| CURITY ALCOHOL PREPS | T3 | |
| CVS ALCOHOL 70% PREP PADS | T3 | |
| *cvs isopropyl alcohol 70% wipe* | T2 | |
| DROPSAFE PREP PADS | T3 | |
| EASY COMFORT ALCOHOL PAD | T3 | |
| EASY TOUCH ALCOHOL PREP PADS | T3 | |
| *fifty50 alcohol prep pads* | T2 | |
| GS ALCOHOL 70% SWABS | T3 | |
| HM ALCOHOL 70% PREP PADS | T3 | |
| INCONTROL ALCOHOL PADS | T3 | |
| PHARM CHOICE ALCOHOL PREP PADS | T3 | |
| *pharm choice alcohol prep pads* | T2 | |
| PRO COMFORT ALCOHOL PADS | T3 | |
| PURE COMFORT ALCOHOL PAD | T3 | |
| *ra alcohol swabs* | T2 | |
| RA ISOPROPYL ALCOHOL 70% WIPES | T3 | |
| RELION ALCOHOL 70% SWABS | T3 | |

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| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTISEPTICS,GENERAL** (cont.) | | |
| SAPS ALCOHOL 70% PREP PADS | T3 | |
| SINGLE USE SWAB | T3 | |
| *sm alcohol prep pads* | T2 | |
| SURE COMFORT ALCOHOL | T3 | |
| SURE-PREP ALCOHOL PREP PADS | T3 | |
| TRUE COMFORT ALCOHOL PADS | T3 | |
| TRUE COMFORT PRO ALCOHOL PADS | T3 | |
| ULTILET ALCOHOL SWAB | T3 | |
| *v-r alcohol prep pads* | T2 | |
| WEBCOL | T3 | |
| **ANTISEPTICS,MISCELLANEOUS** | | |
| GUAIACOL | T3 | |
| **IMMUNOMODULATORS** | | |
| *imiquimod* | T2 | |
| *imiquimod* (Zyclara) | T2 | |
| **IRRITANTS/COUNTER-IRRITANTS** | | |
| CANTHARIDIN-ACETONE | T4 | |
| *methyl salicylate* | T2 | |
| YCANTH | T6 | SP |
| **JANUS KINASE (JAK) INHIBITORS** | | |
| CIBINQO | T5 | PA QL(30 tabs/30 days) SP |
| **KERATOLYTIC-GLUCOCORTICOID COMBINATIONS** | | |
| VANOXIDE-HC | T4 | ST |
| **KERATOLYTICS** | | |
| *benzepro 6% foaming cloths* | T2 | |
| BENZEPRO 7% CREAMY WASH (*benzoyl peroxide microspheres*) | T4 | ST |
| *benzoyl peroxide* | T2 | |
| *benzoyl peroxide* (Pacnex) | T2 | |
| ENZOCLEAR | T4 | ST |
| INOVA | T4 | ST |
| INOVA 4-1 | T4 | ST |
| INOVA 8-2 | T4 | ST |
| PACNEX (*benzoyl peroxide*) | T4 | ST |
| *podofilox 0.5% gel* (Condylox) | T2 | ST QL (7 gms/30 days) |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **KERATOLYTICS** (cont.) | | |
| *podofilox 0.5% topical soln* | T2 | |
| PR BENZOYL PEROXIDE (*benzoyl peroxide microspheres*) | T4 | ST |
| **PROTECTIVES** | | |
| PHARMABASE BARRIER (*zinc oxide*) | T4 | |
| *zinc oxide 20% ointment* | T2 | |
| ZINC OXIDE PASTE | T3 | |
| **ROSACEA AGENTS, TOPICAL** | | |
| *azelaic acid (*Finacea*)* | T2 | |
| EPSOLAY | T4 | ST |
| FINACEA 15% FOAM | T3 | ST |
| FINACEA 15% GEL *(azelaic acid)* | T4 | ST |
| *ivermectin 1% cream (*Soolantra*)* | T2 | QL(45 gms/30 days) |
| METROCREAM *(metronidazole)* | T4 | ST |
| METROGEL *(metronidazole)* | T4 | ST |
| *metronidazole 0.75% cream* (Metrocream) | T2 | |
| *metronidazole topical 1% gel* (Metrogel) | T2 | |
| *metronidazole top 1% gel pump* | T2 | |
| *metronidazole topical 0.75% gl* | T2 | |
| *metronidazole 0.75% lotion* | T2 | |
| MIRVASO | T3 | PA |
| RHOFADE | T4 | PA |
| *rosadan 0.75% cream (*Metrocream*)* | T2 | |
| ROSADAN 0.75% CREAM KIT | T4 | ST |
| *rosadan 0.75% gel* | T2 | |
| ROSADAN 0.75% GEL KIT | T4 | ST |
| SOOLANTRA (*ivermectin*) | T4 | ST QL(60 gms/30 days) |
| **TISSUE/WOUND ADHESIVES** | | |
| ARTISS | T4 | |
| SURGISEAL STYLUS | T4 | |
| SURGISEAL TEARDROP | T4 | |
| SURGISEAL TWIST | T4 | |
| TISSEEL VHSD | T4 | |

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| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOP. ANTI-INFLAM., PHOSPHODIESTERASE-4 (PDE4) INHIB** | | |
| EUCRISA | T3 | ST QL(120 gms/30 days) |
| ZORYVE 0.15% CREAM | T3 | ST QL (60 gms/30 days) |
| ZORYVE 0.3% FOAM | T4 | ST QL (60 gms/30 days) |
| **TOPICAL ACNE AGENT,RETINOIC ACID RECEPTOR AGONIST** | | |
| AKLIEF | T4 | PA ST |
| ARAZLO | T4 | PA |
| **TOPICAL AGENTS, MISCELLANEOUS** | | |
| L-MESITRAN SOFT | T4 | |
| MEDIHONEY | T4 | |
| *trichloroacetic acid* | T2 | |
| TRICHLOROACETIC ACID 100% (*trichloroacetic acid*) | T4 | |
| TRICHLOROACETIC ACID 20% (*trichloroacetic acid*) | T3 | |
| TRICHLOROACETIC ACID 25% | T4 | |
| TRICHLOROACETIC ACID 30% | T3 | |
| TRICHLOROACETIC ACID 35% | T3 | |
| TRICHLOROACETIC ACID 40% | T3 | |
| TRICHLOROACETIC ACID 50% | T3 | |
| TRICHLOROACETIC ACID 75% | T4 | |
| TRICHLOROACETIC ACID 80% | T3 | |
| TRICHLOROACETIC ACID 85% | T3 | |
| TRICHLOROACETIC ACID 90% | T3 | |
| **TOPICAL ANTIBIOTIC PLEUROMUTILIN DERIVATIVES** | | |
| ALTABAX | T4 | ST QL(30 gms/fill) |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** | | |
| ALA-SCALP (*hydrocortisone*) | T4 | ST |
| *alclometasone dipropionate* | T2 | |
| *amcinonide* | T2 | ST |
| *betamethasone dipropionate* | T2 | |
| *betamethasone va 0.1% cream* | T2 | |
| *betamethasone va 0.1% lotion* | T2 | |
| *betamethasone valer 0.1% ointm* | T2 | |
| *betamethasone valer 0.12% foam* | T2 | ST |
| *betamethasone/propylene glyc* | T2 | |
| *betamethasone/propylene glyc* (Diprolene) | T2 | |

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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** (cont.) | | |
| BRYHALI | T4 | ST |
| CAPEX SHAMPOO | T4 | ST |
| *clobetasol 0.05% cream* | T2 | QL(120 gms/30 days) |
| *clobetasol 0.05% gel* | T2 | QL(120 gms/30 days) |
| *clobetasol 0.05% ointment* (Temovate) | T2 | QL(120 gms/30 days) |
| *clobetasol 0.05% shampoo* (Clobex) | T2 | ST QL(236 mls/30 days) |
| *clobetasol 0.05% solution* | T2 | QL(100 mls/30 days) |
| *clobetasol 0.05% topical lotn* | T2 | ST QL(118 mls/30 days) |
| *clobetasol emollient 0.05% crm* | T2 | QL(120 gms/30 days) |
| *clobetasol emollnt 0.05% foam* | T2 | ST QL(100 gms/30 days) |
| *clobetasol prop 0.05% foam* (Olux) | T2 | ST QL(100 gms/30 days) |
| *clobetasol prop 0.05% spray* (Clobex) | T2 | ST QL(125 mls/30 days) |
| *clobetasol propionate/emoll* | T2 | ST QL(100 gms/30 days) |
| CLOBEX 0.05% SHAMPOO *(clobetasol propionate)* | T4 | ST QL(236 mls/30 days) |
| CLOBEX 0.05% SPRAY (*clobetasol propionate*) | T4 | ST QL(125 mls/30 days) |
| *clocortolone pivalate 0.1% crm* | T2 | |
| CLODAN 0.05% KIT | T4 | ST QL(2 kits/28 days) |
| *clodan 0.05% shampoo* (Clobex) | T2 | ST QL(236 mls/30 days) |
| CLODERM | T4 | ST |
| CLODERM (*clocortolone pivalate*) | T4 | ST |
| CORDRAN 0.025% CREAM | T4 | ST QL(120 gms/30 days) |
| CORDRAN 0.05% CREAM *(flurandrenolide)* | T4 | ST QL(120 gms/30 days) |
| CORDRAN 0.05% LOTION *(flurandrenolide)* | T4 | ST QL(120 mls/30 days) |
| CORDRAN 0.05% OINTMENT (flurandrenolide) | T4 | ST QL(120 gms/30 days) |
| CORDRAN 4 MCG/SQ CM TAPE LARGE | T4 | ST |
| DERMA-SMOOTHE-FS *(fluocinolone acetonide)* | T4 | ST |
| DERMA-SMOOTHE-FS *(fluocinolone/shower cap)* | T4 | ST |
| DERMASORB HC | T4 | ST |
| DERMASORB TA | T4 | ST |
| DERMATOP *(prednicarbate)* | T4 | ST |
| DESONATE *(desonide)* | T4 | ST |
| *desonide* (Desonate) | T2 | ST |
| *desonide 0.05% cream* (Tridesilon) | T2 | |
| *desonide 0.05% gel* (Desonate) | T2 | ST |

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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** (cont.) | | |
| *desonide 0.05% lotion* | T2 | ST |
| *desonide 0.05% ointment* | T2 | |
| *desoximetasone* (Topicort) | T2 | ST |
| DIPROLENE *(betamethasone/propylene glyc)* | T4 | ST |
| *fluocinolone acetonide* | T2 | |
| *fluocinolone acetonide* (Derma-Smoothe-Fs) | T2 | |
| *fluocinolone acetonide* (Synalar) | T2 | |
| *fluocinolone/shower cap* (Derma-Smoothe-Fs) | T2 | |
| *fluocinonide 0.05% cream* | T2 | QL(120 gms/30 days) |
| *fluocinonide 0.05% gel* | T2 | QL(120 gms/30 days) |
| *fluocinonide 0.05% ointment* | T2 | QL(120 gms/30 days) |
| *fluocinonide 0.05% solution* | T2 | QL(120 gms/30 days) |
| *fluocinonide 0.1% cream* (Vanos) | T2 | ST QL(120 gms/30 days) |
| *fluocinonide/emollient base* | T2 | QL(120 gms/30 days) |
| *fluticasone prop 0.005% oint* | T2 | |
| *fluticasone prop 0.05% cream* | T2 | |
| *fluticasone prop 0.05% lotion* | T2 | ST |
| *fluticasone propionate* | T2 | ST |
| *halcinonide 0.1% solution* | T2 | |
| *halobetasol prop 0.05% cream* (Ultravate) | T2 | |
| *halobetasol prop 0.05% ointmnt* (Ultravate) | T2 | |
| *halobetasol prop 0.05% cream* | T2 | |
| *halobetasol prop 0.05% foam* | T2 | ST |
| *halobetasol prop 0.05% ointmnt* | T2 | |
| *halobetasol propionate* | T2 | ST |
| HALOG | T4 | ST |
| HALOG (*halcinonide*) | T4 | ST |
| *hydrocort buty 0.1% lipo cream* (Locoid Lipocream) | T2 | QL(120 gms/30 days) |
| *hydrocort/min oil/petrolat,wht* | T2 | |
| *hydrocortisone* | T2 | |
| *hydrocortisone* (Ala-Scalp) | T2 | |
| *hydrocortisone* (Anusol-Hc) | T2 | |
| *hydrocortisone acetate* | T2 | |
| *hydrocortisone buty 0.1% cream* | T2 | QL(120 gms/30 days) |

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| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** (cont.) | | |
| *hydrocortisone butyr 0.1% lotn* | T2 | PA SP HD |
| *hydrocortisone butyr 0.1% oint* | T2 | ST QL (10gm/28 days) |
| *hydrocortisone butyr 0.1% soln* | T2 | ST QL(120 mls/30 days) |
| *hydrocortisone valerate* | T2 | |
| IMPEKLO | T4 | ST QL(136 gms/28 days) |
| KENALOG 0.147 MG/GRAM SPRAY (*triamcinolone acetonide*) | T4 | ST QL(100 gms/30 days) |
| KENALOG 0.147 MG/GRAM SPRAY (*triamcinolone acetonide*) | T4 | ST QL(126 gms/30 days) |
| *mometasone furoate 0.1% cream* | T2 | |
| *mometasone furoate 0.1% oint* | T2 | |
| *mometasone furoate 0.1% soln* | T2 | |
| NUCORT | T4 | ST |
| OLUX (*clobetasol propionate*) | T4 | ST QL(100 gms/30 days) |
| PANDEL | T4 | ST |
| *prednicarbate* | T2 | |
| *prednicarbate* (Dermatop) | T2 | |
| SCALACORT DK | T4 | ST |
| SYNALAR | T4 | ST |
| SYNALAR (*fluocinolone acetonide*) | T4 | ST |
| SYNALAR TS | T4 | ST |
| TEMOVATE (*clobetasol propionate*) | T4 | ST QL(120 gms/30 days) |
| TEXACORT | T4 | ST |
| TOPICORT 0.05% CREAM (*desoximetasone*) | T4 | ST |
| TOPICORT 0.05% GEL (*desoximetasone*) | T4 | ST |
| TOPICORT 0.05% OINTMENT (*desoximetasone*) | T4 | ST |
| TOPICORT 0.25% CREAM (*desoximetasone*) | T4 | ST |
| TOPICORT 0.25% OINTMENT (*desoximetasone*) | T4 | ST |
| *triamcinolone 0.025% cream* | T2 | |
| *triamcinolone 0.025% lotion* | T2 | |
| *triamcinolone 0.025% oint* | T2 | |
| *triamcinolone 0.05% ointment* | T2 | ST |
| *triamcinolone 0.1% cream, lotion, ointment* | T2 | |
| *triamcinolone 0.147 mg/g spray (*Kenalog*)* | T2 | ST QL(126 gms/30 days) |
| *triamcinolone 0.147 mg/g spray (*Kenalog*)* | T2 | ST QL(100 gms/30 days) |
| *triamcinolone 0.5% cream* | T2 | |

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| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **TOPICAL ANTI-INFLAMMATORY STEROIDAL** (cont.) | | |
| *triamcinolone 0.5% ointment* | T2 | |
| *triamcinolone acetonide* | T2 | ST |
| *triderm 0.1% cream* | T2 | |
| *triderm 0.5% cream* | T2 | ST |
| TRIDESILON (*desonide*) | T4 | ST |
| ULTRAVATE X | T4 | ST |
| **TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC** | | |
| ANALPRAM HC 2.5%-1% LOTION | T4 | ST |
| EPIFOAM | T4 | ST |
| *hydrocort-pramoxine 2.5-1% crm* | T2 | ST |
| *lidocaine/hydrocortisone ac* | T2 | |
| *lidocaine-hc 3-0.5% cream* | T2 | |
| PRAMOSONE | T4 | ST |
| **TOPICAL ANTIPARASITICS** | | |
| *lindane* | T2 | |
| *malathion* (Ovide) | T2 | |
| OVIDE (*malathion*) | T4 | |
| **TOPICAL JANUS KINASE (JAK) INHIBITORS** | | |
| OPZELURA | T4 | PA QL(240 gms/28 days) |
| **TOPICAL PREPARATIONS, ANTIBACTERIALS** | | |
| *iodine/potassium iodide* | T2 | |
| iodine/sodium iodide | T2 | |
| IODOFLEX | T4 | |
| IODOSORB | T4 | |
| NORMLGEL AG | T4 | |
| **TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID** | | |
| *calcipotriene/betamethasone* (Taclonex) | T2 | ST QL(60 gms/30 days) |
| *calcipotriene/betamethasone* (Taclonex) | T2 | QL(60 gms/30 days) |
| ENSTILAR | T3 | ST QL(60 gms/30 days) |
| WYNZORA | T4 | ST QL(60 gms/30 days) |
| **TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES** | | |
| SANTYL | T3 | QL(180 gms/fill) |
| **VITAMIN A DERIVATIVES** | | |
| *adapalene 0.1% cream* (Differin) | T2 | |

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QL – Quantity Limit
ST – Step Therapy
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# List of Prescription Medications

| SKIN PREPS (Skin Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN A DERIVATIVES** (cont.) | | |
| ADAPALENE 0.1% LOTION | T4 | ST |
| *adapalene 0.1% solution* | T2 | |
| *adapalene 0.1% swab* | T2 | ST |
| *adapalene 0.3% gel* | T2 | |
| *adapalene 0.3% gel pump* (Differin) | T2 | |
| ALTRENO | T4 | PA |
| *avita 0.025% cream* (Retin-A) | T2 | PA |
| AVITA 0.025% GEL | T4 | PA |
| DIFFERIN | T4 | ST |
| DIFFERIN *(adapalene)* | T4 | ST |
| RETIN-A *(tretinoin)* | T4 | PA |
| RETIN-A MICRO PUMP 0.06% GEL | T4 | PA |
| RETIN-A MICRO PUMP 0.08% GEL | T4 | PA |
| *tretinoin 0.01% gel* (Retin-A) | T2 | PA |
| *tretinoin 0.025% cream* (Retin-A) | T2 | PA |
| *tretinoin 0.025% gel* (Retin-A) | T2 | PA |
| *tretinoin 0.05% cream* (Retin-A) | T2 | PA |
| *tretinoin 0.05% gel* (Atralin) | T2 | PA |
| *tretinoin 0.1% cream* (Retin-A) | T2 | PA |
| *tretinoin microspheres* (Retin-A Micro Pump) | T2 | PA |
| *tretinoin microspheres* (Retin-A Micro) | T2 | PA |
| **SMOKING DETERRENTS (Smoking Cessation)** | | |
| **SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)** | | |
| NICOTROL | T4 | QL(180 ds/365 days) PPACA |
| NICOTROL NS | T4 | QL(180 ds/365 days) PPACA |
| **SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST** | | |
| APO-VARENICLINE 0.5 MG TABLET | T3 | QL(180 ds/365 days) PPACA |
| APO-VARENICLINE 1 MG TABLET | T3 | QL(180 ds/365 days) PPACA |
| CHANTIX | T4 | QL(180 ds/365 days) PPACA |
| *varenicline starting month box* | T2 | |
| **SMOKING DETERRENTS, OTHER** | | |
| *bupropion hcl sr 150 mg tablet* | T2 | QL(180 ds/365 days) PPACA |

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# List of Prescription Medications

| THYROID PREPS (Hormonal Agents) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTITHYROID PREPARATIONS** | | |
| *methimazole* | T1 | HD |
| *propylthiouracil* | T2 | HD |
| **THYROID HORMONES** | | |
| *adthyza 120 mg tablet* | T2 | HD |
| *adthyza 15 mg tablet* | T2 | HD |
| *adthyza 30 mg tablet* | T2 | HD |
| *adthyza 60 mg tablet* | T2 | HD |
| *adthyza 90 mg tablet* | T2 | HD |
| ARMOUR THYROID | T3 | HD |
| ERMEZA | T4 | ST HD |
| *levothyroxine sodium* (Synthroid) | T1 | HD |
| *liothyronine sodium* (Cytomel) | T2 | HD |
| *thyroid,pork* | T2 | HD |
| **UNCLASSIFIED DRUG PRODUCTS (AIDS/HIV)** | | |
| **CYTOCHROME P450 INHIBITORS** | | |
| TYBOST | T6 | SP |
| **UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory)** | | |
| **CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS** | | |
| BRONCHITOL | T6 | PA SP HD |
| **CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.** | | |
| ALYFTREK 10-50-125 MG TABLET | T5 | PA QL (56 tabs/fill) SP HD |
| ALYFTREK 4-20-50 MG TABLET | T5 | PA QL (84 tabs/fill) SP HD |
| ORKAMBI 100 MG-125 MG TABLET | T5 | PA QL(112 tabs/fill) SP HD |
| ORKAMBI 100-125 MG GRANULE PKT | T5 | PA QL(56 packs/fill) SP HD |
| ORKAMBI 150-188 MG GRANULE PKT | T5 | PA QL(56 packs/fill) SP HD |
| ORKAMBI 200 MG-125 MG TABLET | T5 | PA QL(112 tabs/fill) SP HD |
| ORKAMBI 75-94 MG GRANULE PKT | T5 | PA QL(56 packs/fill) SP HD |
| SYMDEKO | T5 | PA QL(56 tabs/fill) SP HD |
| TRIKAFTA | T5 | PA QL(84 tabs/fill) SP HD |
| TRIKAFTA GRANULE PKT | T5 | PA QL(84 pkts/fill) SP HD |
| **CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR) POTENTIATOR** | | |
| KALYDECO 150 MG TABLET | T5 | PA QL(56 tabs/fill) SP HD |
| KALYDECO GRANULES PACKET | T5 | PA QL(56 packs/fill) SP HD |
| KALYDECO 5.8 MG GRANULES PKT | T5 | PA QL(56 packs/fill) SP HD |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DIPEPTIDYL PEPTIDASE I (DPPI) INHIBITOR** | | |
| BRINSUPRI | T6 | PA SP |
| **LUNG SURFACTANTS** | | |
| CUROSURF | T4 | |
| INFASURF | T4 | |
| SURVANTA | T4 | |
| **MUCOLYTICS** | | |
| PULMOZYME | T5 | PA SP HD |
| **PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS** | | |
| OFEV | T5 | PA QL(60 caps/fill) SP HD |
| **SYSTEMIC ENZYME INHIBITORS** | | |
| VIJOICE 250 MG DAILY DOSE PACK | T5 | PA QL(56 tabs/28 days) SP |
| VIJOICE 50 MG GRANULE PACKET | T5 | PA QL (28 packs/28 days) SP |
| JOENJA 70 MG TABLET | T6 | PA QL (60 tabs/30 days) SP |
| VIJOICE 50 MG, 125 MG TABLET | T5 | PA QL(28 tabs/28 days) SP |
| ZOKINVY | T6 | PA QL(120 caps/fill) SP |
| **SYSTEMIC ENZYME INHIBITORS** | | |
| TEZSPIRE 210 MG/1.91 ML PEN | T5 | PA QL (1 pen/28 days SP HD |
| TEZSPIRE 210 MG/1.91 ML SYRING | T5 | PA QL (1 syg/28 days) SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Blood Modifiers/Bleeding Disorders)** | | |
| **SPLEEN/BRUTON'S TYROSINE KINASE INHIBITORS** | | |
| TAVALISSE | T5 | PA QL (60 tabs/30 days) SP |
| **UNCLASSIFIED DRUG PRODUCTS (Blood Pressure/Heart Medications)** | | |
| **BRADYKININ B2 RECEPTOR ANTAGONISTS** | | |
| *icatibant acetate* (Firazyr) | T2 | PA SP HD |
| *icatibant acetate* (Firazyr) | T2 | PA SP |
| **PLASMA KALLIKREIN INHIBITORS** | | |
| ORLADEYO | T6 | PA QL (28 caps/28 days) SP |
| TAKHZYRO 300MG/2ML | T5 | PA QL (2 units/28 days) SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Cancer)** | | |
| **CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS** | | |
| *leucovorin calcium* | T2 | CSL |
| *mesna* (MESNEX) | T2 | SP CSL |
| MESNEX *(mesna)* | T5 | SP CSL |
| VISTOGARD | T5 | PA QL(20 packs/fill) SP CSL |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Dental Products) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DENTAL AIDS AND PREPARATIONS** | | |
| *chlorhexidine gluconate* (Peridex) | T1 | |
| PERIDEX (*chlorhexidine gluconate*) | T4 | |
| *triamcinolone 0.1% paste* | T2 | |
| *triamcinolone acetonide* | T2 | |
| **PERIODONTAL COLLAGENASE INHIBITORS** | | |
| *doxycycline hyclate 20 mg tab* | T2 | |
| **UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction)** | | |
| **DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)** | | |
| *avanafil* (Stendra) | T2 | PA QL (8 tabs/30 days) |
| CAVERJECT 20 MCG VIAL | T2 | PA QL(12 vials/fill) |
| CAVERJECT 40 MCG VIAL | T2 | PA QL(12 vials/fill) |
| CAVERJECT IMPULSE 10 MCG KIT | T2 | PA QL(12 kits/fill) |
| CAVERJECT IMPULSE 10 MCG SYRNG | T2 | PA QL(12 syringes/fill) |
| CAVERJECT IMPULSE 20 MCG KIT | T2 | PA QL(12 kits/fill) |
| CAVERJECT IMPULSE 20 MCG SYRNG | T2 | PA QL(12 syringes/fill) |
| CIALIS (*tadalafil*) | T4 | PA QL (8 tabs/30 days) |
| EDEX 10 MCG CARTRIDGE 2-PK KIT | T3 | PA QL(6 kits/fill) |
| EDEX 10 MCG CARTRIDGE 6-PK KIT | T3 | PA QL(2 kits/fill) |
| EDEX 20 MCG CARTRIDGE 2-PK KIT | T3 | PA QL(6 kits/fill) |
| EDEX 20 MCG CARTRIDGE 6-PK KIT | T3 | PA QL(2 kits/fill) |
| EDEX 40 MCG CARTRIDGE 2-PK KIT | T3 | PA QL(6 kits/fill) |
| EDEX 40 MCG CARTRIDGE 6-PK KIT | T3 | PA QL(2 kits/fill) |
| IFE-BIMIX 30/1 | T3 | |
| LEVITRA *(vardenafil hcl)* | T3 | PA QL(8 tabs/fill) |
| MUSE | T2 | PA QL(12 supps/fill) |
| PAPAVERINE-PHENTOLAMINE | T3 | |
| PAPAVERINE-PHENTOLMN-ALPROSTDL | T3 | |
| STENDRA *(avanafil)* | T4 | PA QL (8 tabs/30 days) |
| *sildenafil 25 mg tablet* (Viagra) | T2 | PA QL (8 tabs/30 days) HD |
| *sildenafil 50 mg tablet* (Viagra) | T2 | PA QL (8 tabs/30 days) HD |
| *sildenafil 100 mg tablet* (Viagra) | T2 | PA QL (8 tabs/30 days) HD |
| *tadalafil 10 mg tablet* (Cialis) | T2 | PA QL (8 tabs/30 days) HD |
| *tadalafil 2.5 mg tablet* | T2 | PA QL (30 tabs/30 days) HD |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)** (cont.) | | |
| *tadalafil 5 mg tablet* (Cialis) | T2 | PA QL (8 tabs/30 days) HD |
| *tadalafil 20 mg tablet* (Cialis) | T2 | PA QL (8 tabs/30 days) HD |
| TRI-MIX (PAPVRN-PHNTLMN-PGE1) | T3 | |
| *vardenafil hcl* | T2 | PA QL(8 tabs/fill) |
| *vardenafil hcl* (Levitra) | T2 | PA QL(8 tabs/fill) |
| **UNCLASSIFIED DRUG PRODUCTS (Eye Conditions)** | | |
| **NICOTINIC RECEPT.PARTIAL AGONIST, ALPHA4BETA2 SPEC** | | |
| TYRVAYA | T4 | PA |
| **UNCLASSIFIED DRUG PRODUCTS (Gastrointestinal/Heartburn)** | | |
| **AGENTS FOR STOMATOLOGICAL USE** | | |
| PROTHELIAL | T4 | |
| **COMPOUNDING KIT** | | |
| FIRST-MOUTHWASH BLM | T4 | |
| **ORAL MUCOSITIS/STOMATITIS AGENTS** | | |
| GELCLAIR | T4 | |
| GELX | T4 | |
| ORAMAGICRX | T4 | |
| **ORAL MUCOSITIS/STOMATITIS ANTI-INFLAMMATORY AGENT** | | |
| EPISIL | T4 | |
| **PPAR AGONIST** | | |
| IQIRVO | T5 | PA SP HD |
| LIVDELZI | T5 | PA SP |
| **SALIVA STIMULANT AGENTS** | | |
| NUMOISYN | T4 | |
| **SALIVA SUBSTITUTE AGENTS** | | |
| AQUORAL | T4 | |
| BOCASAL | T4 | |
| CAPHOSOL | T4 | |
| MUCOSITISRX | T4 | |
| NEUTRASAL | T4 | |
| NUMOISYN | T4 | |
| SALIVAMAX | T4 | |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Gastrointestinal/Heartburn) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **THYROID HORMONE RECEPTOR (THR) AGONIST** | | |
| REZDIFFRA | T5 | PA QL (30 tabs/30 days) SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents)** | | |
| **GROWTH HORMONE RECEPTOR ANTAGONISTS** | | |
| SOMAVERT | T5 | PA SP HD |
| **HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE** | | |
| *doxercalciferol* | T2 | ST |
| *paricalcitol* | T2 | ST SP HD |
| *paricalcitol (*Zemplar*)* | T2 | ST SP HD |
| RAYALDEE | T4 | ST |
| ZEMPLAR (*paricalcitol*) | T6 | ST SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Miscellaneous)** | | |
| **ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS** | | |
| MIFEPREX | T4 | |
| *mifepristone 200 mg tablet* | T2 | |
| **AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH** | | |
| *dichlorphenamide (*Keveyis*)* | T2 | PA SP |
| **AMMONIA INHIBITORS** | | |
| CARBAGLU *(carglumic acid)* | T5 | PA SP HD |
| *carglumic acid (*Carbaglu*)* | T2 | PA SP HD |
| **ANTI-ALCOHOLIC PREPARATIONS** | | |
| *acamprosate calcium* | T2 | |
| *disulfiram* | T2 | |
| **CI ESTERASE INHIBITORS** | | |
| HAEGARDA 2,000UNIT VIAL | T5 | PA QL (24 vls/28 days) SP HD |
| HAEGARDA 3,000UNIT VIAL | T5 | PA QL (16 vls/28 days) SP HD |
| **CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER** | | |
| *cinacalcet hcl (*Sensipar*)* | T2 | PA SP |
| **COLORING AGENTS AND DYES** | | |
| *methylene blue* | T2 | |
| **COMPOUNDING KIT** | | |
| FIRST-MOUTHWASH BLM | T4 | |
| **CRYOPRESERVATIVE AGENTS** | | |
| *dimethyl sulfoxide* | T2 | |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **DRUGS TO TX GAUCHER DX-TYPE I, SUBSTRATE REDUCING** | | |
| CERDELGA | T5 | PA QL (56 caps/28 days) SP HD |
| **ENVIRONMENT ALLERGENS AND IRRITANTS, OTHER** | | |
| T.R.U.E. TEST | T4 | |
| **GENERAL INHALATION AGENTS** | | |
| HYPER-SAL | T4 | |
| *nebusal 3% vial* | T2 | |
| NEBUSAL 6% VIAL | T4 | |
| *sodium chloride for inhalation* | T2 | |
| *sodium chloride 0.9% inhal vl* | T2 | |
| *sodium chloride 10% vial* | T2 | |
| *sodium chloride 3%, 7% vial* | T2 | |
| **GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT** | | |
| EVRYSDI | T6 | PA SP HD |
| **GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR** | | |
| *miglustat* (Zavesca) | T2 | PA QL(90 caps/30 days) SP |
| OPFOLDA | T6 | PA QL(8 caps/fill) SP HD |
| **HOMEOPATHIC DRUGS** | | |
| VERTIGOHEEL | T4 | |
| **HYDROXYPHENYL-PYRUVATE DIOXYGENASE(HPPD) INHIBITOR** | | |
| *nitisinone* (Orfadin) | T2 | PA SP HD |
| NITYR | T5 | PA SP |
| ORFADIN | T6 | PA SP |
| ORFADIN (*nitisinone*) | T6 | PA SP |
| **MENOPAUSAL SYMPTOMS SUPPRESSANT-NK RECEPTOR ANTAG** | | |
| VEOZAH | T4 | |
| **MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIS** | | |
| *paroxetine mesylate* (Brisdelle) | T2 | ST QL(30 caps/fill) HD |
| **METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA** | | |
| STRENSIQ | T5 | PA SP |
| **METALLIC POISON, AGENTS TO TREAT** | | |
| CHEMET | T3 | PA |
| *deferasirox* (Exjade) | T2 | PA SP HD |
| *deferasirox* (Jadenu Sprinkle) | T2 | PA SP HD |
| *deferasirox* (Jadenu) | T2 | PA SP HD |

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| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **METALLIC POISON, AGENTS TO TREAT** (cont.) | | |
| *deferiprone* (Ferriprox (3 Times A Day)) | T2 | PA SP HD |
| FERRIPROX (2 TIMES A DAY) | T5 | PA SP |
| FERRIPROX (3 TIMES A DAY) (*deferiprone*) | T5 | PA SP |
| FERRIPROX 100 MG/ML SOLUTION | T5 | PA SP |
| FERRIPROX 500 MG TABLET (*deferiprone*) | T6 | PA SP |
| GALZIN | T6 | SP |
| RADIOGARDASE | T4 | |
| SYPRINE (*trientine hcl*) | T6 | PA SP HD |
| **NATRIURETIC PEPTIDES** | | |
| VOXZOGO | T6 | PA SP HD |
| **NEONATAL FC RECEPTOR (FCRN) INHIBITORS** | | |
| VYVGART HYTRULO | T6 | PA SP HD |
| **NUCLEAR FACTOR ERYTHROID 2-REL. FACTOR 2 ACTIVATOR** | | |
| SKYCLARYS | T6 | PA SP |
| **PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ** | | |
| GALAFOLD | T6 | PA QL(15 caps/fill) SP HD |
| **PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE** | | |
| *sapropterin dihydrochloride* (Kuvan) | T2 | PA SP |
| *sapropterin dihydrochloride* (Kuvan) | T2 | PA SP HD |
| **PROTEIN STABILIZERS** | | |
| ATTRUBY | T5 | PA SP |
| VYNDAMAX | T5 | PA SP HD |
| VYNDAQEL | T5 | PA SP HD |
| **RETINOIC ACID RECEPTOR (RAR) AGONISTS** | | |
| SOHONOS 1 MG CAPSULE | T6 | PA QL(112 caps/fill) SP |
| SOHONOS 1.5 MG CAPSULE | T6 | PA QL(112 caps/fill) SP |
| SOHONOS 10 MG CAPSULE | T6 | PA QL(56 caps/fill) SP |
| SOHONOS 2.5 MG CAPSULE | T6 | PA QL(140 caps/fill) SP |
| SOHONOS 5 MG CAPSULE | T6 | PA QL(84 caps/fill) SP |
| **SOLVENTS** | | |
| CVS ISOPROPYL ALCOHOL 91% | T4 | |
| *cvs isopropyl alcohol 91%* | T2 | |
| CVS ISOPROPYL RUB ALCOHOL 70% | T4 | |
| *cvs isopropyl rub alcohol 70%* | T2 | |

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| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **SOLVENTS** (cont.) | | |
| *eql isopropyl alcohol 91%* | T2 | |
| *eql isopropyl rub alcohol 70%* | T2 | |
| FT ISOPROPYL ALCOHOL 91% | T4 | |
| FT ISOPROPYL RUB ALCOHOL 70% | T4 | |
| GNP ISOPROPYL ALCOHOL 70% | T4 | |
| *gnp isopropyl alcohol 99%* | T2 | |
| GS ISOPROPYL ALCOHOL 91% | T4 | |
| *hm isopropyl alcohol 70%* | T2 | |
| *hm isopropyl alcohol 91%* | T2 | |
| INSTACLEAN | T3 | |
| ISOPROPANOL | T3 | |
| *isopropyl 70% alcohol* | T2 | |
| *isopropyl alcohol* | T2 | |
| *isopropyl alcohol 70%* | T2 | |
| ISOPROPYL ALCOHOL 70% | T4 | |
| *isopropyl alcohol 91%* | T2 | |
| *isopropyl alcohol 99%* | T2 | |
| *isopropyl rubbing alcohol 70%* | T2 | |
| ISOPROPYL RUBBING ALCOHOL 70% | T4 | |
| ISOPROPYL RUBBING ALCOHOL 91% | T4 | |
| *kro isopropyl alcohol 91%* | T2 | |
| MURI-LUBE MINERAL OIL | T3 | |
| *polyethylene glycol* | T2 | |
| *ra isopropyl alcohol 70%* | T2 | |
| *ra isopropyl alcohol 91%* | T2 | |
| *sm isopropyl alcohol 70%* | T2 | |
| *swan isopropyl alcohol 70%* | T2 | |
| **SUSPENDING AGENTS** | | |
| GELFILM | T4 | |
| HYDROXYPROPYLCELLULOSE | T3 | |
| HYPROMELLOSE | T3 | |
| **TREATMENT OF HYPERPHAGIA IN PRADER-WILLI SYNDROME** | | |
| VYKAT XR | T6 | PA SP |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Nutritional/Dietary) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **METABOLIC DEFICIENCY AGENTS** | | |
| *betaine* (Cystadane) | T2 | PA SP |
| CARNITOR (*levocarnitine (with sugar)*) | T4 | |
| CARNITOR (*levocarnitine*) | T4 | |
| CARNITOR SF (*levocarnitine*) | T4 | |
| *levocarnitine* (Carnitor Sf) | T2 | |
| *levocarnitine* (Carnitor) | T2 | |
| *levocarnitine (with sugar)* (Carnitor) | T2 | |
| **UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products)** | | |
| **BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE** | | |
| BONSITY *(teriparatide)* | T6 | PA QL (1 pens/28 days) SP |
| *teriparatide* (Bonsity) | T2 | PA QL (1 pens/28 days) SP HD |
| *teriparatide* (Forteo) | T2 | PA QL (1 pens/28 days) SP HD |
| **BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.** | | |
| FOSAMAX PLUS D | T4 | ST QL(4 tabs/28 days) HD |
| **BONE RESORPTION INHIBITORS** | | |
| ACTONEL 150 MG TABLET (*risedronate sodium*) | T4 | ST QL(1 tab/30 days) HD |
| ACTONEL 35 MG TABLET *(risedronate sodium)* | T4 | ST QL(4 tabs/28 days) HD |
| *alendronate sod 70 mg/75 ml* | T2 | QL(300 mls/28 days) HD |
| *alendronate sodium 10 mg tab* | T1 | QL(30 tabs/fill) HD |
| *alendronate sodium 35 mg tab* | T1 | QL(4 tabs/28 days) HD |
| *alendronate sodium 40 mg tab* | T1 | HD |
| *alendronate sodium 5 mg tablet* | T1 | QL(30 tabs/fill) HD |
| *alendronate sodium 70 mg tab* (Fosamax) | T1 | QL(4 tabs/28 days) HD |
| ATELVIA *(risedronate sodium)* | T4 | ST QL(4 tabs/28 days) HD |
| BINOSTO | T4 | ST QL(4 tabs/28 days) HD |
| EVISTA (*raloxifene hcl)* | T4 | HD |
| FOSAMAX (*alendronate sodium*) | T4 | ST QL(4 tabs/28 days) HD |
| *ibandronate sodium* | T2 | QL(1 tab/30 days) HD |
| *raloxifene hcl* (Evista) | T2 | HD PPACA |
| *risedronate sodium* (Atelvia) | T2 | QL(4 tabs/28 days) HD |
| *risedronate sodium 150 mg tab* (Actonel) | T2 | QL(1 tab/30 days) HD |
| *risedronate sodium 30 mg tab* | T2 | QL(30 tabs/fill) HD |
| *risedronate sodium 35 mg tab* (Actonel) | T2 | QL(4 tabs/28 days) HD |
| *risedronate sodium 5 mg tablet* | T2 | QL(30 tabs/fill) HD |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Pain Relief And Inflammatory Disease) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST** | | |
| ARCALYST | T6 | PA QL(4 vls/28 days) SP HD |
| **FIBROMYALGIA AGENTS, SEROTONIN-NOREPINEPH RU INHIB** | | |
| SAVELLA 12.5 MG TABLET | T3 | ST QL (60 tabs/30 days) |
| SAVELLA 25 MG TABLET | T3 | ST QL (60 tabs/30 days) |
| SAVELLA 50 MG TABLET | T3 | ST QL (60 tabs/30 days) |
| SAVELLA 100 MG TABLET | T3 | ST QL (60 tabs/30 days) |
| SAVELLA TITRATION PACK | T3 | ST QL (55 tabs/30 days) |
| **IMMUNOMODULATOR, B-LYMPHOCYTE STIM (BLYS)-SPEC INHIB** | | |
| BENLYSTA | T5 | PA QL(4 mls/28 days) SP HD |
| **UNCLASSIFIED DRUG PRODUCTS (Seizure Disorders)** | | |
| **NEUROPATHIC AGENTS** | | |
| *pregabalin* (Lyrica Cr) | T2 | PA HD |
| **UNCLASSIFIED DRUG PRODUCTS (Skin Conditions)** | | |
| **INTERLEUKIN-13 (IL-13) INHIBITORS, MAB** | | |
| ADBRY | T5 | PA QL(4 syringes/28 days) SP HD |
| ADBRY AUTOINJECTOR | T5 | PA QL (2 auto-injs/28 days) SP HD |
| EBGLYSS PEN | T5 | PA QL (4 mls/28 days) SP |
| EBGLYSS SYRINGE | T5 | PA SP |
| **JANUS KINASE (JAK) INHIBITORS** | | |
| LEQSELVI | T6 | PA SP HD |
| LITFULO | T6 | PA QL(28 caps/28 days) SP HD |
| **WOUND HEALING AGENTS, LOCAL** | | |
| FILSUVEZ | T6 | PA SP |
| **UNCLASSIFIED DRUG PRODUCTS (Substance Abuse)** | | |
| **OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST** | | |
| *lofexidine hcl* (Lucemyra) | T2 | PA QL (224 tabs/30 days) |
| **OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE** | | |
| *buprenorphine hcl* | T2 | |
| *buprenorphine hcl/naloxone hcl* | T2 | |
| *buprenorphine hcl/naloxone hcl* (Suboxone) | T2 | |
| ZUBSOLV | T3 | |

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# List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Transplant Medications) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **RHO KINASE INHIBITOR** | | |
| REZUROCK | T6 | PA QL(30 tabs/fill) SP |
| **UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions)** | | |
| **BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS** | | |
| *alfuzosin hcl* (Uroxatral) | T2 | HD |
| *dutasteride* (Avodart) | T2 | ST HD |
| *finasteride* (Proscar) | T2 | HD |
| FLOMAX (*tamsulosin hcl*) | T4 | ST HD |
| PROSCAR (*finasteride*) | T4 | ST HD |
| *silodosin* (Rapaflo) | T2 | HD |
| *tamsulosin hcl* (Flomax) | T1 | HD |
| **BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG** | | |
| *dutasteride/tamsulosin hcl* (Jalyn) | T2 | ST HD |
| JALYN (*dutasteride/tamsulosin hcl*) | T4 | ST HD |
| **CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS** | | |
| CYSTAGON | T5 | SP |
| **ENDOTHELIN RECEPTOR ANTAGONISTS** | | |
| VANRAFIA | T5 | PA SP |
| **KIDNEY STONE AGENTS** | | |
| THIOLA EC (*tiopronin*) | T6 | PA SP |
| *tiopronin 100 mg tablet* (Thiola) | T2 | PA SP |
| *tiopronin dr 100 mg tablet* (Thiola Ec) | T2 | PA SP |
| *tiopronin dr 100 mg tablet* (Thiola Ec) | T2 | PA SP HD |
| *tiopronin dr 300 mg tablet* (Thiola Ec) | T2 | PA SP |
| *tiopronin dr 300 mg tablet* (Thiola Ec) | T2 | PA SP HD |
| *tiopronin* (*Thiola Ec*) | T2 | PA SP |
| **OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEP** | | |
| GEMTESA | T4 | HD |
| MYRBETRIQ | T3 | HD |
| *mirabegron* (Myrbetriq) | T2 | HD |
| MYRBETRIQ (*mirabegron*) | T3 | HD |
| **URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.** | | |
| *darifenacin hydrobromide* | T2 | HD |
| *solifenacin succinate* (Vesicare) | T2 | HD |

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| UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT** | | |
| *fesoterodine fumarate* (Toviaz) | T2 | HD |
| *flavoxate hcl* | T2 | HD |
| *oxybutynin 5 mg/5 ml soln cup* | T2 | HD |
| *oxybutynin chloride* | T2 | HD |
| OXYTROL | T4 | ST QL(8 patches/28 days) HD |
| *tolterodine tartrate* (Detrol La) | T2 | HD |
| *tolterodine tartrate* (Detrol) | T2 | HD |
| *trospium chloride* | T2 | HD |
| **UNCLASSIFIED DRUG PRODUCTS (Weight Management)** | | |
| **APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.** | | |
| *megestrol 625 mg/5 ml susp* | T2 | |
| *megestrol acet 40 mg/ml susp* | T2 | |
| **VITAMINS (Nutritional/Dietary)** | | |
| **ANTIOXIDANT MULTIVITAMIN COMBINATIONS** | | |
| 50 PLUS ADULT EYE HEALTH | T4 | |
| *a/c/e/zinc ox/cupric ox/lutein* | T2 | |
| ADULT 50 PLUS EYE HEALTH | T4 | |
| ANTIOXIDANT FORMULA | T4 | |
| BIOTECT PLUS SOFTGEL | T4 | |
| PRESERVISION AREDS 2 CO Q-10 | T4 | |
| EQ VISION FORMULA TABLET | T3 | |
| *eql eye health plus lutein tab* | T2 | |
| EYE HEALTH AND LUTEIN | T4 | |
| EYE HEALTH WITH LUTEIN | T4 | |
| EYE HEALTH PLUS LUTEIN TABLET | T4 | |
| EYE MULTIVITAMIN | T3 | |
| EYE MULTIVITAMIN WITH LUTEIN | T4 | |
| EYEPROTECT | T4 | |
| *gnp healthy eyes tablet* | T2 | |
| HEALTHY EYES TABLET | T3 | |
| *healthy eyes tablet* | T2 | |
| I-CAPS | T3 | |
| ICAPS AREDS FORMULA DR TABLET | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **ANTIOXIDANT MULTIVITAMIN COMBINATIONS** (cont.) | | |
| ICAPS AREDS2 | T4 | |
| LIPOTRIAD | T4 | |
| LIPOTRIAD VISIONARY | T4 | |
| LUTEIN PLUS WITH ZEAXANTHIN | T4 | |
| MACULAR BENEFITS | T4 | |
| MACULAR HEALTH FORMULA | T4 | |
| MACUVEX | T4 | |
| MACUZIN | T4 | |
| OCULAR VITAMINS | T4 | |
| OCUVEL | T4 | |
| OCUVITE ADULT 50 PLUS | T3 | |
| OCUVITE WITH LUTEIN | T3 | |
| PRESERVISION AREDS | T3 | |
| PRESERVISION LUTEIN | T3 | |
| VITEYES AREDS 2 PLUS MULTIVIT | T4 | |
| VISION FORMULA TABLET | T4 | |
| VISION FORMULA WITH LUTEIN | T4 | |
| VISION OPTIMIZER | T4 | |
| VISTA ADVANCED AREDS2 | T4 | |
| *vit a/vit c/vit e/zinc/copper* | T2 | |
| *vits a,c,e/lutein/minerals* | T2 | |
| **BIOFLAVONOIDS** | | |
| *bioflav,lemon/vit bcomp,c* | T2 | |
| *bioflav,lemon/vit bcomp,c* (Lipo-Flavonoid Plus) | T2 | |
| CITRUS BIOFLAVONOIDS | T4 | |
| EAR HEALTH PLUS CAPLET | T4 | |
| *ear health plus caplet* (Lipo-Flavonoid Plus) | T2 | |
| FLAVOVIT | T4 | |
| FLOGEN | T4 | |
| INNER EAR PLUS | T4 | |
| LIPO FLAVONOID | T4 | |
| LIPO-FLAVONOID PLUS (*bioflav,lemon/vit bcomp,c*) | T3 | |
| QUERCETIN | T4 | |
| *rutin* | T2 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **BIOFLAVONOIDS** (cont.) | | |
| VASCULERA | T4 | |
| VASOFLEX D1 | T4 | |
| VENALIV | T4 | |
| **FOLIC ACID PREPARATIONS** | | |
| COBALEFOL | T4 | |
| *cvs folic acid 800 mcg tablet* | T2 | PPACA |
| DENOVO | T4 | |
| DEPLIN-ALGAL OIL *(levomefolate/algal oil)* | T4 | |
| DEPLIN FC | T4 | |
| ENLYTE | T4 | |
| FA-8 | T4 | |
| FOLETRA | T4 | |
| *folic acid 0.4 mg, 0.8 mg tablet* | T2 | PPACA |
| *folic acid 1 mg tablet* | T2 | |
| *folic acid 1,000 mcg tablet* | T2 | |
| FOLIC ACID 20 MG CAPSULE | T4 | |
| *folic acid 400 mcg, 800 mcg tablet* | T2 | PPACA |
| FOLIC ACID 5 MG CAPSULE | T4 | |
| *folic acid 5 mg/ml vial* | T2 | |
| *folic acid 50 mg/10 ml vial* | T2 | |
| FOLIC ACID 800 MCG CAPSULE | T4 | |
| *folic acid/b6/ca phos/ginger* | T2 | |
| FOLIKA-V | T4 | |
| FOLITE | T4 | |
| *ft folic acid 400 mcg tablet* | T2 | PPACA |
| *ft folic acid 800 mcg tablet* | T2 | PPACA |
| GENICIN VITA-Q | T4 | |
| *gnp folic acid 400 mcg tablet* | T2 | PPACA |
| *hm folic acid 400 mcg tablet* | T2 | PPACA |
| HYLAZINC | T4 | |
| *levomefolate calcium* | T2 | |
| *levomefolate/algal oil* (Deplin-Algal Oil) | T2 | |
| METHYLFOLATE | T4 | |
| MI-VITE RX | T4 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **FOLIC ACID PREPARATIONS** (cont.) | | |
| PUREVITA FOLIC ACID | T4 | |
| *ra folic acid 0.4 mg tablet* | T2 | PPACA |
| *ra folic acid 800 mcg tablet* | T2 | PPACA |
| *sm folic acid 0.4 mg tablet* | T2 | PPACA |
| *sm folic acid 400 mcg tablet* | T2 | PPACA |
| *sv folic acid 800 mcg tablet* | T2 | PPACA |
| *true folic acid 1600mcg dfe tb* | T2 | |
| *true folic acid 667 mcg dfe tb* | T2 | PPACA |
| XAQUIL XR | T4 | |
| **GERIATRIC VITAMIN PREPARATIONS** | | |
| *a thru z advanced formula tab* (Vision Plus Lutein) | T2 | |
| *a thru z select tablet* (Vision Plus Lutein) | T2 | |
| CENTRUM SILVER CHEWABLE TABLET | T3 | |
| *eldertonic elixir* | T2 | |
| ELDERTONIC LIQUID | T4 | |
| GERITOL COMPLETE | T3 | |
| GERITOL TONIC | T3 | |
| *multivit with iron,minerals* | T2 | |
| *multivit with minerals/lutein* (Vision Plus Lutein) | T2 | |
| REQ49+ | T4 | |
| SPECTRAVITE ADULT 50+ | T4 | |
| VISION PLUS LUTEIN (*multivit with minerals/lutein*) | T3 | |
| **MULTIVITAMIN PREPARATIONS** | | |
| *a thru z advanced formula tab* | T2 | |
| A THRU Z MEN'S ULTIMATE TABLET | T3 | |
| A THRU Z SELECT MEN 50+ TABLET | T4 | |
| *a thru z select multivit tab* | T2 | |
| *a thru z select multivit tab* (Centrum Silver) | T2 | |
| *a thru z select multivit tab* (Certavite Senior) | T2 | |
| *a thru z select tablet* (Centrum Silver) | T2 | |
| *a thru z select tablet* (Certavite Senior) | T2 | |
| *a thru z select women's tablet* | T2 | |
| *a/c/e/zinc/sod selenate/copper* | T2 | |
| ABC COMPLETE ADULT | T3 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| ABC COMPLETE MEN'S | T3 | |
| ABC COMPLETE SENIOR WOMEN'S | T4 | |
| ACTIVNUTRIENTS | T4 | |
| ACTIVNUTRIENTS PERFORMANCE | T4 | |
| ADEK GUMMIES PLUS ZINC | T4 | |
| ADULT MULTI GUMMIES | T4 | |
| ADULT MULTIVITAMIN GUMMIES | T4 | |
| ADULT ONE DAILY GUMMIES | T4 | |
| ADULTS' DAILY FORMULA | T4 | |
| ADULTS MULTI | T4 | |
| ADULTS MULTIVITAMIN | T4 | |
| ADVANCED MULTI EA | T4 | |
| AFLORA | T4 | |
| ALIVE ADULT ULTRA POTENCY | T4 | |
| ALIVE COMPLETE PREMIUM PRENATL | T4 | |
| ALIVE HAIR, SKIN AND NAILS | T4 | |
| ALIVE DAILY SUPPORT PRENATAL | T4 | |
| ALIVE MAX POTENCY | T4 | |
| ALIVE MAX6 POTENCY | T4 | |
| ALIVE MEN'S 50 PLUS GUMMY | T4 | |
| ALIVE MEN'S 50 PLUS ULTRA | T4 | |
| ALIVE MEN'S ULTRA POTENCY | T4 | |
| ALIVE PREMIUM ADULT | T4 | |
| ALIVE MEN'S ENERGY | T4 | |
| ALIVE MEN'S GUMMY | T4 | |
| ALIVE PREMIUM PRENATAL | T4 | |
| ALIVE WOMEN'S 50 PLUS | T4 | |
| ALIVE WOMEN'S 50 PLUS COMPLETE | T4 | |
| ALIVE WOMEN'S 50 PLUS ULTRA | T4 | |
| ALIVE WOMEN'S ENERGY | T4 | |
| ALIVE WOMEN'S GUMMY VITAMIN | T4 | |
| ALIVE WOMEN'S MULTIVITAMIN | T4 | |
| ALIVE WOMEN'S ULTRA POTENCY | T4 | |
| ALPHA BETIC MULTIVITAMIN | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| ALTRIXA | T4 | |
| *amino acids/mv,tx,iron,mineral* | T2 | |
| AMLADEX | T4 | |
| ANIMI-3 | T4 | |
| BACMIN | T4 | |
| BARIATRIC MULTIVITAMINS | T4 | |
| *b-complex with vitamin c* | T2 | |
| *b-complex with vitamin c (*Support-500*)* | T2 | |
| *b-complex w-vitamin c caplet* | T2 | |
| BEROCCA | T4 | |
| *beta-carotene(a)-vits c,e/mins* | T2 | |
| BIO-35 | T4 | |
| *biotect plus liquid* | T2 | |
| BLADDER 2.2 | T3 | |
| BODY, HAIR, SKIN AND NAILS | T4 | |
| CENTRAL-VITE | T4 | |
| CENTRAL-VITE WOMEN'S MATURE (*multivit-min/iron/folic/lutein*) | T4 | |
| CENTRAVITES ADULTS | T4 | |
| CENTRUM | T3 | |
| CENTRUM ADULT 50 PLUS | T4 | |
| CENTRUM ADULT 50 FRESH-FRUITY | T4 | |
| CENTRUM CHEWABLES ADULTS TAB | T3 | |
| CENTRUM CHEWABLES ADULTS TAB | T4 | |
| CENTRUM COMPLETE | T3 | |
| CENTRUM FLAVOR BURST ADULT | T4 | |
| CENTRUM MEN 50 PLUS | T4 | |
| CENTRUM MEN MULTIGUMMY | T4 | |
| CENTRUM MEN'S TABLET | T3 | |
| CENTRUM MENOPAUSE MULTIVITAMIN | T4 | |
| CENTRUM MULTI MENTAL FOCUS | T4 | |
| CENTRUM MULTI PLUS BEAUTY | T4 | |
| CENTRUM MULTI PLUS OMEGA-3 | T4 | |
| CENTRUM MULTIGUMMIES | T4 | |
| CENTRUM POSTNATAL | T4 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
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QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement
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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| CENTRUM PRENATAL | T4 | |
| CENTRUM SILVER MEN | T4 | |
| CENTRUM SILVER TABLET (*multivit-min/fa/lycopen/lutein*) | T4 | |
| CENTRUM SILVER ULTRA MEN'S (*multivit-min/fa/lycopen/lutein*) | T3 | |
| CENTRUM SILVER WOMEN (*multivit-min/iron/folic/lutein*) | T4 | |
| CENTRUM SPECIALIST ENERGY | T4 | |
| CENTRUM SPECIALIST HEART | T3 | |
| CENTRUM ULTRA MEN'S | T3 | |
| CENTRUM WOMEN 50 PLUS | T4 | |
| CENTRUM WOMEN IMMUNE MINIS | T4 | |
| CENTRUM WOMEN MULTIGUMMY | T4 | |
| *centrum women tablet (Certavite-Antioxidant)* | T2 | |
| *centrum women tablet (Tab-A-Vite Multivit With Iron)* | T2 | |
| *certavite-antioxidant tablet* (Certavite-Antioxidant) | T2 | |
| CERTAVITE-ANTIOXIDANT TABLET (*multivitamin/iron/folic acid*) | T4 | |
| *certavite-antioxidant tablet* (Tab-A-Vite Multivit With Iron) | T2 | |
| COMPLETE MEN | T3 | |
| COMPLETE MEN 50 PLUS | T4 | |
| COMPLETE MULTIVITAMIN-MINERAL | T4 | |
| COMPLETIA DIABETIC MULTIVIT | T4 | |
| CONCEPT DHA (*mvn-min75/iron/iron ps/om3/dha*) | T4 | |
| CONCEPT OB (m*vn-min 74/iron fum/iron/fa*) | T4 | |
| CORVITE | T4 | |
| CULTURELLE PROBIOTIC-MULTIVIT | T4 | |
| *cvs adult multivitamin gummy* | T2 | |
| *cvs b-complex-vit c caplet* | T2 | |
| *cvs hair, skin and nails cplt* | T2 | |
| *cvs one daily essential tablet (*Daily-Vite*)* | T2 | |
| DAILY GUMMIES | T4 | |
| DAILY MULTIVITAMIN | T4 | |
| DAILY MULTIPLE | T3 | |
| *daily-vite tablet* (Daily-Vite) | T2 | |
| DAILY-VITE TABLET (*multivitamin with folic acid*) | T4 | |
| DAVIMET WITH IRON | T4 | |

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T4 – Non-Preferred Brands
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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| DAYAVITE | T4 | |
| DECUBI VITE | T4 | |
| DEKAS BARIATRIC | T4 | |
| DEKAS ESSENTIAL | T4 | |
| DEKAS PLUS | T4 | |
| DERMACINRX FOLIFLEX | T4 | |
| DERMACINRX FOLITIN-Z | T4 | |
| DERMACINRX MULTITAM | T4 | |
| DERMACINRX RIBOTIN-E | T4 | |
| DERMACINRX VENEXA | T4 | |
| DERMACINRX VENEXA FE | T4 | |
| DERMACINRX VENTRIXYL | T4 | |
| DERMACINRX VENTRIXYL FE | T4 | |
| DERMACINRX VITRAMYN | T4 | |
| DERMACINRX VITRANOL | T4 | |
| DERMACINRX VITRANOL FE | T4 | |
| DERMACINRX VITREXATE | T4 | |
| DERMACINRX VITREXATE FE | T4 | |
| DERMACINRX ZINTREXYL-C | T4 | |
| DIABETES HEALTH FORMULA | T4 | |
| DIABETES HEALTH PACK | T4 | |
| DIABETIC VITAMIN | T4 | |
| DIALYVITE 800 WITH IRON | T4 | |
| DIATROL | T4 | |
| ELON MATRIX 5000 COMPLETE | T4 | |
| ENBRACE HR | T4 | |
| ENDUR-VM IRON-FREE | T4 | |
| ENDUR-VM WITH IRON | T4 | |
| EQ ONE DAILY MEN'S TABLET | T3 | |
| EQ ONE DAILY WOMEN'S HEALTH TB | T4 | |
| EQ ONE DAILY WOMEN'S TABLET | T3 | |
| ESSENTIAL MAN | T4 | |
| ESSENTIAL MAN 50+ | T4 | |
| ESSENTIAL WOMAN 50+ | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| ESTROVEN MENOPAUSE | T4 | |
| *fa/mv,ca,iron,min/lycopene/lut* | T2 | |
| FATIGUE RELIEF COMPLEX (*bcomp,c/st.jhn wrt/s.ginsg/pgn*) | T4 | |
| FINAZOL | T4 | |
| FLORRAXYL | T4 | |
| FOLACHEW | T4 | |
| FOLAGENT DHA | T4 | |
| FOLAMAX | T4 | |
| FOLAMED DHA | T4 | |
| FOLAPRIME | T4 | |
| FOLAWISE | T4 | |
| *folic acid/multivit,iron,miner* | T2 | |
| *folic acid/mv,iron,min/lutein* | T2 | |
| FOLIC ACID-VIT B-6-VIT B-12 | T4 | |
| *folic/mvi ther-min/lycop/lut* | T2 | |
| FOLIKA-CI | T4 | |
| FOLIKA-MG | T4 | |
| FORTAVIT | T4 | |
| FREEDAVITE | T4 | |
| FT HAIR, SKIN AND NAILS TABLET | T4 | |
| *ft b complex plus vit c tablet* | T2 | |
| *ft century men tablet* | T2 | |
| *ft century women tablet (Certavite-Antioxidant)* | T2 | |
| *ft century women tablet (Tab-A-Vite Multivit With Iron)* | T2 | |
| *ft one daily men's tablet* | T2 | |
| *ft one daily women's tablet* | T2 | |
| GENADEK STEP 1 | T4 | |
| GENADEK STEP 2 | T4 | |
| GERBER GS PRENATAL NOURISH PLS | T4 | |
| GNP B-COMPLEX PLUS VIT C TAB | T4 | |
| GNP CENTURY ADULT FORMULA TAB | T4 | |
| *gnp century adult formula tab (Certavite-Antioxidant)* | T2 | |
| *gnp century adult formula tab (Tab-A-Vite Multivit With Iron)* | T2 | |
| GNP CENTURY MEN TABLET | T4 | |

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T4 – Non-Preferred Brands
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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| GNP CENTURY WOMEN TABLET | T4 | |
| GNP ONE DAILY MAXIMUM TABLET | T4 | |
| *gnp one daily tablet* | T2 | |
| HAIR, SKIN AND NAILS CAPLET | T4 | |
| HAIR, SKIN AND NAILS SOFTGEL | T4 | |
| HAIR, SKIN AND NAILS TABLET (*multivitamin/folic acid/biotin*) | T4 | |
| HEARTBURN ACID REFLUX | T4 | |
| *high potency multivitamin tab* | T2 | |
| HIGH POTENCY MULTIVITAMIN TAB | T4 | |
| *high potency multivitamin tab* (Certavite-Antioxidant) | T2 | |
| *high potency multivitamin tab* (Tab-A-Vite Multivit With Iron) | T2 | |
| HM HAIR, SKIN AND NAILS TABLET | T4 | |
| HM MEN'S ONE DAILY TABLET | T3 | |
| ICAPS MV | T3 | |
| ICAPS TABLET | T3 | |
| IMMUNERX | T4 | |
| INFUVITE ADULT | T4 | |
| K-PAX IMMUNE SUPPORT | T3 | |
| *lecithin/pyridoxine/kelp* | T2 | |
| *lmefolate/b3/copp/zn/sel/chrom* | T2 | |
| MAXIMIN | T4 | |
| MEBOLIC | T4 | |
| MEN 50 PLUS ADVANCED ONE DAILY | T4 | |
| MEN 50 PLUS MULTIVITAMIN | T4 | |
| MEN'S 50 PLUS DAILY FORMULA | T4 | |
| MEN'S 50 PLUS MULTIVITAMIN | T4 | |
| MEN'S DAILY FORMULA | T4 | |
| MEN'S DAILY GUMMIES | T4 | |
| MEN'S DAILY MULTIVITAMIN | T3 | |
| MEN'S DAILY PACK | T4 | |
| MEN'S MULTIVITAMIN | T4 | |
| MEN'S ONE DAILY | T3 | |
| MICRONEX | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| MONOCAPS | T4 | |
| MULTI FOR HER 50 PLUS | T4 | |
| MULTI FOR HER SOFTGEL | T4 | |
| *multi for her tablet* | T2 | |
| MULTI PRO | T4 | |
| MULTI-DAY PLUS MINERALS | T4 | |
| MULTIA DAILY MULTIVITAMIN | T4 | |
| MULTILEX TABLET | T4 | |
| *multilex tablet* | T2 | |
| MULTILEX T-M | T4 | |
| *multivit 47/iron/folate 1/dha* | T2 | |
| *multivit no.51/iron/folic acid* | T2 | |
| *multivit with calcium,iron,min* | T2 | |
| *multivit,calc,mins/iron/folic* | T2 | |
| *multivit,iron,minerals/lutein* | T2 | |
| *multivit,stress formula/zinc* (Stress Formula With Zinc) | T2 | |
| *multivit/iron/folic acid/hb179* | T2 | |
| *multivit-minerals/folic acid* | T2 | |
| *multivitamin* | T2 | |
| MULTI-VITAMIN | T4 | |
| *multivitamin combination no.56* | T2 | |
| MULTIVITAMIN GUMMIES | T4 | |
| MULTIVITAMIN LIQUID | T4 | |
| MULTIVITAMIN-MULTIMINERAL | T4 | |
| *multivitamin tablet* | T2 | |
| *multivitamin with folic acid* (Daily-Vite) | T2 | |
| *multivitamin with iron* | T2 | |
| MULTIVITAMIN WITH MINERALS | T4 | |
| *multivitamin with minerals* | T2 | |
| *multivitamin,stress formula* | T2 | |
| *multivitamin,ther and minerals* | T2 | |
| *multivitamin,therapeutic* | T2 | |
| *multivitamin,therapeutic* (Oncovite) | T2 | |
| *multivitamin/ferrous gluconate* | T2 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| *multivitamin/iron/folic acid* (Certavite-Antioxidant) | T2 | |
| *multivitamin/iron/folic acid* (Tab-A-Vite Multivit With Iron) | T2 | |
| MULTI-VITE | T4 | |
| *multivit-min/fa/lycopen/lutein* | T2 | |
| *multivit-min/fa/lycopen/lutein* (Centrum Silver) | T2 | |
| *multivit-min/ferrous gluconate* | T2 | |
| *multivit-min/folic acid/biotin* | T2 | |
| *multivit-min/iron/folic acid* | T2 | |
| *multivit-min/iron fum/folic ac* | T2 | |
| *multivit-min/iron/folic/lutein* (Central-Vite Women'S Mature) | T2 | |
| *multivit-min/iron/folic/lutein* (Centrum Silver Women) | T2 | |
| *multivit-min69/iron/folic acid* | T2 | |
| *multivit-minerals/fa/lycopene* | T2 | |
| *multivit-minerals/folic acid* (One-A-Day) | T2 | |
| *multivit-minerals/folic/ginkgo* | T2 | |
| *multivit-mins no.7/folic acid* | T2 | |
| *multivit-mins/iron/folic/lycop* | T2 | |
| *mv,cal,min/iron/folic acid/lut* | T2 | |
| *mv,iron,min/ginkgo/pan.ginseng* | T2 | |
| *multivit no.18/iron no.1/folic (Tandem Plus)* | T2 | |
| *mv-min 59/iron/folic/docusate* | T2 | |
| *mv-min/iron/folic ac/vit k/lut* | T2 | |
| *mv-mins 71/iron/folic no.1/dha* | T2 | |
| *mv-mins/folic/lycopene/ginkgo* | T2 | |
| *mv-mn/folic ac/calcium/vit k1* | T2 | |
| *mv-mn/folic acid/lutein/hrb178* | T2 | |
| *mvn no.53/iron/folic/dss/dha* | T2 | |
| *mvn-min 74/iron fum/iron/fa* (Concept Ob) | T2 | |
| *mvn-min75/iron/iron ps/om3/dha* (Concept Dha) | T2 | |
| MVW MODULATR FORM MINI MULTIVT | T4 | |
| NEEVODHA | T4 | |
| NEOVITE | T4 | |
| NESTABS ONE | T4 | |
| NICOMIDE | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| NIVA-PLUS *(multivit-min 60/iron fum/folic)* | T4 | |
| NUTRALYN | T4 | |
| NUTRIVIT | T3 | |
| OB COMPLETE | T4 | |
| OBSTETRIX ONE | T4 | |
| OCUVITE EYE PLUS MULTI | T4 | |
| *om-3/dha/epa/b12/fa/b6/phytost* | T2 | |
| OMNIVEX | T4 | |
| ONCOVITE (*multivitamin,therapeutic*) | T3 | |
| ONE DAILY ESSENTIALS | T4 | |
| ONE DAILY ESSENTIAL TABLET | T4 | |
| *one daily essential tablet* | T2 | |
| *one daily essential tablet* (Daily-Vite) | T2 | |
| ONE DAILY HEALTHY WEIGHT | T4 | |
| *one daily maximum tablet* | T2 | |
| ONE DAILY MEN'S 50 PLUS | T4 | |
| ONE DAILY MEN'S 50 PLUS D3 | T4 | |
| ONE DAILY MEN'S HEALTH | T4 | |
| ONE DAILY MEN'S MULTIVITAMIN | T4 | |
| *one daily multivit-mineral tab* | T2 | |
| ONE DAILY MULTIVIT-MINERAL TAB | T4 | |
| *one daily multivitamin tab* | T2 | |
| ONE DAILY MULTIVITAMIN TABLET | T4 | |
| *one daily multivitamin tablet* (Daily-Vite) | T2 | |
| *one daily tablet* | T2 | |
| ONE DAILY WOMEN 50 PLUS TAB | T4 | |
| ONE DAILY WOMEN'S 50 PLUS ADV | T4 | |
| ONE DAILY WOMEN'S 50+ | T3 | |
| ONE DAILY WOMEN'S FORMULA | T4 | |
| *one daily women's health tab* | T2 | |
| ONE DAILY WOMEN'S MULTIVITAMIN | T4 | |
| ONE-A-DAY (*multivit-minerals/folic acid*) | T4 | |
| ONE-A-DAY ENERGY | T4 | |
| ONE-A-DAY MEN VITACRAVES | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| ONE-A-DAY MENOPAUSE FORMULA | T4 | |
| ONE-A-DAY MEN'S | T3 | |
| ONE-A-DAY MEN'S 50 PLUS | T3 | |
| ONE-A-DAY MEN'S 50 PLUS (*mv-mins/folic/lycopene/ginkgo*) | T3 | |
| ONE-A-DAY MEN'S COMPLETE | T4 | |
| ONE-A-DAY PROACTIVE 65 PLUS | T4 | |
| ONE-A-DAY TRIPLE IMMUNE SUPPRT | T4 | |
| *one-a-day women's 50 plus tab* (One-A-Day) | T2 | |
| ONE-A-DAY VITACRAVES | T4 | |
| ONE-A-DAY VITACRAVES IMMUNITY | T4 | |
| ONE-A-DAY VITACRAVES OMEGA-3 | T4 | |
| ONE-A-DAY VITACRAVES SOUR | T4 | |
| ONE-A-DAY WEIGHTSMART | T3 | |
| ONE-A-DAY WOMEN VITACRAVES | T4 | |
| ONE-A-DAY WOMEN'S 50 PLUS TAB | T4 | |
| ONE-A-DAY WOMEN'S COMPLETE | T3 | |
| ONE-A-DAY WOMEN'S HEALTHY SKIN | T4 | |
| ONE-A-DAY WOMEN'S PETITES | T4 | |
| ONE-A-DAY WOMEN'S TABLET | T3 | |
| ONE-A-DAY WOMEN'S TABLET | T4 | |
| ONE-DAILY MULTI | T4 | |
| ONE-DAILY MULTI-VITAMIN-IRON | T4 | |
| ONE-DAILY MULTIVITAMIN-MINERAL | T4 | |
| ONEVITE | T4 | |
| OPTIFAST | T4 | |
| OPTISOURCE | T4 | |
| OPURITY MULTIVITAMIN | T4 | |
| POLY VITAMIN-IRON | T4 | |
| PRENATAL GUMMIES | T4 | |
| PRENATE AM | T4 | |
| PRENATE CHEWABLE | T4 | |
| PRENATE ESSENTIAL | T4 | |
| PREV-RX | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| PROCERV HP | T4 | |
| PROFOLA | T4 | |
| PRORENAL QD | T3 | |
| PROTECT CARDIO AF | T4 | |
| PROTECT IRON | T4 | |
| PROTECT PLUS SO | T4 | |
| PUREFE OB PLUS | T4 | |
| PUREFE PLUS | T4 | |
| QUINTABS | T4 | |
| QUINTABS-M | T4 | |
| *ra one daily essential tablet* (One-A-Day) | T2 | |
| *ra one daily maximum tablet* | T2 | |
| *ra one daily women's tablet* | T2 | |
| REMEDIENT | T4 | |
| *sm b complex with vit c tablet* | T2 | |
| *sm super b complex-c caplet* | T2 | |
| SOLO | T4 | |
| SPECTRAVITE MEN 50 PLUS | T4 | |
| SPECTRAVITE ULTRA MEN 50+ | T4 | |
| SPECTRAVITE ULTRA MEN'S | T4 | |
| STRESS B-COMPLEX | T4 | |
| *stress formula tablet* | T2 | |
| STRESS FORMULA WITH ZINC TAB (*multivit,stress formula/zinc*) | T4 | |
| *stress formula with zinc tab* (Stress Formula With Zinc) | T2 | |
| *stress-c with zinc tablet* (Stress Formula With Zinc) | T2 | |
| STROVITE FORTE (*multivit,iron,min 5/folic acid*) | T4 | |
| STROVITE ONE | T4 | |
| SUPER GINSENG MULTIVITAMIN | T4 | |
| SUPER MULTIPLE-LOW IRON | T4 | |
| SUPERIOR MEN'S MULTI | T4 | |
| SUPPORT-500 (*b-complex with vitamin c*) | T4 | |
| SV HAIR, SKIN AND NAILS CAPLET | T4 | |
| TAB-A-VITE MULTIVIT WITH IRON | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| TAB-A-VITE MULTIVIT WITH IRON (*multivitamin/iron/folic acid)* | T4 | |
| TANDEM PLUS (multivit no.18/iron no.1/folic) | T4 | |
| THERAGRAN-M PREMIER 50 PLUS | T4 | |
| *thera-m caplet* | T2 | |
| THERA-M CAPLET | T4 | |
| THERAMILL FORTE | T4 | |
| THERANATAL LACTATION SUPPORT | T4 | |
| THEREMS-H | T3 | |
| TOBAKIENT | T4 | |
| TRIVIA COMPLETE | T4 | |
| TRUE MULTIVITAMIN | T4 | |
| TRUEPLUS MULTIVITAMIN (*multivit-min/folic acid/vit k1)* | T4 | |
| UDAMIN SP | T4 | |
| ULTRA FREEDA | T4 | |
| VITABEX PLUS | T4 | |
| VITACORE | T4 | |
| VITAFUSION PRENATAL | T4 | |
| VITAJOY ADULT MULTI | T4 | |
| *vitamin b complex-vit c cap* (Support-500) | T2 | |
| *vitamin b complex-vit c caplet* | T2 | |
| *vitamin b complex-vitamin c tb* | T2 | |
| VITAMIN D3-ALOE | T4 | |
| VITAMINS A-D-E | T4 | |
| VITREXYL | T4 | |
| VITREXYL PLUS IRON | T4 | |
| VITRUM 50 PLUS SENIOR | T3 | |
| WOMEN'S 50 PLUS ADVANCED | T4 | |
| WOMEN'S 50 PLUS DAILY FORMULA | T4 | |
| *women's daily formula caplet* | T2 | |
| WOMEN'S DAILY FORMULA CAPLET | T3 | |
| WOMEN'S DAILY FORMULA TABLET | T4 | |
| WOMENS DAILY GUMMIES | T4 | |
| WOMEN'S DAILY PACK | T4 | |
| WOMEN'S MULTIVITAMIN | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **MULTIVITAMIN PREPARATIONS** (cont.) | | |
| WOMEN'S MULTIVITAMIN W-BIOTIN | T4 | |
| XYZBAC | T4 | |
| ZYVANA | T4 | |
| ZYVIT | T4 | |
| **NIACIN PREPARATIONS** | | |
| *cvs niacin 400 mg capsule* | T2 | |
| ENDUR-AMIDE | T4 | |
| ENDUR-THINE | T4 | |
| *ft niacin 400 mg capsule* | T2 | |
| *gnp niacin 250 mg tablet* | T2 | |
| *gnp niacin 400 mg capsule* | T2 | |
| *hm niacin tr 250 mg tablet* (Slo-Niacin) | T2 | |
| *niacin* | T2 | |
| *niacin* (inositol niacinate) | T2 | |
| *niacin* (Slo-Niacin) | T2 | |
| NIACIN 100 MG CAPSULE | T4 | |
| *niacin 100 mg tablet* | T2 | |
| *niacin 250 mg tablet* | T2 | |
| *niacin 50 mg tablet* | T2 | |
| *niacin 500 mg capsule* | T2 | |
| *niacin 500 mg capsule sa* | T2 | |
| NIACIN 500 MG SOFTGEL | T3 | |
| *niacin 500 mg tablet* | T2 | |
| *niacin 750 mg tablet sa* (Slo-Niacin) | T2 | |
| NIACIN ER 1,000 MG TABLET | T3 | |
| *niacin er 250 mg tablet* (Slo-Niacin) | T2 | |
| *niacin er 500 mg caplet* | T2 | |
| *niacin er 500 mg capsule* | T2 | |
| *niacin er 500 mg tablet* | T2 | |
| *niacin flush free 500 mg cap* | T2 | |
| NIACIN FLUSH FREE 750 MG CAP | T3 | |
| *niacin sa 250 mg capsule* | T2 | |
| *niacin tr 250 mg capsule* | T2 | |
| *niacin tr 250 mg tablet* (Slo-Niacin) | T2 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **NIACIN PREPARATIONS** (cont.) | | |
| *niacin tr 500 mg caplet, tablet* | T2 | |
| NIACINAMIDE 500 MG CAPSULE | T4 | |
| *niacinamide 500 mg tablet* | T2 | |
| NIACINAMIDE ER 500 MG TABLET | T4 | |
| NO FLUSH NIACIN | T4 | |
| PUREVITA VITAMIN B3 | T4 | |
| *ra niacin 100 mg, 500 mg tablet* | T2 | |
| RA NIACIN 500 MG TABLET | T4 | |
| SLO-NIACIN 250 MG TABLET (*niacin*) | T3 | |
| *slo-niacin 500 mg tablet* | T2 | |
| SLO-NIACIN 750 MG TABLET (*niacin*) | T3 | |
| *sv niacin flush free 500 mg* | T2 | |
| *true vitamin b3 50 mg tablet* | T2 | |
| *true vitamin b3 500 mg tablet* | T2 | |
| TRUE VITAMIN B3 250 MG TABLET | T4 | |
| **PANTHENOL PREPARATIONS** | | |
| CALCIUM PANTOTHENATE | T4 | |
| PANTETHINE | T4 | |
| PANTOTHENIC ACID | T4 | |
| PUREVITA VITAMIN B5 | T4 | |
| **PEDIATRIC VITAMIN PREPARATIONS** | | |
| ABDEK MULTIVITAMIN | T4 | |
| ALIVE KIDS MULTIVITAMIN | T4 | |
| ANIMAL SHAPES COMPLETE | T4 | |
| CENTRUM KIDS | T4 | |
| CHILD CHEWABLE VITAMN COMPLETE | T4 | |
| CHILD COMPLETE CHEWABLE VITAMN | T4 | |
| CHILD COMPLETE MULTIVITAMIN | T4 | |
| CHILD MULTIVITAMIN PLUS IRON | T4 | |
| CHILDREN MULTIVITAMIN | T4 | |
| *children multivitamin chew tab* | T2 | |
| CHILDREN MULTIVITAMIN GUMMIES | T4 | |
| CHILDREN MULTIVITAMIN GUMMIES (*pediatric multivitamin no.120*) | T4 | |
| CHILDREN'S CHEW MULTIVIT-IRON (*pedi multivit no.91/iron fum*) | T4 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PEDIATRIC VITAMIN PREPARATIONS** (cont.) | | |
| *childrens chew vitamin tab* (Flintstones With Extra C) | T2 | |
| *childrens chew vitamin tab* (Flintstones) | T2 | |
| CHILDREN'S CHEWABLE | T4 | |
| CHILDREN'S MULTI-VIT GUMMIES | T4 | |
| CHILDREN'S MULTIVITAMIN GUMMY | T4 | |
| CHILD'S CHEWABLE VITAMIN TAB | T4 | |
| CHILD'S OMEGA-3 DHA MULTIVITAM | T4 | |
| CULTURELLE KIDS PROBIOTIC-MV | T4 | |
| CULTURELLE KIDS PRO-MV-LUTEIN | T4 | |
| DAVIMET WITH FLUORIDE | T4 | |
| DEKAS PLUS | T2 | |
| EMERGEN-C KIDZ | T4 | |
| EMERGEN-C KIDZ DAILY IMMUNE | T4 | |
| EMERGEN-C KIDZ IMMUNE PLUS | T4 | |
| EQ CHILD MULTIVITAMIN GUMMIES | T4 | |
| FLINTSTONES COMPLETE GUMMIES | T3 | |
| FLINTSTONES COMPLETE TABLET (*multivit with iron,minerals*) | T4 | |
| FLINTSTONES EXTRA C GUMMIES | T3 | |
| FLINTSTONES EXTRA C TAB CHEW (*multivitamin*) | T4 | |
| FLINTSTONES GUMMIES | T3 | |
| FLINTSTONES GUMMIES CHEW TAB | T3 | |
| FLINTSTONES IMMUNITY SUPPORT | T4 | |
| FLINTSTONES MULTIVIT CHEW TAB (*pedi multivit no.25/folic acid*) | T4 | |
| FLINTSTONES MULTI-VIT GUMMIES | T4 | |
| FLINTSTONES PLUS CALCIUM | T3 | |
| FLINTSTONES SOUR-GUM CHEW TAB | T3 | |
| FLINTSTONES TAB CHEW | T4 | |
| FLINTSTONES TABLET CHEWABLE (multivitamin) | T3 | |
| FLINTSTONES WITH IRON | T4 | |
| FLORAFOL PEDIATRIC | T4 | |
| FLORAFOL FE PEDIATRIC | T4 | |
| FLORIVA | T3 | |
| FLORIVA PLUS | T4 | |
| GENADEK | T4 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PEDIATRIC VITAMIN PREPARATIONS** (cont.) | | |
| GERBER GROW MIGHTY | T4 | |
| GERBER LIL BRAINIES | T4 | |
| GUMMIES CHILDREN MULTIVITAMIN | T4 | |
| GUMMY | T4 | |
| GUMMY DINOS | T4 | |
| INFANT-TODDLER MULTIVITAMIN | T4 | |
| INFANT-TODDLER MULTIVIT-IRON | T4 | |
| infant-toddler multivit-iron | T2 | |
| INFANT-TODDLER TRI-VITAMIN | T4 | |
| INFUVITE PEDIATRIC | T3 | |
| JUST 4 KIDZ MULTIVIT-PROBIOTIC | T4 | |
| KIDS COD LIVER OIL +D | T4 | |
| KIDS MULTIVITAMIN-MINERALS | T3 | |
| *little animals child tb chw (Flintstones With Extra C)* | T2 | |
| *little animals child tb chw (Flintstones)* | T2 | |
| LITTLE ANIMALS CHILD TB CHW | T4 | |
| LITTLE ANIMALS PLUS IRON | T4 | |
| LIVITA FOR CHILDREN | T4 | |
| M.V.I. PEDIATRIC | T3 | |
| *multivit with iron,minerals* | T2 | |
| *multivit with iron,minerals* (Flintstones Complete) | T2 | |
| *multivit with iron,minerals* (Scooby-Doo) | T2 | |
| *multivitamin* (Flintstones With Extra C) | T2 | |
| *multivitamin* (Flintstones) | T2 | |
| *multivitamin with iron* | T2 | |
| MULTI-VIT-FLOR | T4 | |
| MULTIVIT-FLUOR 0.25 MG TAB CHW | T4 | |
| *multivit-fluor 0.25 mg, 0.5 mg tab chw* | T2 | PPACA |
| *multivit-fluor 0.25 mg/ml drop* | T2 | PPACA |
| MULTIVIT-FLUOR 0.5 MG TAB CHEW | T4 | |
| *multivit-fluor 0.5 mg/ml drop* | T2 | PPACA |
| *multivit-fluoride 1 mg tab chw* | T2 | PPACA |
| MULTIVIT-FLUORIDE 1 MG TAB CHW | T4 | |
| MVW COMPLETE FORMLTN PEDIATRIC | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PEDIATRIC VITAMIN PREPARATIONS** (cont.) | | |
| MVW COMPLETE FORMULATION D3000 | T4 | |
| MVW COMPLETE FORMULATION D5000 | T4 | |
| MVW COMPLETE FORMULTN MULTIVIT | T4 | |
| MVW MODULATR FORMLTN PEDIATRIC | T4 | |
| NANO VM 1-3 | T3 | |
| NANO VM 4-8 | T3 | |
| NANOVM 9-18 | T4 | |
| NANOVM T-F | T4 | |
| NOVAFERRUM YUM PEDIATR MV-IRON | T4 | |
| NOVAMV MMM PEDIATRIC MULTIVIT | T4 | |
| ONE-A-DAY KID'S | T4 | |
| ONE-A-DAY TEEN HER VITACRAVES | T4 | |
| ONE-A-DAY TEEN HIM VITACRAVES | T4 | |
| *ped mvit a,c,d3 no.21/fluoride* | T2 | PPACA |
| *pedi multivit 158/iron/vit k1* | T2 | |
| *pedi multivit 45/fluoride/iron* | T2 | |
| *pedi multivit no.12 w-fluoride* | T2 | PPACA |
| *pedi multivit no.17 w-fluoride* | T2 | PPACA |
| *pedi multivit no.23/folic acid* | T2 | |
| *pedi multivit no.25/folic acid* (Flintstones) | T2 | |
| *pedia poly-vite iron 5mg/0.5ml* | T2 | |
| PEDIA POLY-VITE WITH IRON DROP | T4 | |
| PEDIA TRI-VITE | T4 | |
| *pediatric multivit no.36/iron* | T2 | |
| *pediatric multivitamin no.17* | T2 | |
| *pediatric multivitamin no.111* | T2 | |
| *pediatric multivitamin no.212* | T2 | |
| PEDIATRIC POLY-VITAMIN | T4 | |
| PEDIATRIC POLY-VITAMIN-IRON | T4 | |
| PEDIATRIC POLY-VITE | T4 | |
| PEDIATRIC POLY-VITE WITH IRON | T4 | |
| PEDIATRIC TRI-VITAMIN | T4 | |
| PEDIATRIC TRI-VITE | T4 | |
| POLY-VI-FLOR | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **PEDIATRIC VITAMIN PREPARATIONS** (cont.) | | |
| POLY-VI-FLOR WITH IRON | T4 | |
| *poly-vi-sol 0.5 ml oral syring* | T2 | |
| POLY-VI-SOL 1 ML ENFIT SYRINGE | T4 | |
| POLY-VI-SOL 250MCG-50MG/ML DRP | T4 | |
| POLY-VI-SOL WITH IRON | T4 | |
| POLY-VITA | T4 | |
| POLY-VITA WITH IRON | T4 | |
| QUFLORA | T4 | |
| QUFLORA FE | T4 | |
| SCOOBY-DOO ONE A DAY GUMMIES | T4 | |
| SCOOBY-DOO ONE A DAY TABLET (*multivit with iron,minerals*) | T3 | |
| SOLUVITA MULTIVITAMIN FLUORIDE | T4 | |
| SOLUVITA MULTIVITAMIN FLUORIDE *(pedi multivit no.82 w-fluoride)* | T4 | |
| TRI-VI-FLOR | T4 | |
| TRI-VI-SOL | T4 | |
| *tri-vit-fluor 0.25 mg/ml drop* | T2 | PPACA |
| TRI-VIT-FLUOR 0.25 MG/ML DROP | T4 | |
| *tri-vit-fluor 0.5 mg/ml drop* | T2 | PPACA |
| TROPICAL LIQUID NUTRITION (*pediatric multivitamin no.118*) | T4 | |
| *vit a palmitate/vit c/vit d3* | T2 | |
| ZOO FRIENDS | T4 | |
| ZOO FRIENDS COMPLETE | T4 | |
| **VITAMIN A AND D PREPARATIONS** | | |
| cod liver oil softgel | T2 | |
| gnp norwegian cod liver oil | T2 | |
| SV COD LIVER OIL SOFTGEL | T4 | |
| **VITAMIN A PREPARATIONS** | | |
| A-25 | T4 | |
| AQUASOL A | T3 | |
| *beta-carotene* | T2 | |
| *cvs vitamin a 2,400 mcg sftgl* | T2 | |
| FT VITAMIN A 3,000 MCG SOFTGEL | T4 | |
| GNP VITAMIN A 10,000 UNIT SFGL | T4 | |
| NORWEGIAN COD LIVER OIL SFGL | T4 | |

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| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN A PREPARATIONS** (cont.) | | |
| PREVENT | T3 | |
| PUREVITA VITAMIN A | T4 | |
| *ra vitamin a 10,000 unit sftgl* | T2 | |
| VITAMIN A BETA CAROTENE | T4 | |
| *vitamin a 10,000 unit capsule* | T2 | |
| *vitamin a 10,000 unit softgel* | T2 | |
| VITAMIN A 10,000 UNIT SOFTGEL | T4 | |
| *vitamin a 3,000 mcg softgel* | T2 | |
| *vitamin a 8,000 unit capsule* | T2 | |
| VITAMIN A PALMITATE | T4 | |
| *vitamin a/vit c/zinc/propolis* | T2 | |
| VITAMINS A D | T4 | |
| **VITAMIN B PREPARATIONS** | | |
| 5-MTHF PLUS B12 | T4 | HD |
| *acetylcyst/methylb12/levomefol* (Cerefolin Brain Wellness) | T2 | HD |
| ALBA-LYBE | T3 | HD |
| APETEX (*vitamin b complex/lysine*) | T3 | HD |
| APETIGEN (*vitamin b complex/lysine*) | T3 | HD |
| ARKALIOX | T4 | HD |
| B ACTIV | T4 | HD |
| *b comp no3/folic/c/biotin/zinc* | T2 | HD |
| *b comp/ferrous gluc/lysin/znox* | T2 | HD |
| *b complex 11/folic/c/biot/zinc* | T2 | HD |
| *b complex c no.10/folic acid* | T2 | HD |
| *b complex capsule* | T2 | HD |
| *b complex tablet* | T2 | HD |
| *b complex, c no.20/folic acid* (Virt-Caps) | T2 | HD |
| B COMPLEX WITH B-12 | T4 | HD |
| B COMPLEX WITH VITAMIN C | T4 | HD |
| B COMPLEX-FOLIC ACID *(cyanocobalamin/folic ac/vit b6)* | T4 | HD |
| *b12/levomefolate calcium/b-6* | T2 | HD |
| B-50 COMPLEX | T4 | HD |
| *balanced b-100 complex tab sa* | T2 | HD |
| *b-100 complex tr caplet* | T2 | HD |

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| **VITAMIN B PREPARATIONS** (cont.) | | |
| *b-complex tablet (Vitamin B Complex-Electrolytes)* | T2 | HD PPACA |
| B-100 COMPLEX CAPSULE | T4 | HD |
| B-COMPLEX FAST DISSOLVE TABLET | T4 | HD |
| B-COMPLEX 100 | T4 | HD |
| *b-complex 100 injection* | T2 | HD |
| *b-complex injection vial* | T2 | HD |
| *b-complex plus vitamin c cplt (*Vita-Bee With C*)* | T2 | HD PPACA |
| B-COMPLEX WITH B-12 | T4 | HD |
| *b-complex with b12 tablet* | T2 | HD |
| *b-complex with vit c caplet (*Vita-Bee With C*)* | T2 | HD PPACA |
| *b-complex with vit c tablet (*Vita-Bee With C*)* | T2 | HD PPACA |
| B-COMPLEX-VITAMIN C TR TABLET | T3 | HD |
| BIOTIN 1,000 MCG GUMMIES | T4 | HD |
| *biotin 1,000 mcg tablet* | T2 | HD |
| BIOTIN 10 MG TABLET | T3 | HD |
| BIOTIN 10,000 MCG SOFTGEL | T4 | HD |
| BIOTIN 10,000 MCG TABLET | T3 | HD |
| *biotin 2,500 mcg softgel (*Hard Nails*)* | T2 | HD |
| *biotin 300 mcg tablet* | T2 | HD |
| BIOTIN 5 MG TABLET | T4 | HD |
| *biotin 5,000 mcg capsule (Meribin)* | T2 | HD |
| BIOTIN 5,000 MCG FAST DISSOLVE | T4 | HD |
| BIOTIN 5,000 MCG QUICK DISSOLV | T4 | HD |
| *biotin 5,000 mcg softgel (*Meribin*)* | T2 | HD |
| BIOTIN 5,000 MCG TABLET | T4 | HD |
| *biotin 800 mcg tablet* | T2 | HD |
| BIOTIN FORTE 3 MG TABLET | T4 | HD |
| BIOTIN FORTE 5 MG TABLET | T3 | HD |
| B-STRESS | T4 | HD |
| CARDIOTEK-RX | T4 | HD |
| CEREFOLIN *(vit b12/levomefolate/vit b6/b2)* | T4 | HD |
| CEREFOLIN BRAIN WELLNESS *(acetylcyst/methylb12/levomefol)* | T4 | HD |
| CEREFOLIN NAC | T4 | HD |

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| **VITAMIN B PREPARATIONS** (cont.) | | |
| COMPLETE LIVER CLEANSE | T4 | HD |
| COMPLEX B-100 ER CAPLET | T4 | HD |
| *complex b-100 tablet sa* | T2 | HD |
| COMPLEX B-50 | T4 | HD |
| CVS BALANCED B-100 TR CAPLET | T4 | HD |
| *cvs biotin 1,000 mcg tablet* | T2 | HD |
| CVS BIOTIN 5,000 MCG TABLET | T4 | HD |
| CVS BIOTIN 10,000 MCG SOFTGEL | T4 | HD |
| *cvs super b-complex-vit c cplt* (Vita-Bee With C) | T2 | HD PPACA |
| *cyanocobalamin/folic ac/vit b6* | T2 | HD |
| *cyanocobalamin/folic ac/vit b6* | T2 | HD PPACA |
| *cyanocobalamin/folic ac/vit b6* (Niva-Fol) | T2 | HD |
| CYTO B7 | T4 | HD |
| DIALYVITE 3000 | T4 | HD |
| DIALYVITE 5000 | T4 | HD |
| DIALYVITE 800 CHEWABLE WAFER | T4 | HD |
| DIALYVITE 800 PLUS D | T4 | HD |
| *dialyvite 800 tablet* | T2 | HD PPACA |
| DIALYVITE 800 WITH ZINC | T4 | HD |
| DIALYVITE 800-ULTRA D | T3 | HD |
| DIALYVITE SUPREME D | T4 | HD |
| ELFOLATE PLUS | T4 | HD |
| ENDUR-B COMPLEX | T4 | HD |
| *eql b complex 50 tablet* | T2 | HD |
| FOLA-B COMPLEX | T4 | HD |
| FOLIC ACID-B6-B12 | T4 | HD |
| *folic acid/b complex c no.17* | T2 | HD |
| *folic acid/vit b complex and c* | T2 | HD PPACA |
| *folic acid/vit b complex and c* | T2 | HD |
| *folic acid/vit b complex and c* (Vita-Bee With C) | T2 | HD PPACA |
| *folic acid/vit bcomp,c/cu/zinc* | T2 | HD |
| FOLICORE B COMPLEX | T4 | HD |
| FOLIKA-BC | T4 | HD |
| FOLIKA-NC | T4 | HD |

T1 – Preferred Generics
T2 – Non-Preferred Generics
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T4 – Non-Preferred Brands
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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B PREPARATIONS** (cont.) | | |
| FOLIKA-T | T4 | HD |
| FOLINIC-PLUS | T4 | HD |
| FOLTX | T4 | HD |
| FOLVITA COMPLEX | T4 | HD |
| *ft b-100 complex er tablet* | T2 | HD |
| *ft biotin 5,000 mcg capsule* (Meribin) | T2 | HD |
| FT BIOTIN 10,000 MCG TABLET | T3 | HD |
| FT BIOTIN 2,500 MCG GUMMY | T4 | HD |
| GENICIN VITA-S | T4 | HD |
| *gnp b-100 complex tablet* | T2 | HD |
| GNP BIOTIN 10,000 MCG TABLET | T3 | HD |
| GNP BIOTIN 2,500 MCG GUMMY | T4 | HD |
| *gnp biotin 5,000 mcg capsule* (Meribin) | T2 | HD |
| HAIR-SKIN-NAILS | T4 | HD |
| HARD NAILS (*biotin*) | T4 | HD |
| HM BIOTIN 10,000 MCG TABLET | T4 | HD |
| *hm biotin 5,000 mcg capsule* (Meribin) | T2 | HD |
| HOMOCYSTEINE FORMULA | T4 | HD |
| HYLAVITE (*folic acid/vit b complex and c*) | T4 | HD |
| KIDS BRAIN BUILDER | T4 | HD |
| *levomefolate/b6/b12/algal oil* | T2 | HD |
| LEVOMEFOLATE-NAC-MECOBAL-ALGAL | T4 | HD |
| LEVOMEFOL-PYRIDOXAL-MEC-ALGAL | T4 | HD |
| *l-mefol/a-cyst/meb12/algal oil* | T2 | HD |
| L-METHYLFOL-ALGAL-NAC-ME-CBL | T4 | HD |
| L-METHYLFOL-ALGAL-P5P-ME-CBL | T4 | HD |
| LORID | T4 | HD |
| LORMATE | T4 | HD |
| *mecobal/levomefolat ca/b6 phos* | T2 | HD |
| MEDTYCHOLL-B COMPLEX W-LIVER | T4 | HD |
| MEGA BIOTIN | T4 | HD |
| MERIBIN (*biotin*) | T3 | HD |
| METANX | T4 | HD |
| METANX FC | T4 | HD |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B PREPARATIONS** (cont.) | | |
| METANX RR | T4 | HD |
| METANXPRO NERVE HEALTH | T4 | HD |
| METHAVER | T4 | HD |
| METHYL PROTECT | T4 | HD |
| MINCORA | T4 | HD |
| MULTIVITAMIN-ZINC-STRESS | T4 | HD |
| NEPHRON FA | T4 | HD |
| NEPHRO-VITE | T3 | HD |
| NIVA-FOL (*cyanocobalamin/folic ac/vit b6*) | T4 | HD |
| NUFOLA | T4 | HD |
| PODIAPN | T4 | HD |
| PRORENAL | T3 | HD |
| PUREVITA SUPER B-COMPLEX | T4 | HD |
| QUIN B STRONG | T4 | HD |
| *ra balanced b-100 tablet* (Vitamin B Complex-Electrolytes) | T2 | HD PPACA |
| *ra b-complex-vitamin b-12 tab* | T2 | HD |
| *ra biotin 2,500 mcg capsule* (Hard Nails) | T2 | HD |
| RELCARE | T4 | HD |
| RENAL VITAMIN | T4 | HD |
| RENAL MULTIVITAMIN | T4 | HD |
| RENAL-VITE | T4 | HD |
| RENAPLEX | T4 | HD |
| RENAPLEX-D | T4 | HD |
| RIBOZEL | T4 | HD |
| *sm biotin 5,000 mcg capsule* (Meribin) | T2 | HD |
| *sm stress formula+zinc tablet* | T2 | HD |
| *super b complex-vit c caplet* (Vita-Bee With C) | T2 | HD PPACA |
| *super quints b-50 tablet* (Vitamin B Complex-Electrolytes) | T2 | HD PPACA |
| *super quints b-50 tablets* | T2 | HD |
| SV BIOTIN 1,000 MCG SOFTGEL | T4 | HD |
| *sv biotin 5,000 mcg softgel* (Meribin) | T2 | HD |
| TRONVITE | T4 | HD |
| ULTRA B-100 COMPLEX TABLET | T4 | HD |
| *ultra b-100 complex tablet* | T2 | HD |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B PREPARATIONS** (cont.) | | |
| VIRT-CAPS *(b complex, c no.20/folic acid)* | T4 | HD |
| *vit b comp c 19/folic acid/d3* | T2 | HD PPACA |
| *vit b comp no.3/folic/c/biotin* | T2 | HD |
| *vit b comp/c/fa/iron sulf/vite* | T2 | HD PPACA |
| *vit b comp/c/folic/iron/vit e* | T2 | HD PPACA |
| *vit b comp/folic/choline/inosi* | T2 | HD PPACA |
| *vit b12/levomefolate/vit b6/b2* (Cerefolin) | T2 | HD |
| VITA-BEE WITH C (*folic acid/vit b complex and c*) | T4 | HD |
| VITAJOY BIOTIN | T4 | HD |
| VITAL-D RX | T4 | HD |
| *vitamin b complex* | T2 | HD |
| *vitamin b complex capsule* | T2 | HD |
| *vitamin b complex softgel* | T2 | HD |
| *vitamin b complex tablet* | T2 | HD |
| *vitamin b complex tablet* (Vitamin B Complex-Electrolytes) | T2 | HD PPACA |
| *vitamin b complex/folic acid* (Vitamin B Complex-Electrolytes) | T2 | HD PPACA |
| VITAMIN B COMPLEX-ELECTROLYTES *(vitamin b complex/folic acid)* | T4 | HD |
| *vitamin b complex/lysine (*Apetex*)* | T2 | HD |
| *vitamin b complex/lysine (*Apetigen*)* | T2 | HD |
| *vitamin b complex-vitamin c tb (*Vita-Bee With C*)* | T2 | HD PPACA |
| *vitamin b-complex c caplet* | T2 | HD PPACA |
| VITA-RESPA | T4 | HD |
| VITASURE | T4 | HD |
| XVITE | T4 | HD |
| ZELDANA | T4 | HD |
| **VITAMIN BI PREPARATIONS** | | |
| *cvs vitamin b-1 100 mg tablet* | T2 | |
| CYTO B-1 | T4 | |
| *ft vitamin b-1 100 mg tablet* | T2 | |
| *gnp vitamin b-1 100 mg tablet* | T2 | |
| PUREVITA VITAMIN B1 | T4 | |
| *ra vitamin b-1 100 mg tablet* | T2 | |
| *thiamine hcl* | T2 | |
| THIAMINE HCL-0.9% NACL | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B1 PREPARATIONS** (cont.) | | |
| *thiamine 100 mg tablet* | T2 | |
| *thiamine 250 mg tablet* | T2 | |
| THIAMINE 500 MG TABLET | T4 | |
| *thiamine 200 mg/2 ml vial* | T2 | |
| *true vitamin b-1 100 mg tablet* | T2 | |
| TRUE VITAMIN B-1 250 MG TABLET | T4 | |
| TRUE VITAMIN B-1 50 MG TABLET | T4 | |
| VITAMIN B-1 100 MG CAPSULE | T4 | |
| *vitamin b-1 100 mg tablet* | T2 | |
| *vitamin b-1 250 mg tablet* | T2 | |
| *vitamin b-1 50 mg tablet* | T2 | |
| **VITAMIN B12 PREPARATIONS** | | |
| ABANEU-SL | T4 | |
| APATATE | T3 | |
| B-12 1,000 MCG FAST DISSOLVE | T4 | |
| B-12 1,000 MCG LOZENGE | T4 | |
| B-12 1,000 MCG QUICK DISSOLVE | T4 | |
| *b-12 1,000 mcg tablet* | T2 | |
| B-12 1,000 MCG/15 ML LIQUID | T3 | |
| *b-12 1,000 mcg/15 ml liquid* | T2 | |
| *b-12 2,500 mcg microlozenge* | T2 | |
| *b12 2,500 mcg tablet sl* | T2 | |
| *b-12 2,500 mcg tablet sl* | T2 | |
| B-12 3,000 MCG TABLET SL | T4 | |
| *b-12 3,000 mcg/ml subling liq* | T2 | |
| B-12 5,000 MCG FAST DISSOLVE | T4 | |
| B-12 5,000 MCG MICROLOZENGE | T3 | |
| B-12 5,000 MCG ODT | T4 | |
| B-12 5,000 MCG QUICK DISSOLVE | T4 | |
| B-12 5,000 MCG SUBLINGUAL TAB | T4 | |
| B-12 5,000 MCG/ML SUBLING LIQ | T4 | |
| B-12 500 MCG QUICK DISSOLVE TB | T4 | |
| *b-12 500 mcg tablet* | T2 | |
| B12 ACTIVE | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B12 PREPARATIONS** (cont.) | | |
| B-12 DUAL SPECTRUM | T4 | |
| *b-12 er 1,000 mcg tab* | T2 | |
| B-12 WITH FOLIC ACID | T4 | |
| *cvs b-12 1,000 mcg tablet* | T2 | |
| CVS B-12 5,000 MCG MICROLOZENG | T3 | |
| CVS VIT B-12 500 MCG LOZENGE | T3 | |
| *cvs vit b-12 500 mcg lozenge* | T2 | |
| *cvs vit b-12 tr 1,000 mcg tab* | T2 | |
| *cvs vit b-12 tr 2,000 mcg tab* | T2 | |
| *cvs vitamin b12 5,000 mcg chew* | T2 | |
| CVS VIT B12 2,500 MCG SOFT CHW | T4 | |
| CVS VITAMIN B12 5,000 MCG TAB | T4 | |
| CVS VITAMIN B-12 500 MCG GUMMY | T4 | |
| *cvs vitamin b-12 500 mcg tab* | T2 | |
| *cyanocobalamin (vitamin b-12)* (Nascobal) | T2 | ST QL(4 units/30 days) |
| *eql vitamin b-12 500 mcg tab* | T2 | |
| *fn vitamin b-12 1,000 mcg tab* | T2 | |
| FOLTRATE | T4 | |
| FT VITAMIN B-12 1500 MCG GUMMY | T4 | |
| *ft vit b-12 2,500 mcg tab sl* | T2 | |
| *ft vitamin b-12 500 mcg tablet* | T2 | |
| *ft vitamin b12 er 1,000 mcg tb* | T2 | |
| FT VITAMIN B-12 5,000 MCG TAB | T3 | |
| *gnp b12 2,500 mcg tablet sl* | T2 | |
| *gnp vit b-12 er 1,000 mcg tab* | T2 | |
| *gnp vitamin b-12 500 mcg tab* | T2 | |
| GNP VITAMIN B-12 1500 MCG GUMMY | T4 | |
| GNP VITAMIN B-12 5,000 MCG TAB | T4 | |
| *hm vit b-12 tr 1,000 mcg tab* | T2 | |
| *hm vitamin b-12 500 mcg tablet* | T2 | |
| *hydroxocobalamin* | T2 | |
| INTRINSI B12-FOLATE | T4 | |
| METHYL B-12 | T4 | |
| METHYLCOBALAMIN | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B12 PREPARATIONS** (cont.) | | |
| METHYLCOBALAMIN 5,000 MCG TAB | T4 | |
| MTX SUPPORT | T4 | |
| NASCOBAL *(cyanocobalamin (vitamin b-12))* | T3 | ST QL(4 units/30 days) |
| NEURIN-SL | T4 | |
| OPURITY | T4 | |
| PAXLYTE | T4 | |
| PUREVITA VITAMIN B12 | T4 | |
| *ra vit b12 1,000 mcg tab sa* | T2 | |
| RA VIT B-12 1,000 MCG/ML LIQ | T4 | |
| *ra vitamin b-12 100 mcg tablet* | T2 | |
| *ra vitamin b12 er 2,000 mcg tb* | T2 | |
| RAPID B-12 ENERGY | T4 | |
| *sm vitamin b12 1,000 mcg tab* | T2 | |
| *sm vitamin b-12 100 mcg tablet* | T2 | |
| *sm vitamin b-12 500 mcg tablet* | T2 | |
| *sv b-12 2,500 mcg microlozenge* | T2 | |
| SV B-12 5,000 MCG MICROLOZENGE | T3 | |
| SV VIT B-12 500 MCG LOZENGE | T3 | |
| *sv vitamin b-12 500 mcg tablet* | T2 | |
| *sv vitamin b12 tr 1,000 mcg tb* | T2 | |
| *true vitamin b-12 1000 mcg tab* | T2 | |
| *true vitamin b-12 500 mcg tab* | T2 | |
| VIT B-12 500 MCG SUBLING TAB | T4 | |
| VITAMIN B-12 1,000 MCG SOFTGEL | T4 | |
| *vitamin b-12 1,000 mcg tab sl* | T2 | |
| *vitamin b-12 1,000 mcg tablet* | T2 | |
| *vitamin b-12 100 mcg tablet* | T2 | |
| *vitamin b-12 2,000 mcg tab sa* | T2 | |
| VITAMIN B-12 2,000 MCG TABLET | T4 | |
| *vitamin b-12 2,500 mcg tab sl* | T2 | |
| VITAMIN B-12 250 MCG LOZENGE | T4 | |
| *vitamin b-12 250 mcg tablet* | T2 | |
| VITAMIN B12 2,500 MCG TABLET | T4 | |
| VITAMIN B-12 3,000 MCG SL LOZ | T4 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B12 PREPARATIONS** (cont.) | | |
| VITAMIN B-12 3,000 MCG SOFTGEL | T4 | |
| VITAMIN B-12 3,000 MCG TAB SL | T4 | |
| VITAMIN B-12 5,000 MCG ODT | T4 | |
| VITAMIN B-12 5,000 MCG SOFTGEL | T4 | |
| VITAMIN B-12 5,000 MCG TAB SL | T3 | |
| *vitamin b-12 5,000 mcg tab sl* | T2 | |
| VITAMIN B-12 5,000 MCG TAB SL | T4 | |
| VITAMIN B-12 5,000 MCG TABLET | T4 | |
| VITAMIN B-12 50 MCG LOZENGE | T4 | |
| *vitamin b12 50 mcg tablet* | T2 | |
| VITAMIN B-12 500 MCG LOZENGE | T3 | |
| *vitamin b12 500 mcg tablet* | T2 | |
| *vitamin b-12 500 mcg tablet* | T2 | |
| *vitamin b-12 er 1,000 mcg tab* | T2 | |
| *vitamin b-12 tr 1,000 mcg tab* | T2 | |
| *vitamin b-12 tr 2,000 mcg tab* | T2 | |
| VITAMIN B12-FOLIC ACID | T4 | |
| **VITAMIN B2 PREPARATIONS** | | |
| CYTO B-2 | T4 | |
| PUREVITA VITAMIN B2 | T4 | |
| *riboflavin (vitamin b2)* | T2 | |
| RIBOFLAVIN 100 MG CAPSULE | T4 | |
| *riboflavin 100 mg tablet* | T2 | |
| RIBOFLAVIN 400 MG TABLET | T4 | |
| *riboflavin 50 mg tablet* | T2 | |
| **VITAMIN B6 PREPARATIONS** | | |
| *cvs vitamin b-6 100 mg tablet* | T2 | |
| *ft vitamin b-6 100 mg tablet* | T2 | |
| *eql vitamin b-6 100 mg tablet* | T2 | |
| *gnp vitamin b-6 100 mg tablet* | T2 | |
| PUREVITA VITAMIN B6 | T4 | |
| *pyridoxine 100 mg/ml vial* | T2 | |
| *pyridoxine 25 mg, 250 mg tablet* | T2 | |
| PYRIDOXINE 50 MG TABLET (*pyridoxine hcl (vitamin b6)*) | T3 | |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN B6 PREPARATIONS** (cont.) | | |
| *pyridoxine 50 mg tablet* (Pyridoxine Hcl) | T2 | |
| PYRIDOXINE 500 MG TABLET *(pyridoxine hcl (vitamin b6))* | T4 | |
| *pyridoxine hcl (vitamin b6)* | T2 | |
| *pyridoxine hcl (vitamin b6)* (Pyridoxine Hcl) | T2 | |
| *ra vitamin b-6 100 mg tablet* | T2 | |
| *ra vitamin b-6 50 mg tablet* | T2 | |
| *sm vitamin b-6 100 mg tablet* | T2 | |
| *sv vitamin b-6 100 mg tablet* | T2 | |
| TRUE VITAMIN B-6 10 MG TABLET | T4 | |
| *true vitamin b-6 25 mg, 50 mg, 100 mg tablet* | T2 | |
| *vitamin b-6 25 mg, 50 mg, 100 mg, 250 mg tablet* | T2 | |
| VB6 P5P | T4 | |
| **VITAMIN C PREPARATIONS** | | |
| ASCOR | T4 | |
| *ascorbate calcium* | T2 | |
| *ascorbic acid* | T2 | |
| *ascorbic acid 500 mg tablet* | T2 | |
| *ascorbic acid 500 mg/5 ml cup* | T2 | |
| *ascorbic acid 500 mg/ml vial* | T2 | |
| ASCORBIC ACID GRANULES | T3 | |
| *ascorbic acid/ascorbate sodium* | T2 | |
| BIO C 1:1 | T4 | |
| *c-1,000 mg tablet sa* | T2 | |
| *cod liver oil tab chewable* | T2 | |
| *cvs vit c-rose hip 1,000 mg tb* | T2 | |
| *cvs vit c-rose hip 500 mg chew* | T2 | |
| *cvs vit c-rose hip 500 mg cplt* | T2 | |
| *cvs vit c-rose hips 500 mg tab* | T2 | |
| *cvs vitamin c 500 mg, 1,000 mg caplet* | T2 | |
| CVS VITAMIN C 1,000 MG POWDER | T4 | |
| *cvs vitamin c 250 mg, 500 mg tablet* | T2 | |
| CYTO C | T4 | |
| EASY-C IMMUNE HEALTH | T4 | |
| EMERGEN-C | T4 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN C PREPARATIONS** (cont.) | | |
| EMERGEN-C APPLE CIDER VINEGAR | T4 | |
| EMERGEN-C ASHWAGANDHA | T4 | |
| EMERGEN-C TURMERIC GINGER | T4 | |
| EMERGEN-C ELDERBERRY | T4 | |
| EMERGEN-C ENERGY PLUS | T4 | |
| EMERGEN-C IMMUNE PLUS | T4 | |
| EMERGEN-C MSM LITE | T4 | |
| *eql vitamin c 1,000 mg tablet* | T2 | |
| ESSENCE C | T4 | |
| ESTER-C 1,000 MG TABLET | T4 | |
| ESTER-C 500 MG TABLET | T3 | |
| FLEVOXIN | T4 | |
| FRUIT C-100 TABLET CHEWABLE | T4 | |
| *fruit c-100 tablet chewable* | T2 | |
| FRUIT C-200 | T4 | |
| *ft vit c-rose hip 1,000 mg tab* | T2 | |
| *ft vit c-rose hips 500 mg tab* | T2 | |
| *ft vitamin c 1,000 mg tablet* | T2 | |
| FT VITAMIN C 500 MG CHEW TAB | T3 | |
| GNP VITAMIN C 125 MG GUMMY | T4 | |
| *gnp vit c-rose hips 500 mg tab* | T2 | |
| *gnp vitamin c 250 mg, 500 mg, 1,000 mg tablet* | T2 | |
| *gnp vitamin c 500 mg tab chew* | T2 | |
| *gnp vitamin c er 500 mg tablet* | T2 | |
| *hm vit c-rose hip 1,000 mg tab* | T2 | |
| *hm vit c-rose hips 500 mg cplt* | T2 | |
| *hm vitamin c 500 mg tab chew* | T2 | |
| LIQUID-C | T4 | |
| PAN-C 500 | T4 | |
| PERIDIN-C | T3 | |
| PUREVITA VITAMIN C | T4 | |
| *ra vit c-rose hips 500 mg tab* | T2 | |
| *ra vitamin c 1,000 mg tab sa* | T2 | |
| *ra vitamin c 1,000 mg tablet* | T2 | |

T1 – Preferred Generics
T2 – Non-Preferred Generics
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T4 – Non-Preferred Brands
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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN C PREPARATIONS** (cont.) | | |
| *ra vitamin c 250 mg tablet* | T2 | |
| *ra vitamin c 500 mg chew tab* | T2 | |
| *ra vitamin c 500 mg tab chew* | T2 | |
| *ra vitamin c 500 mg tablet* | T2 | |
| RA VITAMIN C 53 MG DROP | T4 | |
| *ra vitamin c tr 500 mg caplet* | T2 | |
| SAMBUCUS ELDERBERRY-VITAMIN C | T4 | |
| *sm vit c-rose hips 500 mg tab* | T2 | |
| *sm vitamin c 1,000 mg tablet* | T2 | |
| *sm vitamin c 250 mg tablet* | T2 | |
| *sm vitamin c 500 mg chew tab* | T2 | |
| *sm vitamin c 500 mg tab chew* | T2 | |
| *sm vitamin c 500 mg tablet* | T2 | |
| *sm vitamin c with rose hips* | T2 | |
| SPAN C | T4 | |
| *sv vit c-rose hip 1,000 mg tab* | T2 | |
| *sv vit c-rose hips 1,000 mg tb* | T2 | |
| *sv vit c-rose hips 500 mg tab* | T2 | |
| *sv vitamin c 500 mg tab chew* | T2 | |
| *sv vitamin c tr 1,000 mg tab* | T2 | |
| *true vitamin c 250 mg tablet* | T2 | |
| *true vitamin c 500 mg tablet* | T2 | |
| *true vitamin c 1,000 mg tablet* | T2 | |
| *vit c-rose hip 1,000 mg caplet* | T2 | |
| *vit c-rose hips 500 mg capsule* | T2 | |
| VIT C-ROSE HIPS 500 MG CAPSULE | T4 | |
| *vit c-rose hips 1,000 mg cplt* | T2 | |
| *vit c-rose hips 1,000 mg tab* | T2 | |
| VIT C-ROSE HIPS 500 MG CHEW TB | T4 | |
| *vit c-rose hips 500 mg tablet* | T2 | |
| *vit c-rose hips tr 1,000 mg* | T2 | |
| *vit c-rose hips tr 500 mg cplt* | T2 | |
| *vit c-rose hips tr 500 mg tab* | T2 | |
| VITAJOY DAILY C | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN C PREPARATIONS** (cont.) | | |
| *vitamin c 1,000 mg caplet* | T2 | |
| *vitamin c 1,000 mg tablet* | T2 | |
| *vitamin c 1,500 mg tablet sa* | T2 | |
| *vitamin c 100 mg tablet* | T2 | |
| VITAMIN C 125 MG GUMMIES | T4 | |
| *vitamin c 250 mg tablet* | T2 | |
| VITAMIN C 250 MG TABLET CHEW | T4 | |
| *vitamin c 250 mg tablet chew* | T2 | |
| *vitamin c 500 mg capsule sa* | T2 | |
| *vitamin c 500 mg chew tablet* | T2 | |
| VITAMIN C 500 MG POWDER PACKET | T4 | |
| VITAMIN C 500 MG SOFTGEL | T4 | |
| *vitamin c 500 mg tablet* | T2 | |
| *vitamin c 500 mg tablet chew* | T2 | |
| VITAMIN C 500 MG WAFER | T4 | |
| VITAMIN C 500 MG/15 ML LIQUID | T4 | |
| *vitamin c 500 mg/5 ml liquid* | T2 | |
| *vitamin c drops* | T2 | |
| VITAMIN C FIZZY DRINK | T4 | |
| VITAMIN C POWDER | T4 | |
| *vitamin c powder* | T2 | |
| *vitamin c tr 1,000 mg tablet* | T2 | |
| *vitamin c tr 500 mg caplet* | T2 | |
| *vitamin c tr 500 mg tablet* | T2 | |
| *vitamin c-500 mg tablet* | T2 | |
| *vitamin c-500 mg tr capsule* | T2 | |
| VITAMIN C-BIOFLAVINOIDS-RH | T4 | |
| *vitamin c-rose hip 1,000 mg tb* | T2 | |
| *v-r vitamin c 1,000 mg tablet* | T2 | |
| *v-r vitamin c 250 mg tab chew* | T2 | |
| *v-r vitamin c 500 mg tab chew* | T2 | |
| *well vitamin c 1,000 mg tablet* | T2 | |
| *well vitamin c 500 mg tablet* | T2 | |
| XCELLENT C | T4 | |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN C PREPARATIONS** (cont.) | | |
| ZINC PLUS | T4 | |
| ZINC-VITAMIN C | T4 | |
| **VITAMIN D PREPARATIONS** | | |
| BABY DDROPS | T4 | HD |
| BABY VITAMIN D3 | T4 | HD |
| BABY'S SUPER DAILY D3 | T4 | HD |
| BIO-D-MULSION | T4 | HD |
| BIO-D-MULSION FORTE | T4 | HD |
| *calcitriol 0.25 mcg capsule* | T2 | |
| *calcitriol 0.5 mcg capsule* | T2 | |
| *calcitriol 1 mcg/ml ampul* | T2 | |
| *calcitriol 1 mcg/ml solution* (Rocaltrol) | T2 | |
| CHOLECAL DF | T4 | HD |
| *cholecalciferol* (vitamin d3) | T2 | HD |
| *cod liver oil* | T2 | HD |
| *cod liver oil capsule* | T2 | HD |
| *cvs vit d3 1,000 unit gummies* | T2 | HD |
| *cvs vit d3 250 mcg softgel* | T2 | HD |
| *cvs vitamin d3 1,000 unit sfgl* | T2 | HD |
| *cvs vitamin d3 10 mcg, 25 mcg, 50 mcg, 125 mcg softgel* | T2 | HD |
| *cvs vitamin d3 2,000 unit sfgl* | T2 | HD |
| *cvs vitamin d3 25 mcg gummies* | T2 | HD |
| *cvs vitamin d3 400 unit sftgl* | T2 | HD |
| *cvs vitamin d3 5,000 unit sfgl* | T2 | HD |
| CVS VITAMIN D3 250 MCG SOFTGEL | T4 | HD |
| CYFOLEX | T4 | HD |
| D3 LIQUID | T4 | HD |
| D3 PLUS K2 DOTS | T4 | HD |
| D3-50 | T3 | HD |
| DDROPS | T4 | HD |
| *decara 10,000 unit softgel* | T2 | HD |
| DECARA 25,000 UNIT VEGICAP | T3 | HD |
| *decara 50,000 unit softgel* | T2 | HD |
| DECARA K | T4 | HD |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN D PREPARATIONS** (cont.) | | |
| DERMACINRX DOTREMIN | T4 | HD |
| DERMACINRX FOLDITAM | T4 | HD |
| DERMACINRX FOLIXAPURE | T4 | HD |
| DERMACINRX FOLIXATE | T4 | HD |
| DERMACINRX FOLTAMIN | T4 | HD |
| DERMACINRX FOLTREXYL | T4 | HD |
| DERMACINRX PUREFOLIX | T4 | HD |
| DIALYVITE VITAMIN D3 MAX | T4 | HD |
| DOSOKAP | T4 | HD |
| *eql vitamin d3 2,000 unit sfgl* | T2 | HD |
| *eql vitamin d3 400 unit sftgl* | T2 | HD |
| ERGOCAL | T4 | HD |
| *ergocalciferol (vitamin d2)* | T2 | HD |
| FOLIC D3 | T4 | HD |
| FOLIKA-D | T4 | HD |
| FOLVITE-D | T4 | HD |
| *ft vitamin d3 25 mcg softgel* | T2 | HD |
| *ft vitamin d3 50 mcg softgel* | T2 | HD |
| *ft vitamin d3 125 mcg softgel* | T2 | HD |
| *ft vitamin d3 125 mcg tablet* | T2 | HD |
| *ft vitamin d3 25 mcg tablet* | T2 | HD |
| FT VITAMIN D3 250 MCG SOFTGEL | T4 | HD |
| FT VITAMIN D3 250 MCG TABLET | T4 | HD |
| *ft vitamin d3 50 mcg tablet* | T2 | HD |
| GENICIN VITA-D | T4 | HD |
| *gnp vit d3 10mcg(400 unit) chw* | T2 | HD |
| *gnp vitamin d3 125 mcg softgel* | T2 | HD |
| GNP VITAMIN D3 250 MCG TABLET | T4 | HD |
| *gnp vitamin d3 1,000 unit tab* | T2 | HD |
| *gnp vitamin d3 10 mcg, 25 mcg tablet* | T2 | HD |
| *gnp vitamin d3 2,000 unit tab* | T2 | HD |
| *gnp vitamin d3 25mcg(1000 unt)* | T2 | HD |
| *gnp vitamin d3 50 mcg softgel* | T2 | HD |
| GNP VITAMIN D3 250 MCG SOFTGEL | T4 | HD |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN D PREPARATIONS** (cont.) | | |
| *gnp vitamin d3 5,000 unit tab* | T2 | HD |
| *hm vitamin d3 1,000 unit tab* | T2 | HD |
| *hm vitamin d3 2,000 unit sftgl* | T2 | HD |
| HM VITAMIN D3 4,000 UNIT SFTGL | T4 | HD |
| IS-D-10,000 | T4 | HD |
| K2 PLUS D3 | T4 | HD |
| K2-D3 MAX | T4 | HD |
| K2-D3 10,000 | T4 | HD |
| K2-D3 5000 | T4 | HD |
| MAXIMUM D3 | T3 | HD |
| NOXIFOL-D3 | T4 | HD |
| OPTIMAL D3 M | T4 | HD |
| ORTHO DF | T4 | HD |
| OSTACHOL | T4 | HD |
| *purevita vitamin d3 25 mcg tab* | T2 | HD |
| PUREVITA VITAMIN D3 10 MCG/2ML | T4 | HD |
| *ra cod liver oil* | T2 | HD |
| *ra cod liver oil softgel* | T2 | HD |
| *ra vitamin d3 1,000 unit tab* | T2 | HD |
| *ra vitamin d3 2,000 unit sfgl* | T2 | HD |
| *ra vitamin d3 2,000 unit sftgl* | T2 | HD |
| *ra vitamin d3 5,000 unit sftgl* | T2 | HD |
| REPLESTA NX | T3 | HD |
| REVESTA | T4 | HD |
| ROCALTROL (*calcitriol*) | T4 | ST |
| ROXIFOL-D | T4 | HD |
| *sm vitamin d3 1,000 unit tab* | T2 | HD |
| *sm vitamin d3 2,000 unit sftgl* | T2 | HD |
| *sm vitamin d3 25 mcg tablet* | T2 | HD |
| *sm vitamin d3 50 mcg softgel* | T2 | HD |
| SUPER DAILY D3 | T4 | HD |
| *sv vitamin d3 1,000 unit gummy* | T2 | HD |
| *sv vitamin d3 1,000 unit sftgl* | T2 | HD |
| *sv vitamin d3 2,000 unit sftgl* | T2 | HD |

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# List of Prescription Medications

| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN D PREPARATIONS** (cont.) | | |
| *sv vitamin d3 25mcg(1000 unit)* | T2 | HD |
| *sv vitamin d3 400 unit softgel* | T2 | HD |
| *sv vitamin d3 5,000 unit sftgl* | T2 | HD |
| *thera-d 2000 tablet* | T2 | HD |
| THERA-D 4000 TABLET | T4 | HD |
| *thera-d rapid repletion tablet* | T2 | HD |
| *thera-d sport 2,000 unit tab* | T2 | HD |
| *true vitamin d3 1,250 mcg tab* | T2 | HD |
| *true vitamin d3 10 mcg capsule* | T2 | HD |
| *true vitamin d3 10 mcg tablet* | T2 | HD |
| *true vitamin d3 125 mcg cap* | T2 | HD |
| *true vitamin d3 125 mcg tablet* | T2 | HD |
| *true vitamin d3 25 mcg capsule* | T2 | HD |
| *true vitamin d3 25 mcg tablet* | T2 | HD |
| *true vitamin d3 50 mcg capsule* | T2 | HD |
| *true vitamin d3 50 mcg tablet* | T2 | HD |
| TRUE VITAMIN D3 1,250 MCG CAP | T2 | HD |
| TRUE VITAMIN D3 250 MCG CAP | T2 | HD |
| TRUE VITAMIN D3 250 MCG TABLET | T2 | HD |
| *vit d3 125 mcg (5000 unit) tab* | T2 | HD |
| VIT D3 5,000 UNIT FAST DISSOLV | T4 | HD |
| *vitamin d2 1.25mg(50,000 unit)* | T2 | HD |
| VITAMIN D2 2,000 UNIT TABLET | T3 | HD |
| *vitamin d2 400 unit tablet* | T2 | HD |
| VITAMIN D2 50 MCG (2,000 UNIT) | T4 | HD |
| VITAMIN D2-VITAMIN K1 | T4 | HD |
| VITAMIN D3-VITAMIN K2 | T4 | HD |
| VITAMIN D3 50,000 UNIT CAPSULE | T4 | HD |
| *vitamin d3 1,000 unit gummies* | T2 | HD |
| *vitamin d3 1,000 unit gummy* | T2 | HD |
| *vitamin d3 1,000 unit softgel* | T2 | HD |
| VITAMIN D3 1,000 UNIT SPRAY | T4 | HD |
| *vitamin d3 1,000 unit tab chew* | T2 | HD |
| *vitamin d3 1,000 unit tablet* | T2 | HD |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN D PREPARATIONS** (cont.) | | |
| VITAMIN D3 1,000 UNIT/10 ML LQ | T4 | HD |
| *vitamin d3 1,250 mcg capsule* | T2 | HD |
| *vitamin d3 1.25 mg softgel* | T2 | HD |
| *vitamin d3 10 mcg tablet* | T2 | HD |
| *vitamin d3 10 mcg(400 unit)/ml* | T2 | HD |
| *vitamin d3 10 mcg/ml drop* | T2 | HD |
| *vitamin d3 10 mcg/ml liquid* | T2 | HD |
| VITAMIN D3 10,000 UNIT CAPSULE | T4 | HD |
| *vitamin d3 10,000 unit softgel* | T2 | HD |
| VITAMIN D3 10,000 UNIT TABLET | T4 | HD |
| *vitamin d3 125 mcg (5000 unit)* | T2 | HD |
| *vitamin d3 125 mcg capsule* | T2 | HD |
| *vitamin d3 125 mcg softgel* | T2 | HD |
| *vitamin d3 125 mcg tablet* | T2 | HD |
| VITAMIN D3 125 MCG/0.5 ML DROP | T4 | HD |
| *vitamin d3 2,000 unit softgel* | T2 | HD |
| VITAMIN D3 2,000 UNIT TAB CHEW | T4 | HD |
| *vitamin d3 2,000 unit tablet* | T2 | HD |
| *vitamin d3 25 mcg (1,000 unit)* | T2 | HD |
| *vitamin d3 25 mcg gummy* | T2 | HD |
| *vitamin d3 25 mcg softgel* | T2 | HD |
| *vitamin d3 25 mcg tablet* | T2 | HD |
| VITAMIN D3 250 MCG TABLET | T4 | HD |
| VITAMIN D3 3,000 UNIT TABLET | T4 | HD |
| *vitamin d3 400 unit softgel* | T2 | HD |
| *vitamin d3 400 unit tab chew* | T2 | HD |
| *vitamin d3 400 unit tablet* | T2 | HD |
| VITAMIN D3 400 UNIT/5 ML LIQ | T4 | HD |
| *vitamin d3 400 unit/ml liquid* | T2 | HD |
| *vitamin d3 5,000 unit capsule* | T2 | HD |
| *vitamin d3 5,000 unit softgel* | T2 | HD |
| *vitamin d3 5,000 unit tablet* | T2 | HD |
| *vitamin d3 5,000 unit/ml drops* | T2 | HD |
| *vitamin d3 50 mcg (2,000 unit)* | T2 | HD |

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| VITAMINS (Nutritional/Dietary) (cont.) | | |
|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN D PREPARATIONS** (cont.) | | |
| *vitamin d3 50 mcg capsule* | T2 | HD |
| VITAMIN D3 50 MCG DISSOLVE TAB | T4 | HD |
| *vitamin d3 50 mcg softgel* | T2 | HD |
| *vitamin d3 50 mcg tablet* | T2 | HD |
| VITAMIN D3 62.5 MCG SOFTGEL | T4 | HD |
| *vitamin d3 50,000 unit capsule* | T2 | HD |
| VITAMIN D3 10 MCG/ML ENFIT SYR | T4 | HD |
| *v-r cod liver oil capsule* | T2 | HD |
| *well vitamin d3 125 mcg softgl* | T2 | HD |
| *well vitamin d3 25 mcg softgel* | T2 | HD |
| *well vitamin d3 50 mcg softgel* | T2 | HD |
| **VITAMIN E PREPARATIONS** | | |
| AQUA-E | T3 | |
| AQUA-E CONCENTRATE | T4 | |
| *cvs vitamin e 180 mg softgel* | T2 | |
| *cvs vitamin e 200 unit softgel* | T2 | |
| CVS VITAMIN E 450 MG SOFTGEL | T4 | |
| *cvs vitamin e 90 mg softgel* | T2 | |
| *eql vitamin e 1,000 unit sftgl* | T2 | |
| *eql vitamin e 180 mg softgel* | T2 | |
| *ft vitamin e 180 mg softgel* | T2 | |
| *gnp vitamin e 180 mg softgel* | T2 | |
| *gnp vitamin e 400 unit softgel* | T2 | |
| GNP VITAMIN E 450 MG SOFTGEL | T4 | |
| *gnp vitamin e 90 mg softgel* | T2 | |
| *hm vitamin e 180 mg softgel* | T2 | |
| *hm vitamin e 200 unit softgel* | T2 | |
| *hm vitamin e 400 unit softgel* | T2 | |
| MIXED TOCOTRIENOLS | T4 | |
| PUREVITA VITAMIN E | T4 | |
| *ra vitamin e 268 mg softgel* | T2 | |
| *sv vitamin e 180 mg softgel* | T2 | |
| *sv vitamin e 400 unit softgel* | T2 | |
| *sv vitamin e 450 mg softgel* | T2 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN E PREPARATIONS** (cont.) | | |
| *sv vitamin e 670 mg softgel* | T2 | |
| *true vitamin e 180 mg capsule* | T2 | |
| *true vitamin e 90 mg capsule* | T2 | |
| TRUE VITAMIN E 450 MG CAPSULE | T4 | |
| *vitamin e (dl,tocopheryl acet)* | T2 | |
| *vitamin e 1,000 unit softgel* | T2 | |
| VITAMIN E 1,000 UNIT SOFTGEL | T4 | |
| *vitamin e 100 unit softgel* | T2 | |
| VITAMIN E 100 UNIT TABLET | T4 | |
| *vitamin e 15 unit/0.3 ml drop* | T2 | |
| *vitamin e 180 mg softgel* | T2 | |
| *vitamin e 180mg(400 unit) sfgl* | T2 | |
| *vitamin e 200 unit capsule* | T2 | |
| *vitamin e 200 unit softgel* | T2 | |
| *vitamin e 400 unit capsule* | T2 | |
| *vitamin e 400 unit softgel* | T2 | |
| *vitamin e 45 mg softgel* | T2 | |
| VITAMIN E 450 MG SOFTGEL | T4 | |
| *vitamin e 450 mg softgel* | T2 | |
| *vitamin e 600 unit capsule* | T2 | |
| *vitamin e 90 mg softgel* | T2 | |
| VITAMIN E NATURAL OIL DROPS | T3 | |
| VITAMIN E OIL | T4 | |
| VITAMIN E OIL DROPS | T3 | |
| VITAMIN E OIL DROPS | T4 | |
| VITAMIN E-OIL | T3 | |
| WHEAT GERM OIL | T3 | |
| XCELLENT E | T4 | |
| **VITAMIN K PREPARATIONS** | | |
| FNP VITAMIN K2 40 MCG TABLET | T4 | |
| *ft vitamin k2 100 mcg capsule* | T2 | |
| *gnp vitamin k2 100 mcg capsule* | T2 | |
| K1-1000 | T4 | |
| K2 LIQUID | T4 | |

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|---|---|---|
| **Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits** |
| **VITAMIN K PREPARATIONS** (cont.) | | |
| K2-45 | T4 | |
| MEPHYTON (*phytonadione (vit k1)*) | T4 | QL(10 tabs/fill) |
| *phytonadione (vit k1)* | T2 | |
| PHYTONADIONE 1 MG/0.5 ML SYR | T3 | |
| *phytonadione 1 mg/0.5 ml syr* | T2 | |
| PHYTONADIONE 1 MG/0.5 ML VIAL | T3 | |
| *phytonadione 10 mg/ml ampul* | T2 | |
| *phytonadione 10 mg/ml vial* | T2 | |
| VITAMIN K | T3 | |
| VITAMIN K-1 | T3 | |
| VITAMIN K2 | T4 | |
| VITAMIN K2 (MENAQUINONE-4) | T4 | |
| VITAMIN K2 100 MCG SOFTGEL | T4 | |
| **VITAMINS (Vitamins)** | | |
| **MULTIVITAMIN PREPARATIONS** | | |
| ALIVE MEN'S MAX3 POTENCY | T4 | |
| BOOSTNOW IMMUNE SUPPORT | T4 | |
| CENTRUM ADULTS 50 PLUS MINIS | T4 | |
| CENTRUM MEN 50 PLUS MINIS | T4 | |
| DAVIMET-M | T4 | |
| DERMACINRX MULTIVITAMIN | T4 | |
| LIVITA FOR ADULT | T4 | |
| MULTITOL-M | T4 | |
| NANOVM ADULT | T4 | |
| SUPERIOR WOMEN'S MULTI | T4 | |
| **PEDIATRIC VITAMIN PREPARATIONS** | | |
| *ft children's multi gummy* | T2 | |
| GNP CHILDREN'S MULTI GUMMY | T4 | |
| *multivit-fluor 0.5 mg tab chew* | T2 | PPACA |

T1 – Preferred Generics
T2 – Non-Preferred Generics
T3 – Preferred Brands
T4 – Non-Preferred Brands
T5 – Preferred Specialty
T6 – Non-Preferred Specialty
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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## Symbols



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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. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
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 Drug Facts." Content current as of 11/01/21. fda.gov/drugs/generic-drugs/generic-drug-facts.
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 as covered pharmacy options.** Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare, Evernorth Health Services, Express Scripts 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. However, you have the right to fill prescriptions at any pharmacy in your plan's network (as your plan allows).
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 when you call 800.835.3784 to refill your prescription. Once you sign up, just 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.**

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

# Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

**Cigna Healthcare:**

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

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

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

**U.S. Department of Health and Human Services**
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201
**1.800.368.1019, 800.537.7697 (TDD)**

Complaint forms are available at
**https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html**

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224（TTY: 711）まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شمارەگیری کنید).